

## Clinical Risk Assessment (Mental Health and Learning Disability) Management and Training Policy (N-015)

Version Number:	1.6
Author (name & job title):	Tracy Flanagan Assistant Director of Nursing and Quality, Dr Sarah Bradbury, Consultant Psychiatrist (Mental Health Division) Louise Walker, STR Worker and Knowledge & Understanding Framework (KUF) Lead (Mental Health Division) Sian Johnson, Senior Clinical Lead (Mental Health Division) Helen Courtney, Modern Matron (Forensic Division) Dr Samantha McKenzie, Interim Divisional Clinical Lead (Forensic Division) & Consultant Clinical Psychologist (Mental Health Division)
Executive Lead (name & job title):	Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals
Name of approving body:	Quality and Patient Safety Group (QPaS)
Date full policy approved:	11 September 2024
Date Ratified at Trust Board:	N/a
Next Full Review date:	September 2027

Date approved by Lead Director:	
Date EMT as approving body notified for information:	

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## 1. INTRODUCTION

This policy aims to ensure that the Trust provides a structured approach to the identification, assessment, formulation, and management of clinical risk in our Mental Health and Learning Disability services and that all staff are aware of the principles of safe and effective clinical risk management and understand their duties and responsibilities.

Service users are entitled to have their needs met yet risks are often challenging to assess. It has been identified that risk assessment tools and scales do not adequately predict risks and may only help to structure assessments and decision making (NCISH 2023; Chan et al, 2016; Quinlivan et al, 2016). Best practice for those we care for is reliant on rigorous clinical assessments, robust multi-disciplinary team discussion and decisions and genuine collaboration with the service user and carers (NICE, 2022; NHSe 2022).

In October 2022 Professor Tim Kendall, National Clinical Director for Mental Health NHS England wrote to all Mental Health providers endorsing the culture and practice change required to move towards more person-centred approaches to safety planning for people with mental health needs re affirming the following as outlined in the NICE guidance on self harm:

- Do not use risk assessment tools and scales to predict future suicide or repetition of self-harm.
- Do not use risk assessment tools and scales to determine who should and should not be offered treatment or who should be discharged.
- Do not use global risk stratification into low, medium or high risk to predict future suicide or repetition of self-harm.
- Do not use global risk stratification into low, medium or high risk to determine who should be offered treatment or who should be discharged.

The policy sets out the expected clinical risk practices for clinical staff to ensure risks are considered and managed in partnership with persons using services and those close to them. With the best interests of the Service User at heart the policy aims to empower people to make choices and to ensure both service users and staff can make informed decisions about risks.

## 2. SCOPE

This policy aims to:

- Identify clinical risks related to the care of service users in the Trust's Mental Health and Learning Disability services and provide effective safety plans and risk management plans to reduce these risks
- Support the provision of comprehensive psychosocial assessment to those who have self-harmed and at risk of completed suicide
- Utilise clinical risk assessment tools to supplement professional risk assessment and risk formulation
- Emphasise the importance of multi-disciplinary oversight and decision making in the delivery of effective risk management plans

### 2.1. Guiding Principles

*"Safety is at the centre of all good healthcare. This is particularly important in mental health, but it is also more sensitive and challenging. Patient autonomy has to be considered"*

*alongside public safety. A good therapeutic relationship must include both sympathetic support and objective assessment of risk.*” (Department of Health (DH), 2009).

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

*“What need to be considered are the consequences 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.”* (DH, 2009, p11)) The 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. 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:

*“Overdefensive 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 (DH, 2009, p9).

The DH (2009) paper on ‘Best Practice in Managing Risk’ outlines a number of best practice principles, as outlined below:

- 1: Best practice involves making decisions based on knowledge of the research evidence, knowledge of the individual service user and their social context, knowledge of the service user’s own experience, and clinical judgement
- 2: Positive risk management as part of a carefully constructed plan is a required competence for all mental health practitioners
- 3: Risk management should be conducted in a spirit of collaboration and based on a relationship between the service user and their carers that is as trusting as possible
- 4: Risk management must be built on a recognition of the service user’s strengths and should emphasise recovery.
- 5: Risk management requires an organisational strategy as well as efforts by the individual practitioner

Following publication of NICE Guideline NG225 (Self Harm Assessment Management and Preventing Recurrence, 2022), the National Confidential Enquiry into Suicide and Safety in Mental Health (2023), and the Suicide Prevention in England: 5 Year Cross Sector Strategy (2023), it is no longer considered best practice to utilise structured tools for the prediction of self harm and suicidality.

The Suicide Prevention strategy (2023) had indicated that NHS England has convened a safety planning group in 2024, “this will ensure that culture and practice across mental health services reflects an individualised, person-centred approach to safety-planning and risk management, and that access to appropriate support is not closed off as a result of assessments of risk.”

