Clinical Risk Assessment Policy

Inmind Reference:	CLN14
Category:	Clinical Policy
Version Number:	V2.0
Reviewed on:	January 2019
Next review date:	January 2021
Lead Officer:	Director of Nursing
Equality Impact Assessment completed:	Yes

Applicable Legislation/Regulations:
Codes of Practice:
Purpose:

Version Control Table		
Date Ratified	**Version Number**	**Status**
		Live

Date	**Key Revision**

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Equality Impact Assessment for this policy

Protected Characteristic (domain)	Area of conflict	Resolution
Age	Nil	N/A
Disability	Nil	N/A
Gender Reassignment	Nil	N/A
Pregnancy & Maternity	Nil	N/A
Race	Nil	N/A
Religion or Belief	Nil	N/A
Sex	Nil	N/A
Sexual Orientation	Nil	N/A
Marriage and Civil Partnership	Nil	N/A

All relevant persons are required to comply with this policy and must demonstrate sensitivity and competence in relation to diversity in race, faith, age, gender, disability and sexual orientation. If you feel you are disadvantaged by this policy, please contact the Registered Manager and the service will actively respond to the enquiry.

1. Introduction

Risk assessment and effective management is a core component of mental healthcare and the Care Programme Approach (CPA). All staff (both clinical and non-clinical) have a responsibility to contribute to the safety and welfare of service users. This is particularly important in mental health, but it is also more sensitive and challenging. Patient autonomy must be considered alongside public safety. A good therapeutic relationship must include both sympathetic support and objective assessment of risk. Risk assessment and management is often viewed in a very negative light; the connotation of risk management being that professionals are responsible for controlling the whole of a person's life.

Because of this risk management is often seen as a punitive process with practitioners focussing on possible negative outcomes and their avoidance. The Inmind Healthcare Group takes the stance that risk should be managed in the least restrictive way possible and should consider and balance the benefits that a person may be getting from taking a risk with the possible negative consequences (Risk in decision making - Independence, choice and risk, DOH 2007). The assessment of risk commences when first meeting the service user and having assessed the written history made available by the referring team.

2. Scope

This policy sets out the company's requirements relating to mental health staff working with service uses and carers and other service providers to assess and manage risk. The policy cannot cover all eventualities and practitioners are expected to exercise their clinical judgement in applying this policy, and in managing risk. This policy is designed for use with people who experience mental health problems.

The aims and purpose of this policy are as follows:

- Promote service user safety.
- Promote staff safety.
- Promote a systematic approach to risk assessment and safety management at individual practitioner, team and organisational levels.
- Minimise clinical risk within the company, to the community and to the public.
- Support members of staff in developing safety focussed care plans with service users to assess and manage risk.
- Promote positive risk taking.
- Outline the responsibilities of the company, teams and individuals in assessing and managing risk and recording risk information. Decision making about risk can cover a multitude of situations. Therefore, members of staff may need to refer to relevant company policies or relevant legislation.

The Inmind Healthcare Group acknowledges the importance of clinical supervision in promoting safe practice. It is, therefore, pertinent for clinical staff to be aware of the company's clinical supervision policies. Where appropriate, members of staff will also need to refer to other guidance such as the National Institute for Health and Clinical Excellence (NICE) guidance (e.g. Violence, 2005, and Self-harm, 2004).

3. Definition of Clinical Risk Assessment and Management

3.1 Clinical risk assessment is:

"The process of assessing whether or not, and in what circumstances, a person may harm themselves or others (or be harmed). This assessment involves chance, uncertainty and unpredictability. It is about assessing the likely occurrence of a future event, the likely impact of that event, upon whom or what and with what consequences. Risk assessment is a dynamic process (Inner London Probation Service, 1997).

The company considers clinical risk assessment to be one component of good clinical risk management.

3.2 Clinical risk management is:

"The actions taken, based on a risk assessment, that are designed to prevent or limit undesirable outcomes. Key risk management activities are treatment (e.g. psychological care, medication), supervision (e.g. help with planning daily activities, setting restrictions on alcohol use or contact with unhelpful others, and so on), monitoring (i.e. identifying and looking out for early warning signs of an increase in risk, which would trigger treatment or supervision actions), and, if relevant, victim safety planning (e.g. helping a victim of domestic violence to make herself safe in the future and know better what to do in the event of a perceived threat) (Department of Health, 2007a, citing Mersey Care NHS Trust, 2006).

