**NHS**
**Cumbria Partnership**
**NHS Foundation Trust**

# Policy Title:  Clinical Risk Policy

| Reference | POL/001/017 |
|---|---|
| Version | 3 |
| Date Ratified | 26/02/2019 |
| Next Review Date | 28/02/2022 |
| Accountable Director | Alison Smith – Executive Director of Quality & Nursing |
| Policy Author | Suicide prevention lead |

***Please note that the Intranet / internet Policy web page version of this document is the only version that is maintained.***

*Any printed copies or copies held on any other web page should therefore be viewed as "uncontrolled" and as such, may not necessarily contain the latest updates and amendments.*

## Policy On A Page

### SUMMARY & AIM

This policy sets out the expected clinical risk practices for all clinical services offered by the Trust to adult service users. It aims to ensure risks are considered and managed in the best interests of the service user to empower people to make choices and ensure both service users and professionals can make informed decisions about potential harm and risks.

### TARGET AUDIENCE:

This policy will be used by all clinical staff employed by Cumbria Partnership NHS Foundation Trust and local authority staff working into the Trust who are involved in the identification and management of risks related to the presentation or clinical condition of all adult service users.

### TRAINING:

What training is there for this policy?

Training on risk assessment, management and the use of risk assessment tools to support clinical decision making, is available at different levels depending on staff groups role and working environment and is detailed in section 4 of this policy.

### KEY REQUIREMENTS

This policy supports the principles of empowerment through a process which encourages service users to make positive decisions about their lives and by managing choice and risk transparently. It recognises that risk is an inevitable consequence of people making decisions about their own lives and that positive risk management, as part of a carefully constructed plan, will help manage those risks more effectively.

"What needs' to be considered is the consequence of an action and the likelihood of any harm from it. By taking account of the benefits in terms of independence, well-being, and choice, it should be possible for a person to have a support plan which enables them to manage identified risks."

**Independence, Choice and Risk; A Guide to Best Practice in Supporting Decision Making (DOH 2007)**

**TABLE OF CONTENTS**

## 1.    INTRODUCTION

**T**he governing principle behind good approaches to choice and risk is that
people have the right to live their lives to the full as long as this does not stop others doing the same.

This principle is also at the heart of best practice in the assessment and  management of risk to self and others in mental health services. The Mental Capacity Act 2005 is based on the principle that every adult has the capacity to make all decisions affecting their life unless, and in specific circumstances, there is evidence that this capacity is lacking.

Best practice guidance recognises that:

"*Over defensive practice is bad practice. Avoiding all possible risks is not good for  the
 service user or society in the long term, and can be counterproductive, creating  more
 problems than it solves*".
Best Practice in Managing Risk (DOH 2007- Updated March 2009) p.9.

This policy sets out the expected clinical risk practices for all clinical services offered  by the Trust to adult service users. It aims to ensure risks are considered and managed in the best interests of the service user to empower people to make  choices and ensure both service users and professionals can make informed  decisions about risks and potential harm to themselves through their choice in their actions.

The policy describes a 5-step approach using specific evidence-based assessment  tools to ensure the best information available is gathered and systematic methods of evaluating the information are employed. Structured risk management plans can  then be formulated which consider the potential harms and benefits of the available  options.

The policy does not replace other risk management processes such as the Multi  Agency Public Protection Arrangements (MAPPA), the safeguarding vulnerable adult  procedures or the Care Programme Approach (CPA) which is a core component of  many services provided by the Trust and central to the Trust working with private  and non-statutory providers.

## 2.    PURPOSE

The purpose of this policy is to ensure that all clinical staff have a clear  understanding of how to use relevant evidence-based guidance and other sources of  clinical data to aid formulation of risk and manage service user risks collaboratively,  safely and efficiently in clinical practice. It sets out the expected clinical risk practices  for specialist services offered by the Trust to adult service users.

This policy is concerned with the following principles:

Ensuring effective risk assessments are completed in a timely manner. To ensure that the risk assessments are undertaken  by clinicians  for the right clients  at the right time in the right place.

Enabling clinicians, service users and carers to plan the management of identified risks in a way which empowers service users to live their lives to the full as long as this doesn't stop others from doing the same.

The purpose of this policy is to provide all clinicians working within Cumbria Partnership NHS Foundation Trust and Cumbria Adult Social Care with the principles governing their responsibility regarding clinical risk awareness and mitigation, risk assessment, risk formulation, risk management and safety planning.