Everyone who has self-harmed should have a comprehensive psychosocial assessment of needs and risks (NICE NG225, 2022) as risk of suicide has been linked to repetition of selfharm.

In areas where risk of violence or aggression is being considered, best practice guidelines including the NICE Quality Standard (QS154) require the following:

**Service providers** (such as mental health trusts, mental health community services and primary care mental health services) ensure that systems are in place to involve people with mental health problems who have been violent or aggressive while using the services in identifying de-escalation techniques that have been successful, and that the person's care plan includes advance statements about the use of restrictive interventions.

**Health and social care practitioners** (such as mental health nurses, psychiatrists and social workers) encourage and support people with mental health problems who have been violent or aggressive while using the services to identify de-escalation techniques that have been successful and to make advance statements about the use of restrictive interventions, and record this information in the person's care plan.

NICE guidance (NG10); Violence and aggression: short-term management in mental health, health and community settings (2015) requires staff to have the skills to assess why behaviour is likely to become violent or aggressive, including personal, constitutional, mental, physical, environmental, social, communicational, functional and behavioural factors.

The approach taken to achieve this includes the use of structured professional judgment supplemented by the use of locally agreed tools including the HCR-20 (Historical Clinical and Risk Management – Version 3) which supports scenario planning through formulation

## 2.2. Structured Professional Judgement

Structured assessment is important in assessing risk; however, there are a limited number of instruments or tools with a satisfactory evidence base to predict risks. Structured assessment means a systematic assessment of key risk factors and mental state leading to an informed professional judgement.

In accordance with DH best practice, the Trust is committed to a structured professional judgement approach to risk management, which involves the following:

Consideration of historical information in combination with current dynamic risk factors:

- Use of evidence based guidelines that promote consistency of approach
- Evidence-based risk formulations and formulation-based management and treatment interventions
- Recognising risk assessment as a continuous process, mediated by changing conditions and sensitive to change as a result of treatment and management

## 2.3. Effective teamwork and partnerships

The clinician may sometimes be working alone, but in most situations the best risk assessments and the most effective decisions, are made by a team of experienced professionals in collaboration with the service user and carer.

The MDT Care Planning Practice Guidelines (G425) outlines the ways in which a clinician might involve others in care planning, including in relation to risk. The guidelines prioritise seeking additional knowledge and viewpoints to ensure robust and thorough care planning, as well as collaboration between the service user, their support networks, and health and social care practitioners and agencies.

Safe practice can only be achieved by the adoption of a rigorous learning culture. Professionals need to understand the perspectives offered by other professionals can help to ensure a holistic view of an individual's needs and risks. In this spirit it must be remembered that the best risk assessments and the most effective decisions, are made by a team of experienced professionals in consultation with the service user and carer. All staff and services need access to a multi-disciplinary forum where risk assessments can be discussed, and formulations can be developed .

### **2.3.1. Multidisciplinary forums**

These forums need to be part of the clinical governance procedures within each service and may take the form of Recovery Meetings, person centred care reviews; CPA review meetings, daily ward based reviews or clinical team meetings. No one profession should automatically lead these forums; however, they need to be constituted in such a way that they reflect the following:

- Attendees are drawn from the multi-disciplinary team and where possible involve the service user and their carers
- Meetings are constituted a regular intervals to be meaningful for each team and reflective of the services users' needs
- The meeting offers a forum where professional judgements and risk assessments can be presented or escalated to senior clinical colleagues
- They aim to achieve consensus on the plan of care for identified risks
- Decisions are recorded in the clinical notes
- Identified actions and contingency plans that should articulated within the risk management or safety plan

The structured professional judgements and formulations developed in response to a risk assessment should be made in collaboration with others in the multidisciplinary team and with the service user and carer. In instances where the risk seems high, the involvement of senior colleagues to advise and support may be helpful. Any differences of opinion should be resolved in the best interests of the service user and all those who might be affected by any unresolved risk issues.

### **2.3.2. Escalating concerns**

Each service should consider an escalation process for clinical risk advice and decision making, which acknowledges the skill mix and expertise within a given service. This is particularly important where a consensus cannot be reached for a specific action (e.g. whether to admit/discharge a service user or not). In most cases the escalation process should follow the clinical lines of accountability within each service via the divisional clinical lead. The Multidisciplinary Care Planning Guidelines (G425) outline the processes for the inclusion of others in care planning, including in circumstances where a consensus cannot be reached.

Clinical supervision should include discussions and enquiry related to the clinical caseload management of the healthcare professional with a specific focus on risk assessment and risk formulation. Cases may need to be referred to the team meeting/MDT forum for review to ensure a multi-disciplinary view of risk. These discussions and decision should be recorded in clinical supervision records.