While this definition is helpful in supporting staff to consider risk management options, the Inmind Healthcare Group believes that service user's strengths and aspirations lie at the heart of reducing risk. Staff should focus their expertise on identifying major risks such as the risk of harm to self and others while recognising that helping service users meet their needs and aspirations (e.g. housing, finances, relationships, psychological recovery and employment) in order to build a meaningful life may at times be the most effective way to reduce these risks.

The emphasis of the risk assessment and management process should be to strive to support and enable service users to recognise their role in developing strategies to maximise their potential for recovery and to support the maintenance of their own wellbeing and safety as well as the safety of others. Focussing on engagement and developing a therapeutic relationship which promotes trust is possibly the most powerful tool in enabling mutual risk assessment and effective risk reduction.

There are times where actions must be taken by staff to reduce risk and any intervention to manage risk must be proportionate to the seriousness of potential harm and the likelihood or imminence of that harm occurring. Any risk management plan must balance the wishes of the individual with consideration of their wellbeing, their human rights and the need to minimise risk.

Positive risk-taking balances the risks and benefits of one course of action against another. Judgment with respect to positive risk taking requires a good knowledge of the risks in each situation such that the likelihood and seriousness of the harms being considered is appropriately considered and any intervention to reduce risk is proportionate.

4. Duties

4.1 The Inmind Board

The Inmind Board is responsible for ensuring effective clinical risk management within the Inmind Healthcare Group.

4.2 Group Director of Operations and the Director of Nursing and Quality

The Group Director of Operations and the Director of Nursing and Quality are responsible for the development of this policy and for ensuring the effective management of clinical risk within the company.

4.3 Hospital Directors

It is the responsibility of the Hospital Directors to ensure that staff members are made aware of this policy, are sufficiently trained in risk assessment and management and that this policy is implemented in their services. This is monitored via mandatory training, clinical supervision and PDR.

4.4 Policy Review Group

The Policy Review Group is responsible for the development and review of this policy as well as ensuring the implementation and monitoring is communicated effectively throughout the company and that monitoring arrangements are robust.

4.5 Mental Health Clinicians

Individual practitioners are responsible for assessing risk and planning risk management strategies; this includes as a minimum recording risk information, formulation of the risk identified, setting up a crisis/care plan and sharing risk information where indicated.

The process of this is outlined below:

- Identify client.
- Gather information.
- Initial meeting.
- Establish rapport.
- Set interview structure.
- Collaboratively assess risk.
- Consult others where indicated.
- Formulate risks.
- Develop a risk management plan/care plan/crisis plan.
- Record.
- Appropriate sharing of information.
- Review and reassess as required.

Service's and Team Responsibilities

How detailed the clinical risk assessment should be will depend on the individual's needs and the service involved. For example, if a more detailed assessment is indicated, this may include identifying someone to seek further information and a more thorough review of the notes. This may lead to a referral to other services, e.g. specialist deliberate self-harm services or forensic services. Specialist

teams may choose to use more specific assessment tools, for example: Beck's Depression Inventory, Beck's Suicidal Intent Scale or the HCR-20.

4.6 MDT Members

All members of the multidisciplinary team (including Doctors, Nurses, Allied Health Professionals and social workers) are responsible for considering risk assessment and management as a vital part of their practice and to adequately record those considerations and outcomes.

It is the responsibility of all team members to consult with the most senior clinician involved in a service user's care regarding concerns about risks. These concerns and their communication should be documented in the service user's clinical notes.

4.7 Responsible Clinician (RC)

Responsible clinicians are responsible for ensuring risk assessment is conducted for all patients under their care.

4.8 Clinical Supervision – Role of Line Managers

A line manager as part of their management responsibilities must carry out supervision as outlined in the Inmind Healthcare Group Supervision policy; this includes a review of clinical competency in relation to the assessment and management of risk.

4.9 All Staff

All Inmind Healthcare Group staff (both clinical and non-clinical) have a general responsibility to act on information they receive regarding risk and to liaise with the relevant mental health practitioner to reduce the risk of harm occurring.

5 The Assessment of Risk

The term risk assessment often causes anxiety for practitioners; it is surrounded by an aura of mystique which it does not deserve.

In simple terms the cornerstone of good risk assessment and management is the completion, recording and appropriate sharing of a comprehensive clinical assessment which any multidisciplinary team should be able to undertake (Malden, 2003).

5.1 Risk Factors

The Department of Health (DOH) guide Best Practice in Managing Risk identifies a risk factor as:

"A personal characteristic or circumstance that is linked to a negative event and that either causes or facilitates the event to occur".

Risk factors can help us to predict what types of risks are potentially present and may be categorised as follows:

Static factors
These are factors that are known to be correlated with increased risk which do not change. These include historical indicators for example a history of suicide attempts, violence or childhood abuse. These factors will always be present although their relevance will vary across individuals and over time.