## 3.      POLICY DETAILS

### 3.1     Description of risk terminology.

**Risk:**

An event or action with an uncertain outcome which will have beneficial or harmful consequences for either the individual concerned or others they come into contact with. The probability of any particular outcome can often only be estimated. Risk is often viewed negatively, and this is particularly the case where people using health and social care services are involved; where fear of risk can prevent people doing things that most people take for granted. Negative clinical risks might include the possibility of falling, infection, neglect, injury, suicide, self-harm and violence.

**Clinical Risk Assessment:**
The identification of potentially dangerous intentions or factors that jeopardise a person's safety or recovery, or the safety of others. All individuals referred to Trust services will have an evidence-based assessment of clinical risks undertaken within a structured model that is relevant to their presenting need.

**Risk Mitigation:**
Taking steps to reduce adverse effects. A systematic reduction in the extent of exposure to risk and/or the likelihood of its occurrence.

**Risk Formulation:**
This is the key stage for analysing risk assessment information in order to explain and understand the risk. The risk formulation should be the reference point to concisely describe and communicate current risks and provide the basis for management interventions.

**Positive Risk Management:**
The employment of strategies that allows the service user to live their life to their full potential while managing identified risks to reduce the likelihood of negative outcomes occurring and/or the severity of the consequences of that risk. Best practice in risk management aims to achieve a balance between the negligent and the over-protective ends of the risk management continuum.

**Safety planning:**
A safety plan can help guide a service user through risky situations, which can help make a difference and keep them safe. There should be a practical plan developed jointly and used

by the service user/carer and care team to help avoid and manage risky situations in the best way.

**Reasonable Risk**:
 Independence Choice and Risk (DoH 2007) states that:

"*Balance and proportionality are vital considerations in encouraging responsible decision making. Reasonable risk is about striking a balance in empowering people who use services to make choices, ensuring that the person has all the information tailored to their specific needs, in the appropriate form, to make their best decision.*"

**Actuarial Assessment of Risk:**
The use of statistical data to ascertain the probability or likelihood of an event occurring.

### 3.2 Process for Assessing and Managing Clinical Risk

This policy describes a "5-step" structured professional judgement approach to risk management (Doyle & Dolan 2007) to assist in screening, assessing, formulating, communicating and managing clinical risk which is consistent with the principles of positive risk management. This approach is aimed at being preventative rather than predictive, ensuring risk assessments are closely linked to risk formulation and preventative management interventions.

"Risk is not a number and risk assessment is not a checklist. Tools, if they are used (for Example as a prompt or as a measure of change) need to be simple, accessible and Should be considered part of a wider assessment process. Treatment decisions should not be determined by a score". (The Assessment of Clinical Risk in Mental Health Services -National Confidential Inquiry into suicide and safety in MH –Oct 2018)

The aim is to encourage positive risk management and ensure practice is defensible while not being over defensive.

Clinical decisions about risk will be more defensible if:

- Staff conform to relevant Trust policies, procedures and guidelines.
- The best information available is used and systematic methods of evaluating the information are employed.
- The harms and benefits of options available are considered.
- Service user views are considered.
- Staff can account for their decisions and the chosen course of action, and decision making has been documented appropriately.
- Where there are concerns the appropriate people have been informed and included in decision making forums.
- All reasonable steps are taken to manage risks**.**

The approach combines an actuarial (or statistical) assessment of risk with clinical judgement to maximise understanding and consideration of both static factors such as past history and demographic considerations with dynamic, factors such as mood and current presentation that are subject to change or fluctuation.

The stepped model of clinical risk assessment and management will be used according to the presentation of the service user based upon a screening assessment that is supported by a combination of reliable evidence-based assessment tools (including psychometrics) specific to the identified presenting risks. The assessment tools and the 5-step approach support a descriptive formulation and the preparation of a balanced and proportionate positive risk management plan relevant across a number of types of risk situation.

**Step One - Gather Case Information**

- Review documentation and interview relevant others involved to gather information regarding history, referral details etc.
- Assess the accuracy of information and the amount of emphasis that should be placed on the information available.
- Focus on risk to self and others.
- Document sources of information and highlight any limitations or gaps in this information.

**Step Two - Assess Risk Factors**

All individuals referred to services will be screened and assessed for risk from the outset as part of their first contact with clinicians using relevant and approved risk screening tools to support and record this assessment and clinical decision making, as relevant to specific service area. (See Appendix 1 for a list of approved assessment tools detailing their respective use.) This list is not exhaustive. Professional/clinical leads and care groups are responsible for all tools used are up to date and approved through trust governance structures.