Decisions and assessments should be based on collaboration between health and social care agencies in hospitals and in the community. Information sharing protocols between services must be in place to support the flow of information between agencies (e.g.

information from addiction services, acute hospital trusts, general clinicians, social workers, probation officers). In some cases a professional's network meeting should be convened to share information and expertise.

### **3. POLICY STATEMENT**

All Humber NHS Foundation Trust services will systematically assess service users for clinical risks using structured professional judgement supplemented by the use of locally agreed risk assessments including the FACE (Functional Analysis of Care Environments (Clifford et al, 2012) or HCR 20v3 and START (Short-Term Assessment of Risk and Treatability) to collect and store clinical risk assessment information

Each service area will be required to develop local guidelines to articulate their expectations and approach to the use of assessment tools, structured professional judgement, and formulation.

All service users should have a safety plan or a risk management plan that is regularly reviewed by the multi-disciplinary team at key points in the service user's treatment journey and at times of significant change.

#### **3.1. Related policies**

This policy complements other risk management processes such as the Management of Violence and Aggression, Suicide Prevention, Multi Agency Public Protection Arrangements (MAPPA), the Safeguarding Vulnerable Children/Adult procedures, or the Care Programme Approach (CPA), which are core components of many services provided by the Trust. Clinical risk associated with deteriorating physical health and falls is considered within specific policies. Service areas need to consider this policy alongside the multi-disciplinary standards.

### **4. DUTIES AND RESPONSIBILITIES**

#### **Chief Executive and Trust Board**

The Chief Executive and Directors of the Trust are responsible for managing all aspects of health, safety and welfare of our service users and their carers and to do all that is reasonably practicable to eliminate or reduce to acceptable levels the risks and thereby promote the health and safety of all employees, self-employed persons, contractors, members of the public who are specifically in our care.

#### **Director of Nursing, Allied Health and Social Care Professionals/Caldicott Guardian**

The Director of Nursing, Allied Health and Social Care Professionals/Caldicott Guardian is responsible for:

- The development of this policy
- Monitoring adherence to this policy
- Identifying any potential barriers to the implementation of this policy

#### **Medical Director and Clinical Director**

The Directors are responsible for ensuring all doctors (including doctors in training) are aware of and work to the standards contained in this policy.

#### **Chief Operating Officer**

It is the responsibility of the Chief Operating Officer to ensure this policy is implemented across the organisation using the governance procedures within each Division.

### **General Managers/Divisional Clinical Leads**

Have the responsibility for the implementation of the policy in clinical services, delegated from the Chief Operating Officer through the Divisional management and clinical leadership structures. This includes ensuring:

- Policy dissemination and implementation; all relevant clinicians are aware of the policy and how it is implemented at local/team level
- Staff roles in relation to risk assessment and management are clearly identified within the team
- That new staff are inducted into the risk assessment processes as appropriate, including the tools used at local level, and are supported in this until they have attended the necessary training
- Learning needs are identified through the supervision and learning needs analysis processes
- Staff are alerted to and attend risk training in accordance with the policy, a minimum of every three years or as identified at appraisal/performance reviews • Training records are maintained
- Supervision processes include a review of caseloads and risk assessment and formulation skills
- Support is available to staff in taking informed, measured, and managed risks with service users
- Systems are in place to review and monitor risk assessment, formulation, and management practice
- Wherever relevant, risk assessment, formulation and risk management decision-making is made within the multi-disciplinary and/or multi-agency setting
- Systems and processes to review and consider risks are put in place (e.g. to discuss high risk issues, agree levels of risk, explore scenarios, good practice, and adverse incidents and near misses)

### **Professional leads (i.e. Psychology, Social Work, Allied Health Professionals) and Modern Matrons**

Professional leads and Modern Matrons are responsible for ensuring that the implementation of the policy is consistent with the expectations of the professional regulatory bodies and does not put staff at risk of breaching their professional Code of Conduct.

#### **All clinicians are responsible for:**

Working in accordance with this policy considering clinical risk assessment, formulation and management issues in all contacts with service users.

Working collaboratively with service users, carers and colleagues (including multidisciplinary and multi-agency working) is necessary to provide a high standard of care.

Ensuring that the information on which they base their decisions is as up-to-date, accurate and complete as possible.

Consider diversity in risk, assessing individual service users to ensure responsiveness to individual need.

#### **In addition all professionally qualified clinicians are responsible for**

- Ensuring that an appropriate risk assessment is undertaken and documented as part of the first assessment for all service users and that further risk assessment is undertaken according to need.
- Formally considering risk assessment; formulation and management as part of all care plan reviews and that these are undertaken in partnership with service users and/or if appropriate their carers, wherever possible.



