Cardiff and Vale University Local Health Board

MENTAL HEALTH CLINICAL RISK ASSESSMENT & MANAGEMENT POLICY
Mental Health Division

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Documents to read alongside this Policy	• Cardiff and Vale UHB Admission, Discharge and Transfer Procedur • Cardiff and Vale UHB Level of Observation Procedure • Cardiff and Vale UHB policies relating to the Mental Health Act 198 • Mental Capacity Act • Cardiff and Vale UHB Child Protection Good Practice Guidelines • All Wales Child Protection Procedures • Cardiff and Vale UHB Guidelines on the Sharing of Information • South Wales Guidance on the Protection of Vulnerable Adults • Cardiff and Vale UHB Care Programme Approach Policy and Procedure

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OUT OF DATE POLICY DOCUMENTS MUST NOT BE RELIED ON

Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	14/06/12	04/07/12	Replaces previous Trust policy (no ref no available)

RISK ASSESSMENT & MANAGEMENT POLICY

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1. INTRODUCTION

'Risk assessment is an essential and ongoing element of good mental health practice and a critical and integral component of all assessment, planning and review processes' (DoH 2007).

'All service users assessed at any point in their contact with secondary mental health services must have a risk assessment completed' (WAG 2010)

This policy details the framework for the assessment and management of service user risk in Cardiff and Vale University Health Board (UHB). To deliver effective care staff must be able to demonstrate sound judgement in clinical risk assessment and develop a risk management plan which is derived from that assessment.

Risk areas to be considered include, suicide, self harm, violence and aggression, dangerousness, self neglect, physical and psychological abuse and falls. It should also be carefully considered whether a service user poses a risk to children with whom they may have contact, irrespective of whether they are the service user's children or those of a partner (National Patient Safety Agency (NPSA) 2009).

Clinical Risk Assessment must not be considered in isolation from other UHB mental health policies and procedures. This policy should therefore be read and acted upon in conjunction with:

- Cardiff and Vale UHB Admission, Discharge and Transfer Procedure
- Cardiff and Vale UHB Level of Observation Procedure
- Cardiff and Vale UHB policies relating to the Mental Health Act 1983
- Mental Capacity Act
- Cardiff and Vale UHB Child Protection Good Practice Guidelines
- All Wales Child Protection Proceedures
- Cardiff and Vale UHB Guidelines on the Sharing of Information
- South Wales Guidance on the Protection of Vulnerable Adults
- Cardiff and Vale UHB Care Programme Approach Policy and Procedure

There are many definitions of risk. For the purposes of this Policy 'risk' is considered as;

'The likelihood of an event happening with potentially harmful or beneficial outcomes for self and others. (Possible behaviours include suicide, self harm, aggression and violence, and neglect; with an additional range of other positive or negative service user experience)'. (Morgan,s. 2000)

It should be acknowledged and emphasised that, while we focus on negative risks there is a need for practice positive risk taking and in doing so mental health staff work collaboratively with service users, carers and other service providers, irrespective of whether they are statutory or non statutory providers.

Modern risk assessment and management should be based on the principle that the assessment of risk is structured and informed by a holistic needs assessment, which is consistent to evidence base. Consistency in practice is essential for effective communication across services and agencies.

The use of clinical risk assessment tools, specialist or generic, are an aid to the clinical decision making process and are not a substitute for it. '***The findings of tool based assessments must be combined and balanced with information on many other aspects of the person's life and current situation'***. **(DoH 2007)**

2. POLICY STATEMENT

The UHB is committed to ensuring that the mental health division have robust clinical risk assessment and risk management strategies in place that will reduce risk of harm to service users and others in contact with mental health services, whilst supporting recovery and ensuring the safety of patients, carer's staff and members of the public.

3. AIMS AND OBJECTIVES

The Risk Assessment and Risk Management Policy details the principles and framework currently utilised in the Mental Health Division to identify risk areas and manage those risks effectively.

The objectives of the Policy and Procedure are:

1. To ensure that a formal risk assessment of all service users in secondary mental health services is undertaken.

   (Secondary mental health services are currently defined as community mental health teams, inpatient services, and specialist community teams such as low and medium secure community teams and specialist inpatient services such as medium and high secure inpatient and residential services (WAG 2010)

2. To highlight the importance of risk management plans which are aligned to the risk assessment.

3. To highlight the requirement to reassess a service users risk status at regular intervals and as their presentation dictates.