Examples of such tools used in community health settings include the SSKIN Care Bundle to assess service users at risk of developing pressure sores and the Malnutrition Universal Screening Tool (MUST) for assessing service users potentially at nutritional risk.

Within mental health services the primary assessment tool for clinical risk is the Galatean Risk Screening Tool (GRiST) which screens across various dimensions of risk including violence, suicide, self-harm and vulnerability. Where initial assessment indicates risk of suicide, violence or sexual violence further assessment should be undertaken by clinicians qualified in the use of approved tools (see Appendix).

The risk management practice operated by the Learning Disability service use the FACE LD risk assessment as their initial risk assessment followed by a tiered approach where indicated.

**Step Three – Assess Protecting Factors**

Include an assessment of the presence and relevance of protective factors.

Consider:

- Response to treatment,

- Compliance with treatment,
- Capacity,
- Insight,
- Coping Strategies,
- Beliefs about event or action,
- Good rapport with workers,
- High quality therapeutic alliance,
- Regular contact with services,
- Good social networks,
- Valued home environment.

**Step Four – Risk Formulation**

Use information from steps 1-3 to describe and formulate risk in terms of nature,  severity, imminence and likelihood of negative outcome along with factors which will  increase and reduce risk.

It is also useful to consider in the formulation the:

- Predisposing factors: historical factors that indicate or have led to risk.
- Precipitating factors: current issues that affect or trigger risk.
- Protective factors: that reduces or contains risk in the future.
- Perpetuating factors: that maintains the risk in the future.

The risk formulation should provide a thorough descriptive account of identified risk  which can be used for written or verbal communication of risk.

**Step Five – Risk Management/Safety planning.**

The tools and process listed above support clinicians in the formulation of risk and  the development of risk management/safety plans.

Positive risk management plans will consider the relative benefits and costs, (to the  service user and others they might come into contact with) of each available option  or action in order to develop a plan which is defensible in the event of a negative  outcome but which is not "defensive" in terms of unduly restricting the service users  capacity to live their life to their potential.

Positive risk management decisions and plans are likely to be acceptable if:

- Staff conform to the relevant Trust policies, procedures and guidelines;
- The best information available is used and the systematic methods of  evaluating the information are employed (e.g. assessment  tools and  guidelines);
- Decisions are documented appropriately;
- Where there are concerns, the appropriate people have been informed and  included in the decision making process;
- The risk can be demonstrated to be a reasonable risk and all appropriate  steps have been taken to manage risk.

The outcomes of assessments will be accurately translated into meaningful, practical action-orientated plans to help mitigate against and minimise the likelihood and/or consequence of harm to the service user or others. These detailed action-orientated care and treatment plans will be inclusive of contingency/crisis plans where required and will be developed with the service user and (if appropriate) their family/carer to manage the identified needs. It is important to involve family/carers unless there are good reasons not to.

Risk management/safety plans should provide a clear, measurable description of what triggers or indicates that a risk is increasing with specific instructions if available: i.e. "*if this happens you will need to....*"

The risk management plan is to include short, medium and long-term strategies to control or minimise identified clinical risk(s) and help improve safety.

Risk management/safety plans are to be written in user-friendly meaningful language, avoiding jargon, and be practicable. They are to highlight warning signs relapse indicators and how to respond to these to improve levels of safety as well as previous patterns of behaviour and what interventions were effective (and those that were not) which are very helpful to workers who need to respond in future.

If the practitioner becomes aware of any verbal or written advance statement/ directive, details of these are to be recorded within the care plan indicating where copies of the advance statement/directive are to be found.

Specific reference to risks to lone working need to be stated where applicable.

Named individuals (or roles) are to be assigned with specific responsibility/ accountability for actions to be taken; frequently these will include family members/carers or people living with the service user.

Agreement should be sought with all involved. Having everyone signed up to the plan, including the service user and family or carers, is important whenever possible.

A Review date for the risk management/safety plan is to be set.

These Risk Management/safety Plans are to be recorded and stored in all relevant electronic systems with a paper copy stored in the Integrated Health Record.

Risk formulation and management/safety plans should be communicated to all parties concerned using both written communication and verbal communication through appropriate multi-disciplinary team meetings and inter-agency meetings and should also be available through clinical record and risk management systems.

### 3.3    Review

A periodic review / re-assessment of service users' risk formulation with approved assessment tools will occur and the findings from these are to be considered with the service user and members of their care team including family/carers when appropriate. The time period for review must be set in advance.