Dynamic Factors
Factors which change over time for example the misuse of alcohol or drugs. These factors may be aspects of the individual or of their environment and social context or indeed all of these. Examples of this are: attitude and beliefs of carers, financial status, and current mental state and social deprivation. These factors may change over time and are therefore more amenable to management. Dynamic factors may change slowly (stable factors) or rapidly (acute factors), the impact of these factors on the level of risk may be short lived or longer term (BPMR 2007).

5.2 Types of Risk Assessment

The Best Practice in Managing Risk (2007) guide identifies three types of risk assessment and management.

Unstructured clinical approach: this type of approach would take the form of an unstructured conversation, it is not systematic and therefore less reliable; this method is not recommended.

Actuarial approach: this approach focuses on static factors known to be associated with increased risk. For example; statistically people who have self-harmed in the past are at a higher risk of suicide. Actuarial risk assessment (applying a mathematical model to known risk factors) is of value in placing people in risk categories for the likelihood of an adverse event happening. They do not however predict that the event will or will not occur in an individual case.

Structured clinical: this approach combines the use of a structured method of assessing risk with the use of actuarial information to assess clearly defined risk factors, risk triggers and ameliorants of risk and makes use of:

- Clinical experience and knowledge of the client.
- The service user's view.
- Considers views of carers and other professionals.

The structured clinical approach is the process which Inmind Healthcare Group staff should use.

6 Gathering Information

The key to effective risk assessment is obtaining information via interview and collateral history from various sources. Interview with the service user is the basis of an initial risk assessment, however this is seldom enough and, in all cases, when possible, risk related information must be collected from informants, e.g. referral source, GP, community team, family, social or criminal justice services.

A clear record must be made of the sources of information on which any risk assessment is based. Past records both from within and outside of the company must always be sought in the preparation of an initial risk assessment. Historical information must always be considered when assessing risk. Prior interventions that proved effective will also help inform the risk management plan.

7 When to Assess Risk

7.1 Mandatory Risk Assessment

An initial risk assessment must be completed at the point of admission. The completion of a risk assessment will inform the care management plan and identify recovery indicators that are relevant to the individual. Within Forensic services, initial risk assessment will be undertaken prior to admission; a pre-admission risk assessment. The purpose of which is to determine levels of risk in order that the clinical team can best prepare a treatment plan that will meet the needs of the patient on admission and maintain a safe environment.

Risk must be assessed or reviewed at certain key points in a service user's care pathway. Points at which risk must be assessed or reviewed are:

- At first presentation to mental health services.
- At the point of assessment which can often be pre-admission.
- On admission to an inpatient service (within 72 hours).
- Assessment of risk before deciding about moving a client to, or from CPA (Department of Health, 2008).
- Prior to (and during) CPA review and at least once every three to six months for service users who are not supported by CPA.
- Prior to an individual moving from one service to another or prior to discharge from a ward or from other services.
- The responsible clinician must undertake an assessment of risk at the point of detaining a patient under the Mental Health Act, granting leave or discharging from a section.

Other points at which risk should be reviewed include:

- Routine assessments.
- Following an incident.
- During discharge planning.
- At known times of stress such as anniversaries of bereavement.
- When new information is received significantly changing the individuals risk status.
- Once early relapse signs are identified or following a significant deterioration in an individual's mental state.
- Prior to any reduction in risk management interventions (such as being granted leave).
- When a longstanding relationship with a clinician is coming to an end.
- At the point of initiation or change to treatment.

7.2 First Assessment

At first contact, the assessment should always include a proper evaluation of risk, including the risk of harm to self or others. The following areas should be considered:

- Degree of engagement.
- Risk factors: mental state examination, substance use, environment etc.
- History.

- Ideation/mental state.
- Intent.
- Planning.
- Actual incidents with dates, causes, ameliorants/protective factors and consequences.
- Service user's awareness of risk.
- Benefit and harm of risk.
- Protective factors and strengths.
- Formulation.

Where the assessment covers more than mental health, e.g. learning disability, other risks will need to be assessed. Examples of other risks may include risks due to physical health, or environmental and social risk.

7.3 Routine Management of Severe Mental Disorder

At care reviews for service users suffering from severe mental disorder, an assessment of risk should be repeated, and the risk management plan updated. The degree of detail should be commensurate with the clinician's judgement of the severity of the disorder and will be related to whether the client is supported by CPA.

In addition, there will usually be previous notes which will provide a more comprehensive picture of the history. It will also be important to consult with other professionals and carers involved in the service user's care. Careful attention to these sources of information will help reveal any history of self-harm, harm from others, self-neglect, and/or violence, plus its pattern, frequency, severity and how recently it occurred.