4. To ensure that there is a clear understanding of individual professional responsibilities in relation to risk assessment and risk management.

4. RESPONSIBILITIES

Cardiff and Vale UHB undertakes a responsibility to ensure that all mental health service users have an assessment and consideration regarding risks of suicide,

self harm, dangerousness, self neglect, violence and aggression, abuse (both psychological and physical) and falls.

The Mental Health (Wales) Measure 2010 does not prescribe a particular risk assessment process or tool LHBs and Local Authorities should ensure that in all cases risk assessments should seek to identify and minimise the potential for:

- social vulnerabilities

- harm to self (including deliberate self harm);

- suicide;

- harm to others (including violence);

- self neglect;

- neglect or abuse of children

- neglect or abuse of adults for whom they provide care

- adverse risks associated with the abuse of alcohol or substance.

- risk of becoming institutionalised

In practice terms assessment of risk is an aid rather than a substitute for decision making about what outcomes need to be achieved, and assessments should be translated into a formulation of any risks, and subsequent management of those risks. All care and treatment planning processes should take into account risk management arrangements.

All referrals / admissions should have a risk assessment following a holistic assessment of their needs (WAG) 2003).

It is the responsibility of all members of a team delivering care to ensure that service users have a credible risk assessment and a subsequent risk management plan to ensure the effective delivery of safeguarding measures.

Service users should initially be assessed regarding the appropriateness of having a more in depth risk assessment completed and management plan formulated which must be reviewed on a regular basis.

'Risk is assessed by all workers, but formal risk assessment should only be carried out by someone with the appropriate training and experience, as agreed locally'. (CPAA 2008)

Risk assessments may be completed by all appropriately qualified clinicians who must ensure that any noted risks are communicated to all team members and clearly evidenced within the documentation.

It is imperative that risk assessments and information regarding risk is shared amongst the MDT and where appropriate, other agencies such as child protection or public protection. It may also be necessary to share information about risk with other sectors including voluntary housing agencies. This may only be on a need to know basis. Staff must be aware of and consider the national and local sharing of information and confidentiality procedures when disclosing information.

'Agencies should have clear agreed policies on information sharing, which advise on the need to know. If someone other than the service user is at risk, advice must be sought from the police public protection team or multi agency public protection arrangements (MAPPA) so that an appropriate public protection plan can be activated. The rationale for any disclosure without consent, e.g. to prevent harm, should be clearly documented.' (DoH 2008)

The Responsible Clinician / Responsible Medical Officer will have overall clinical responsibility but the co-ordination of the assessment and management process will be the responsibility of the Care Programme Approach (CPA) Care Co-ordinator.

Where conflicts arise between professional responsibilities, accountabilities and service user autonomy, individual professionals are still responsible for attempting to reduce risk to an acceptable level. This level should be agreed both with the service user and the multi disciplinary team.

Risk assessment must take place at regular intervals (admission to hospital, admission to caseload, discharge from hospital or caseload, part of Section 117 meeting, at CPA review meetings, during care plan review and updates or at any change in circumstances which may increase or decrease risk status).

Risk / potential risk to children *must* be considered in both the shortened and in depth risk assessment. Contact must be made with relevant disciplines involved with children if a risk / potential risk is perceived.

5. POSITIVE RISK MANAGEMENT

"Positive risk management as part of a carefully constructed plan is a desirable competence for all mental health practitioners, and will make risk management more effective. Positive risk management can be developed by using a collaborative approach." **(DoH 2007)**

"The key to effective risk management is a good relationship with the service user and all those involved in providing their care" **(DoH 2007)**

Positive risk management must include working with the service user to identify and develop plans and actions that support positive outcomes and priorities as stated by the person, and minimise the risk to the service user or others.

There must be consideration of the views of carers and others when deciding a plan of action.

The service user, carer and others who may be affected must all be fully informed of the decision, the reasons for it and the associated plans.

All who are involved in the decision making of positive risk management must be aware of the potential benefits and the potential risks and the decision must weigh up the benefits and harm of choosing one action against another.

"Positive risk management means being aware that risk can never be completely eliminated, and aware that management plans inevitably have to include decisions that carry some risk. This should be explicit in the decision making process and should be discussed openly with the service user" **(DoH 2007)**

6. RESOURCES

Form 4 on the PARIS electronic system or the FACE risk profile documentation, is to be used as a baseline risk assessment tool. All service users in contact with secondary mental health services will have form 4 or risk profile completed.