These reviews will be convened at key points in a service users care episode i.e. based on level of risk identified, expected changes in risk, prior to change of members of their care team and whenever their circumstances or presentation changes or planned interventions have continued for a set period.

### 3.4     Confidentiality and Sharing of Risk Information

Service users who access the Trust's services, their families and carers expect information about them to be treated as confidential and as a consequence information will not be disclosed without consent except in exceptional circumstances.

This obligation to protect information is set out as one of the core principles of the NHS. Cumbria Partnership NHS Foundation Trust have systems and processes in place which place a high value on maintaining the confidentiality of individual service users whilst at same time providing open access to information about services, the delivery of care and performance. (See Information Sharing Policy).There are some circumstances where the disclosure of confidential information is allowed without the permission of the service user:-

- Where a child is believed to be at risk of harm (Children's Act, 1989).
- Where there is evidence of risk of harm either to the individual or somebody else
- For the prevention, detection and prosecution of serious crime.
- When instructed by a Court.
- In certain circumstances under the Mental Health Act 1983.

Where there carers are involved, they are a vital source of support for the service user and may also be a key person in helping to manage the risks identified. Carer's worries about the service use and must always be taken seriously, even if the care team is less concerned - Best Practice in Managing Risk (DOH 2007- Updated March 2009 –page 24)

### 4.     TRAINING AND SUPPORT

Training required to fulfil this policy will be provided in accordance with the care groups Training Needs Analysis. All staff responsible for assessing and managing clinical risk, and using any risk assessment tools, must have the required training and support/supervision to be able to do this safely and effectively. Management of training will be in accordance with the Trust's Learning and Development Policy.

Clinical risk formulation training and supervision must be undertaken by any staff working directly with service users in MH/LD specialist teams responsible for assessing and managing risk and safety planning. Clinical risk formulation training aims to provide participants with a structured professional judgement approach that is Evidence-based, to assist in assessing, formulating, communicating and using a positive clinical risk management approach to enhance patient safety .To help staff use the GRIST or FACE LD clinical risk tool more effectively to support their professional judgement.

## 5.    PROCESS FOR MONITORING COMPLIANCE

The process for monitoring compliance with the effectiveness of this policy is as follows:

| Aspect being monitored | Monitoring Methodology | Reporting | | |
|---|---|---|---|---|
| | | Presented by | Committee | Frequency |
| Quality of documentation in relation to - risk assessment, management and formulation. | Audit 20 case notes per care group - audits specific to clinical setting. This can be covered by standard case note audits. (10 in - patient and 10 community based) | Associate Director of Nursing for each care group | Care group governance groups. Quality and safety committee | Minimum annually |
| Training | Audit of training: STORM, Risk Formulation and Suicide Alertness training. | Associate director of nursing for each care group | Care group governance groups. Quality and safety committee | Annual audit |
| Clinical supervision to support clinical risk management | Audit of clinical supervision to confirm occurrence of supervision | Associate director of nursing for each care group | Care group governance groups. | Minimum annually |

Wherever the above monitoring has identified deficiencies, the following must be in place:

- Action plan
- Progress of action plan monitored by the *Care Group Governance Group* minutes
- Risks will be considered for inclusion in the appropriate risk registers

## 6.    REFERENCES:

Department of Health; (2005); Independence, Choice and Risk: a guide to best practice in supported decision making.

Department of Health (2007 – updated 2009); Best practice in Managing Risk: Principles and evidence in the assessment and management of risk to self and others in mental health services.

Doyle M. & Dolan M. (2007): Standardised Risk Assessment: Psychiatry Vol.6 issue  10: p.409-414
Appleby.L & Kapour.N (2018); The assessment of clinical risk in MH services- The National Confidential Inquiry into suicide and Safety in MH.

## 7.    ASSOCIATED DOCUMENTATION:

POL/001/001 Care Cordination Policy

POL/001/006 Safeguarding Policy

Mental Health Act Policy Suite

POL/001/010 Consent Policy

POL/001/007 Supportive Observations and Enhanced Engagement Policy

POL/IG/005 Confidentiality Policy (Joint)

POL/001/009 AWOL – Policy for Management of Service Users Missing or Absent

without official leave of absence.

POL-001-005-020.pdf - MAPPA_Multi_Agency_Risk_Policy_

## 8.    DUTIES (ROLES & RESPONSIBILITIES):

### 8.1    Chief Executive / Trust Board Responsibilities:

The Chief Executive and Trust Board jointly have overall responsibility for the strategic and operational management of the Trust, including ensuring that Trust policies comply with all legal, statutory and good practice requirements.