Where a worker is concerned about the service user's risk to self or other, it is their responsibility to discuss this with their line manager, clinical supervisor (where appropriate) and multi-disciplinary team.

7.4 Care Programme Approach (CPA) and Risk

The national confidential inquiry into suicide and homicide (Avoidable Deaths: five-year report into suicide and homicide by people with mental illness, University of Manchester, 2006) states that services can improve clinical risk management by:

"Aligning CPA and risk management more closely, ensuring comprehensive assessment of risk at CPA review" and by "jointly reviewing the management of the most high-risk patients with other clinical teams".

Clinical risk assessment and management should also form part of the care for service users not subject to CPA (Department of Health, 2008). Clinical risk assessment is an integral part of deciding if a client needs the support of CPA (Department of Health, 2008). Service users should be supported by CPA if they are at higher risk (Department of Health, 2008).

7.5 Following an Incident

Staff should report the incident, update the risk assessment/management plans (if indicated) and make an entry in the clinical notes. Discussions should also be held with MDT/daily meetings in order to assess further requirements.

7.6 Dynamic Risk Assessment

Understanding of risk will change over time as will the risks themselves. The risk assessment must be updated if a new risk indicator emerges or an identified risk worsens. Recurring harm or fluctuation of risk to an extent already described in the risk assessment must be recorded.

Following the completion of a clinical risk assessment, clinical risk management options must be discussed by the multidisciplinary team. Ensuring that clinical risk assessments and management plans are agreed will reduce the subjectivity and promote joint responsibility for decision making. It is recognised that all options will be based upon clinical judgement. Interventions should be the least restrictive intervention for risk minimisation as judged against the assessed level of risk. Clinical risk assessment and management is an ongoing process.

8 Essential Components of Clinical Risk Assessment and Management

Essential components of clinical risk assessment and clinical risk management include engagement, good history taking, and formulation of risk.

8.1 Risk Formulation

Risk formulation is an explanation of how risks arise for a service user in the context of conditions that are assumed to be risk factors for a hazardous outcome that is to be prevented (Department of Health, 2007a). The risk formulation should account for both protective factors and risk factors (Department of Health, 2007a). Essentially a risk formulation is a summary of all the risk and protective factors identified coupled with your (and the client's and carers') impression of what that means and what can be done to minimise risk. Describing the risks and explaining their context in the formulation is a vital step in coming to a decision about the level of risk.

Formulation should try to answer:

- How serious is the risk?
- Is the risk specific or general?
- How immediate is the risk?
- How volatile is the risk?
- What specific treatment or management plan might reduce the risk?

A risk formulation should:

- Summarise dynamic and static risk factors, and protective factors.
- Try to give an idea of how much impact individual risk factors have and what the precipitating event that has increased risk now is.
- Discuss the summary of risk with the patient and get their views to incorporate in the formulation.
- Together, look at what outcome the patient would like and what can be done to modify individual risk factors to minimise (not eliminate) risk.

- Incorporate contingency planning and how the patient can seek help if things change in the formulation.
- Note down names and roles of all people involved in the discussion about risk management in the formulation.
- Be written around specific risks and in what situation these would be precipitated.

8.2 The Role of the Care (Safety) Plan in Risk Management

Fundamental to risk management is engagement with clients and a focus on finding out what they would want to prioritise in terms of making their mental health stable and ensuring a meaningful valued life. Kooyman and Shar (2009) in their review of effective risk management strategies identified that good care planning is at the heart of risk reduction.

All care plans relating to risk should be considered as safety plans, be drawn up in collaboration with the client and where possible consider the views of carers. Safety plans represent a shift in thinking about incorporating risk management in to the care planning process.

The emphasis of the personal safety care plan should be to engage the service user and where possible carers and others in considering how best to plan to maximise safety this could relate to any risk domain e.g. how best for the service user to minimise the risk of violence to others which maintains both their safety and the safety of others or how to maintain safety by maintaining meaningful relationships, employment or financial security.

The care (safety) plan should:

- Outline risk areas identified.
- Indicate the likelihood and severity of risk.
- Identify any potential harm/benefits from risk.
- Identify trigger factors and ameliorants.
- Outline a risk management plan.

The following components of care, although not exhaustive, should be considered and, where appropriate, documented in clinical records including:

- Treatment of mental ill health and distress.
- Treatment of substance misuse.
- Treatment of personality disorder.
- Treatment of cognitive impairment.
- Treatment of physical health conditions.