Further in depth risk assessment tools may be used if the practitioner is suitably qualified to use such as HCR -20.

The Welsh Applied Risk Research Network (WARRN) Formulation tool may be used to aid risk management plan.

Risk management must be incorporated into the agreed care and treatment plan.

7. TRAINING

Cardiff and Vale UHB is committed to ensuring that the opportunity for staff to attend risk assessment training is made available.

All staff involved in risk management should receive relevant training, which should be updated at least every three years. (DoH 2007)

Training will be delivered as part of basic CPA sessions, the Wales Applied Risk Research Network course and more specific risk focused days.

A central record will be maintained of staff attending risk assessment training.

The assessment of staff competency to undertake risk assessment is the responsibility of line managers through performance review.

All staff members will be individually responsible for ensuring that they are applying up to date knowledge and skills in practice and must identify any training needs to line managers.

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8. PROCEDURE

- All service users must be assessed for a significant risk of suicide, self harm, self neglect, abuse, violence, substance misuse, risk of absconding or falling

- A baseline risk assessment must be established following a holistic assessment of needs, `this will be either the form 4 on the PARIS electronic system or a FACE risk profile in paper format.

- An initial risk assessment must be completed within two weeks following a routine review / non urgent referral

- A risk assessment must be completed at the time of any urgent / emergency referrals or assessments

- A new risk assessment must be undertaken within seventy-two hours of inpatient admission

- If risks are identified there must be a formulated risk management plan with consideration to the use of more specialised tools

- The risk management plan must be embedded in the 'overarching' care plan

- Risk assessment must be undertaken when there is any change in the 'venue of care' including the voluntary sectors.

- All risks are to be identified in the care planning process and with the use of 'risk alerts'

- Any risks identified must be communicated to the relevant team, staff must ensure acknowledgement and adherence to the consent to share information agreement

- Risk assessments and risk management plans (including risk alerts) must be reviewed by the care co-ordinator / primary nurse at each CPA review meeting.

- Identified risks must be documented in a descriptive manner containing as much information as possible

- Information to aid risk assessment must be gathered from a range of sources such as, service user, family, carers, historical, partner agencies, voluntary agencies.

- All service users within secondary mental health care will receive a risk assessment as a minimum on an annual basis.

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9. EQUALITY

Cardiff and Vale UHB is committed to ensuring that, as far as is reasonably practicable, the way in which we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups.

We have undertaken an Equality Impact Assessment and received feedback on this policy and the way it operates. We wanted to know of any possible or actual impact that this policy may have on any groups in respect of gender, race, disability, sexual orientation, Welsh language, religion or belief, transgender, age or other characteristics.

The assessment found that there was little impact to the equality groups mentioned. Where appropriate we have taken the necessary actions required to minimise any stated impact to ensure that we meet our responsibilities under the equalities legislation

10. AUDIT

The prevalence of risk assessment and risk management tools will be identified via the monitoring of the CPA process.

11. REVIEW

This policy and procedure will be reviewed every three years or sooner if appropriate.

12. DISTRIBUTION

This policy and procedure will be made available on the UHB clinical portal, Intranet and Internet sites. The document will also be circulated to the members of the mental health policy group and mental health quality and safety group.

13. FORMS

The Form 4 risk assessment is accessed via the PARIS electronic record system. All inpatient areas and CMHT's must ensure they have access to the paper format of the FACE risk profile. Clinical areas may also hold copies for use of the WARRN formulation tool and where required HCR 20 risk assessment.

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13. REFERENCES

Morgan S. –Clinical Risk Management, A clinical tool and practitioner manual**,** The Sainsbury Centre for Mental Health (2000)

Department of Health – Best Practice in Managing Risk (June 2007)

Welsh Assembly Government - *The Role of Community Mental Health Teams in Delivering Community Mental Health Services – Interim Policy Guidance and Standards* (July 2010)

Welsh Assembly Government – *Delivering the Care Programme Approach in Wales – Interim Policy Guidance* (July 2010)

Care Programme Approach Association – The CPA and Care Standards Handbook (2008)

Welsh Assembly Government – Mental Health Policy Guidance, The Care Programme Approach for Mental Health Service Users (February 2003)

Wales Applied Risk Research Network (WARRN) 'Asking difficult questions and formulating risk' – training course (2009)

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