### 8.2    Executive Director Responsibilities: Executive Director of Quality & Nursing

All policies have a designated Executive Director and it is their responsibility to be involved in the development and sign off of the policies, this should ensure that Trust policies meet statutory legislation and guidance where appropriate.  They must ensure the policies are kept up to date by the relevant author and approved at the appropriate committee.

### 8.3    Approving Committee Responsibilities: Trust wide Clinical Governance Group

The Chair of the approving committee will ensure the policy approval is documented in the final section of the Checklist for Policy Changes.  The committee will agree the approval of the final draft of the policy.

### 8.4     Associate directors of Operations and associate directors of Quality and Nursing

Has overall responsibility for ensuring compliance with the policy through the monitoring of service performance.

### 8.5     Network Manager, Clinical Directors,& Quality and Safety managers.

Have responsibility to ensure all clinical staff in their care group attend appropriate training and practice in line with policy requirements. Managers are required to monitor practice through management supervision arrangements.

### 8.6     The Clinical Risk Champion

Is responsible for instructing new appointees to clinical teams in the corporate clinical risk model and provide support, coaching and mentorship to all member of their respective clinical team in clinical risk management practices.

### 8.7     Professional Leads

Are responsible for ensuring that practice is consistent with professional standards and monitor practice through professional supervision arrangements when applicable

### 8.8     Individual Clinicians

Are responsible for ensuring their practice is consistent with policy requirements and they attend the required training and supervision

### 8.9     Trust Wide Clinical Governance Group responsibilities
The Trust Wide Clinical Governance Group are responsible for reviewing and approving the Clinical Risk policy.

### 9.     ABBREVIATIONS / DEFINITION OF TERMS USED

| ABBREVIATION | DEFINITION |
| --- | --- |
| CPA | Care Programme Approach |
| DIAG | Derby Inter-Agency Group Code of Practice |
| GRiST | Galatean Risk Screening Tool |
| LD | Learning Disability |
| MAPPA | Multi Agency Public Protection Arrangements |
| MH | Mental Health |
| MUST | Malnutrition Universal Screening Tool |

**APPENDIX 1** –

Approved clinical risk assessment tools detailing their respective use. This list is not exhaustive. Professional/clinical leads and care groups are responsible for all tools used are up to date and approved through trust governance structures.

## 1. A) Malnutrition Universal Screening Tool (MUST)

Risk dimension assessed: Malnutrition

Description

The tool is a first step in identifying those who may be at nutritional risk or potentially at risk, and who may benefit from appropriate nutritional intervention, whether that is assistance with eating and drinking, modified diets or supplements. It also includes management guidelines that can be used to develop a care plan.

The MUST tool is not validated for children and therefore will not be used in that context.

Clinical setting

The tool is for use in hospitals, community services and other care settings, e.g. Residential Care Homes.

Risk Management Functionality

The 5 steps and associated guidelines provide information and support tools to allow for the clinical risk assessment of all adult patients to identify those at risk of malnutrition.

The management guidelines at Step 5 identifies low, medium and high risk and provides guidance on actions to be taken for each category and the associated MUST explanatory booklet provides further information when weight and height
cannot be measured and when screening patient groups in which extra care in interpretation is needed, e.g. those with amputations, critical illness etc.

## 1. B) Derby Inter-Agency Group Code of Practice (DIAG)

Risk dimension assessed: Manual Handling

Description

DIAG is the process by which risk assessment of the handling of people and objects is undertaken by all staff in the Trust. It allows for the identification of risks, controls and further actions to be taken before undertaking any manual handling procedure.

Clinical Setting

The tool is for use in hospitals, community services and other care settings, e.g.  Residential Care Homes.

Risk Management Functionality

The DIAG process utilises a Key Worker system to ensure that professional skills  and knowledge are maintained to keep up to date and abreast of advances in  technology and methods of work, both in terms of operational areas and  development practices. Staff receive regular training and supervision in all aspects of  manual handling including risk assessment, safety issues, reporting of incidents and  informing service risk registers of high risk areas that need addressing further.

Documentation is standardised and includes risk assessment.

## 1C) Management of Falls

Risk dimension assessed: Patient Falls

Description

The Trust Policy for the Prevention and Management of Slips, Trips and Falls in Clinical  and  Non-Clinical Settings details care of, and responsibility for, patients who may be at  risk of  falling and is based on guidance from the health and Safety Executive, NICE and  the NPSA.