Social situation including interventions to support:

- Housing.
- Financial safety.
- Meaningful structured day (training, employment, recreation, etc.).
- Improving access to meaningful activities.
- Improving social skills.

The plan should be constructed and agreed with the client and carers. It may reflect what they feel would be most effective in reducing the risk particularly in respect of crisis and contingency plans. It is also helpful to be clear with the client as to what are the identified antecedents or causal links to their risky behaviour (as far as possible) so everyone can be aware of the potential consequences. Some clients may not wish to participate in this process and the plan may represent more of a service response; this should be recorded in the management plan. As a minimum, all clients should know who to contact in a crisis. Copies of the plan should be given to patients.

If an intervention is indicated to reduce risk (e.g. increased medication, access to psychological therapies, monitoring by staff, and access to supported housing) and is not available, this should be clearly recorded in the management plan and/or fed back to the service manager. A realistic management plan within the resources available still needs to be made, recognising that treatment options may be limited. This should be fed back to the client.

8.3 Crisis Planning

The crisis and contingency plan should also be completed as soon as is practicable. The crisis plan alongside the care plan should be constructed in collaboration with the client.

Doing this can help the clinician and client to better understand the risks, help to form a supportive relationship and identify and agree on actions to take to maintain safety in a crisis?

The crisis plan should contain:

- Information on what might precipitate a crisis and what to do to deal with this.
- Relapse indicators/warning signs: these should be identified in conjunction with the client. There are many types: examples might be: increasing insomnia, agitation, stress, lack of self-care, thoughts of death, hopelessness or worthlessness; feelings of desperation or of being trapped and withdrawal from usual activities. Contingency Arrangements: Actions to be taken in the event of noticing the warning signs. These can be diverse, but examples include: going to stay with a friend, seeing a health professional, reviewing medication, phoning the Samaritans or if in a severe crisis attending the accident and emergency department.

8.4 Decision Making

Any risk-related decision is likely to be the best decision that can be made at the time and will be acceptable if:

- It conforms with legislation.
- It conforms with relevant guidelines.
- It is based on the best information available.
- It is documented.
- The relevant people are informed.
- The rationale for any decisions must be recorded.
- This record must note:
- The persons/agencies involved in the decision-making process.
- The recognition of the risks identified.
- Action taken to reduce the risk.
- The contingency plan in place to support the individual.

This information must be clearly documented and shared with the relevant individuals.

9 Recording Risk Information

An initial risk assessment must be completed at the first clinical contact with a service user. The crisis and contingency plan should be completed as per the notes above and care (safety) plans should be entered in to the clinical notes.

10 Risk Assessment Tools

Individual services will use tools which are relevant to the needs of their client group. It is recognised that as part of good practice clinical risk assessment may be supported using other clinical risk assessment tools. However:

"A tool can only contribute one part of an overall view of the risk presented by a particular individual at a particular time." (Department of Health, 2007a).

Training is required to use some supplementary risk assessment tools, and in these cases the company expects members of staff to have undertaken this training before use. In forensic services the main supplementary risk tool used is the HCR 20. The tool may be used in other settings, but its use is not mandatory. Before using HCR 20 staff must access specified training.

11 Communicating an Opinion of Risk

An opinion of risk, whether based on a contemporary risk assessment or not, must be communicated to everyone who needs to be aware of it or act upon it. Issues of confidentiality and information sharing must be considered but may be overridden in order to prevent serious harm. Whilst such decisions are usually made by senior clinicians, any employee of the Inmind Healthcare Group who genuinely believes that disclosure of information will prevent serious harm and is unable to get a timely opinion from a senior, must act to minimise the risk of harm.

12 Safeguarding Children

It is a requirement of safeguarding children policy that services know whether their service users have children or are in contact with children.

In situations where children are at risk, it is staff's "paramount duty to put the welfare of children first" (Children Act, 1989).

Staff working with adults as well as children should routinely ask patients in contact with our services about children they have contact with and pay regard to the impact of parental mental health and the needs of children as part of their assessment and ongoing work with service users. This information must be recorded in the clinical notes.

13 Training

Clinical Risk Assessment training requirements for staff are the responsibility of Hospital Directors.

In addition, clinical risk assessments, formulation and clinical risk management plans in the care plans should always be discussed with the clinical supervisors and where additional training needs are identified, support for this implemented in annual PDR.

14 Monitoring

This policy refers to all clinical services in the Inmind Healthcare Group.

Hospital Directors are responsible for ensuring that staff are trained appropriately in the assessment and management of clinical risk in line with this policy and that staff fulfil their responsibilities in relation to clinical risk assessment and management.

15 References

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