Please follow the guidelines laid out in the slips trips and falls policy  https://cdn.cumbriapartnership.nhs.uk/uploads/policy-documents/Slips_trips_and_falls_policy_POL-001-048.pdf

Clinical Setting

The tool is for use in hospitals, community services and other care settings, e.g.  Residential Care Homes.

Risk Management Functionality

Every patient must have an initial falls risk assessment completed as soon as is  reasonably practical following admission, either as an inpatient or onto a caseload,  and in any event within 12 hours of admission to an inpatient area. A positive reply to  any of the risk factors on the assessment tool triggers the completion of the falls care  plan as soon as is reasonably practical, and in any event within six hours of the risk  being identified.

The falls risk assessment tool should be reassessed weekly and after a change in  the patient's condition. The risk assessment tool only needs to be updated after a fall  if the initial risk assessment was negative.

The falls care plan needs to be reviewed and reassessed:
● Weekly,

- After a change in the patient's condition or circumstances, or
- If the patient has a fall.

All falls prevention interventions, including the use of bedrails, ultra-low beds, etc must be discussed with and agreed by the patient and significant others, where possible. The Mental Capacity Act principles need to be applied where the patient is unable to provide consent.

**1D) Risk Assessment for Venous Thromboembolism**

Risk dimension assessed: Venous Thromboembolism

Description

This is a brief risk assessment tool that highlights potential risk areas for potential development of venous thromboembolism to determine if thromboprophylaxis should be administered.

Clinical setting

The tool is for use in hospitals and other clinical settings such as PCAS centres by medical staff only.

Risk Management Functionality

The risk assessment tool is a record of assessed risk factors and allows for clinical comment. It is used in conjunction with the Trust guidelines for venous thromboprophylaxis and highlights recommended treatment and dosage.

Reassessment is at 48 and 72hour intervals.

**1E) SSKIN Care Bundle**

Risk dimension assessed: Assessment and Prevention of Pressure Ulcers.

Description

The bundle is a collection of elements, part of which is the Waterlow pressure lcer prevention/treatment tool, and is applied to individual patients who have been assessed as being at risk of developing, or who already have an existing pressure sore.

Clinical setting

The tool is for use in hospitals, community services and other care settings, e.g. Residential Care Homes.

Risk Management Functionality

The aim of the bundle is to tie best practices together in a reliable way to reduce the occurrence of a pressure ulcer.

All elements in the bundle are based on robust evidence. In routine clinical practice, not all elements are carried out at the same time or in the same way, hence why there is variation in patient/client care and ultimately in care outcomes.

Successfully completing the bundle is based on all elements being carried out together at the same time (i.e. at the patient's bedside at 2 hourly intervals or on every DN visit) Delivery of the bundle is measured through compliance with every element. This can be easily identified by a simple 'Yes' or 'No' approach. In other words, it is an all or nothing approach. Improvement experts argue that better outcomes are achieved when interventions are carried out together rather than individually.

The bundle encourages attention to detail through its individual elements and helps establish good habits which ultimately impact on outcomes (i.e. reducing pressure ulcers). The bundle therefore makes it easy for people to do the right thing at the right time. Most importantly, the bundle makes the process for preventing pressure ulcers visible to all.

## 1F) National Early Warning System (NEWS / NEWS 2 )

Risk dimension assessed: Assessment of in-patients who are at risk of clinical deterioration.

Description

The Early Warning system is a simple tool that allows for the assessment of patients, both at admission and in the event of deterioration of clinical condition.

Clinical setting

The tool is for use in all in-patient areas. Risk Management Functionality

The tool requires assessment of the physiological observations of the patient in 5 areas – pulse, respiratory rate, temperature, blood pressure and whether or not the patient is alert to questioning.

Further observation frequency is triggered by results or a change in the patient's condition and there is an attached flowchart and guidance for patient management dependent on score. A pain assessment algorithm also forms part of the assessment and uncontrolled pain also triggers reassessment of the patient condition.

## 1G) CLINICAL RISK TOOLS: MENTAL HEALTH PRIMARY SCREENING AND INITIAL ASSESSMENT:

Galatean Risk Screening Tool (GRiST)

Risk dimensions assessed: Violence, anti-social behaviour, self-harm, suicide, self-neglect and vulnerability.

Description

GRiST is a web-based electronic decision support system which allows risk assessment, formulation and planning as well as the storing of risk information. Where appropriate GRiST identifies detailed information about the areas of risk assessed by organizing questions with rapid screening questions first and then directing the assessor to more detailed questions where rapid screening indicates that this is required. For use by all mental health staff following in-house training.

Clinical setting

The GRiST is used as an initial screening tool in all mental health settings and as a secondary risk assessment tool where appropriate within Learning Disability services.

Risk Management Functionality

The GRiST requires background information on previous history and current presentation around the areas of risk considered and where answers indicate the presence of actuarial risk factors or clinical concerns then further questions are accessed to develop the understanding of risk for the client.

Scaled assessment of risk is part of the process which assists users to form a greater awareness of the risks involved through the use of colour coded scales and quantitative assessment of risk.

GRiST encourages the formulation of risk and a positive risk management plan in accordance with best practice and this policy.

## 1H) CLINICAL RISK TOOLS: MENTAL HEALTH

SECONDARY RISK ASSEMENT TOOLS FOR USE WHERE INITIAL ASSESSMENT INDICATES NEED FOR FURTHER ASSESSMENT BY APPROPRIATELY QUALIFIED STAFF

History Clinical Risk – 20 Assessment (HCR-20)

Risk dimension assessed: Violence

Description

The HCR-20 is a structured clinical judgement tool. It consists of 20 items, dividing risk assessment into 3 areas: historical factors, clinical factors and risk management factors. These are seen as informing the clinician of relevant issues in a service user's past history, evaluating the presence of current dynamic issues in risk and informing the practitioner of future risk management requirements.

Clinical setting

Forensic mental health settings and general mental health settings where risk of violence is an identified concern.

Risk Management Functionality
Timescales for conducting the assessment is flexible and allows considerable leeway for individual clinical judgment.

There is good scope for involving the service user in the assessment and in developing a management plan.

While not designed as an actuarial tool or for risk prediction there is an international evidence base which supports the use of the HCR-20 in assessing the risk of subsequent violence over long time periods in both forensic and general mental health settings.

Risk formulation and management planning is built into the tool and a risk management companion guide is available to support the basic assessment tool.

## 1i) Psychopathy Checklist Revised (PCL-R)

Risk dimension assessed: Anti-social and offending behaviour.

Description

The PCL-R was designed as an assessment tool for the identification of psychopathy in forensic settings. It has subsequently been used widely as an violence prediction tool. Any association with the prediction of violence is via a presumed link between psychopathy and violence rather than a direct link between PCL-R items and the likelihood of aggression. The tool is a 20 item scale with items scored on the basis of a semi-structured interview and a collateral review of file based information. Each item is scored on a 3-point scale based on how closely the assessor judges a client's character conforms to the scale item in question.

Clinical setting

Primarily forensic settings but may be applicable to anti-social and offending behaviour in general mental health settings. Usually used only with males as evidence for utility with women is more limited.

Risk Management Functionality

Useful in the predicting the likelihood of violent recidivism and can also be used as a diagnostic tool for clinical psychopathy.

Extensive evidence base including UK studies for moderate association PCL-R scores and violence post discharge from forensic services.

Training

Specific training is recommended and details are available from www.hare.org

### 1J) Violence Risk Appraisal Guide (VRAG)

Risk dimension assessed: Violence

Description

The VRAG is an actuarial tool made up of 12 items. One of these items is the total score of the PCL-R and the rest are based on information held in clinical files (eg Psychosocial history). There is no reliance on interviews or questionnaires. All 12 items are scored from -5 to +12 and the total scores are divided by nine equal risk groupings.

Clinical setting

Forensic mental health settings for males. Requires heavy reliance on items relating to previous offending behaviour.

Risk Management Functionality

There are no specific prompts on risk management strategies.

### 1L) Sexual Violence Risk (SVR-20)

Risk dimension assessed: Sexual Violence

Description

The SVR-20 is a tool to support a structured professional judgement. It was designed to address the risk of violence in sex offenders and there is good evidence of its psychometric properties and efficacy. The 20 item scale is divided into 3 risk dimensions of psychosocial adjustment, sexual offences and future planning. The SVR has been updated to the Risk for Sexual Violence Protocol.

Clinical setting

Forensic and general mental health settings, males

only. Risk Management Functionality

Principle aim of the SVR-20 and the RSVP are to aid in risk management formulation, decision making and planning

### 1.M) Risk for Sexual Violence Protocol (RSVP)

Risk dimension assessed: Sexual violence

Description

The RSVP is a set of professional guidelines for the assessment of risk of sexual violence. It identifies static and dynamic factors based on literature review and consultation with

clinicians. It broadly includes the areas covered by the SVR-20 and maximises cover of areas missing in the SVR-20 to go beyond an actuarial approach to risk assessment.

Clinical setting

Forensic and general mental health settings. Risk Management Functionality

Principally designed to go beyond assessment and help in the development of risk management plans.

## 1N) Estimate of Suicide Risk – 20 revised (ESR-20R)

Risk dimension assessed: Suicide

Description

The ESR-20 is a structured professional judgment tool. It assesses 20 items related to the risk of suicide broken down into historical and actuarial factors (9 items) and clinical factors (11 items). The tool allows risk formulation and encourages positive risk management planning of identified suicide risk.

Clinical setting

General mental health setting both in hospital and in community where initial screening indicates significant risk of suicide within that setting.

Risk Management Functionality

Appraisal of protective factors as well as negative outcome is part of the assessment and risk formulation and planning is integral part of the ESR-20.

## 1 O) Beck Triad of:
Beck Depression Inventory (BDI-2), Beck Hopelessness Scale (BHS) and the Beck Suicide Scale (BSS).

Risk dimensions assessed: Depression, Hopelessness, Self-harm and Suicide

Description

Three questionnaire based self-report scales measuring the constructs of depression, hopelessness and suicidal behaviour respectively. The hopelessness scale (BHS) is the single most reliable predictor of suicide within the triad however when used together they provide a much more reliable measure.

Clinical setting

General mental health, both hospital and community. Risk Management Functionality

There is no explicit link to risk management strategies within the tools however in conjunction they have predictive validity and should be used in conjunction with risk decision support tools such as the GRiST and the ESR-20.

**DOCUMENT CONTROL**

| Equality Impact Assessment Date | Not undertaken as no significant changes from previous EIA |
|---|---|
| **Sub-Committee & Approval Date** | Trustwide Clinical Governance Group 18/12/18 |

**History of previous published versions of this document:**

| Version | Ratified Date | Review Date | Date Published | Disposal Date |
|---|---|---|---|---|
| 1 | October 2013 | October 2016 | October 2016 | |
| 2 | October 2016 | October 2018 | October 2018 | |

**Statement of changes made from version**

| Version | Date | Section & Description |
|---------|------|----------------------|
| 2.1 | 19.09.2018 | • NEWs updated to NEWs version 2 |
| 2.2 | 05.12.2018 | • Positive risk management plan – for use by Community care group. |
| 2.1 | 19.09.2018 | • DOH Best Practice guidelines updated from 2017 to 2019 version |
| 2.1 | 19.09.2018 | • Section 3.2 – statement relating to use of assessment tools from recent review of their use in MH- (The Assessment of Clinical Risk in Mental Health Services<br>- National Confidential Inquiry into suicide and safety in MH –Oct 2018) |
| 2.1 | 19.09.18 | • Section 3.4 – statement in relation to importance working with carers following best practice guidelines and feedback from SIRIs/carers and confidential enquiry – (DoH Best practice guidelines 2017) |
| 2.2 | 19.11.18 | • Updated Monitoring table to detail what training is monitored |
| 2.3 | | • Front page, Summary and Aim – removal of reference to physical harm<br>• Section 1, Introduction – 4th paragraph updated<br>• Section 2, 1st principle updated<br>• Section 4, training updated to include FACE LD<br>• Section 7, Associated Documents – MAPPA document added |
| 2.4 | 27.02.2019 | Amendments from PMG<br>• Review date calculated using the standard 3 years<br>• Section 8.9 Trust Wide Clinical Governance Group responsibilities added<br>• Section 5, row 3 updated to provide clarity relating to the expected outcome of the audit – audit to confirm occurrence of clinical supervision<br>• Section 5 bullet points updated with relevant committee name |

**List of Stakeholders who have reviewed the document**

| Name | Job Title | Date |
|------|-----------|------|
| Linda Bennetts | Associate director of quality and nursing – MH care group.<br>The policy was also shared within the MH care group for comments. | August 2018 |
| Linda Turner | Quality and safety manager – specialist care group.<br>The policy was also shared within the care group for comments. | August 2018 |
| Helen Boit | Quality and safety manager – Community care group. | December 2018 |

| | The policy was also shared within the care group for comments | |
|---|---|---|
| Richard Thwaites | Clinical Director –First Step | August 2018 |
| Yvonne Salkeld | Information governance | October 2018 |