- Communicating and clearly recording all risk assessment; formulation and management processes and decisions in the individual service user's case notes (electronic and/or paper records).
- Communicating within the multi-disciplinary team the service user's risk ensuring team meetings and handovers are made aware of significant or new clinical risks.
- Escalating significant and immediate concerns related to clinical risk to the person in charge and/or the responsible clinician.
- Record in the care plan the agreed way to manage any identified risks.
- Ensuring attendance at clinical risk training sessions at least every three years.
- Keeping up-to-date with developments in clinical risk assessment and management pertinent to their area of work and client group (i.e. NICE guidelines).
- As a new member of staff, seeking supervision from staff more experienced in risk assessment, and the use of the relevant risk assessment framework.
- Ensuring that their personal practice and knowledge is up to a recognised standard, that this is applied and there is evidence that it has been applied.

### **Key worker and care coordinators**

Responsible for consultation and communication with stakeholders and ensuring that risk assessments formulations and management plans are:

- Undertaken regularly and in accordance with this policy
- Integrated into the care planning process
- Documented
- Communicated (on a need-to-know basis)
- Implemented and any concerns identified and reviewed
- Reviewed as per the Care Programme Approach Policy or Person Centred Care Planning Approach
- Reviewed at any other key stages such as crisis or change in presentation or need

### **Clinical and managerial supervisors**

Supervision processes (clinical and managerial) for clinicians will include examination of caseloads to identify clinical risk assessment practice in accordance with this policy. Supervisors should encourage the use of the clinical services' team meetings to review clinical risks where there are thought to be escalating risks.

## **5. DEFINITIONS**

**Risk:** An event or action related to clinical care and treatment with an uncertain outcome that 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, and is always partially subjective.

**Clinical Risk Assessment:** 'A comprehensive assessment including an evaluation of the person's needs, safety considerations and vulnerabilities that is designed to identify those personal psychological and environmental (social) factors that might explain an act of self-harm.' – NG225, 2022

**Risk Formulation:** A collaborative process between the person who has self-harmed and a mental health professional that aims to summarise the person's current risks and difficulties and understand why they are happening in order to inform a treatment plan. Formulation typically includes taking into consideration historical factors and experiences, more recent problems, and existing strengths and resources NICE , 2022

**Therapeutic risk taking:** A process that aims to empower people to make decisions about their own safety and to take risks to enable recovery. Key principles include joint decision

making, clear information sharing, drawing on existing strengths, collaborative planning, and an understanding that risk taking may result in positive as well as negative outcomes. Inappropriately withholding or withdrawing care (such as treatment or assessment) without adequate assessment or collaboration cannot be considered therapeutic risk taking (adapted from NG225 2022).

### 5.1. Risk assessment procedural requirements

Local procedures and pathways prioritise the experience of the person going through the assessment process, with particular consideration of their potential experiences of trauma, neurodiversity and other protected characteristics.

Local service area operating procedures should articulate the areas of risk that should be considered and when, across the person's care pathway. It will be necessary to consider integrating existing information, rather than expecting (as a matter of routine) clients to repeat their story on multiple occasions, to mitigate the risk of retraumatisation.

Procedures should be agreed within Divisional Clinical Networks, and the interface with other service areas must be considered, to ensure effective communication, clarity of responsibility for specific information to be gathered at each stage of the person's journey, and avoidance of duplication. Trauma informed care principles should be considered in the development of Divisional processes, and service user and carer involvement is essential.

Local assessment processes should capture:

- Complete, accurate and up-to-date information
- The potential risks and the factors that impact on any identified risks (described more fully below)
- All relevant factors that may contribute to, increase or decrease levels of risk
- Known risk history and put into the context of the up-to-date factual knowledge of the individual current situation and circumstances
- Information gathering of any additional information
- Evidence-based information about risk assessment

### 5.2. What risks will be considered?

Consider the full range of risks in the context of the service user's environment and circumstances (social, family and welfare circumstances), including those associated with being a user of mental health and learning disability services e.g. social inclusion and mental health promotion.

#### ***Risk to self may include:***

Suicide  
Self-harm  
Self-neglect  
Vulnerability from others

#### ***Risk to others***

Violence to others  
Risk to children may also need to be considered (see Section 7.0)

#### ***Other potential risks and risk factors (This is not an exhaustive list)***

Risk of abuse, exploitation, physical ill health, poor living conditions, the effects of poverty, discrimination, homelessness, isolation, social exclusion and the need for mental health promotion.

Risks associated with particular interventions, such as physical interventions, percutaneous endoscopic gastrostomy (PEG) placement feeding, medications.

Risk pertaining to medicines prescribed or self-administered including substances of abuse, drug interactions and complex prescribing regimens.

### ***Frequency of risk assessments and reviews***

Risk assessment should form part of every interaction with a service user whether the intervention is a formal assessment of the service user's needs. There are key points in the service user's journey where a formal assessment or review should be considered, including:

- The initial assessment of the service user (e.g. comprehensive psychosocial assessment)
- The assessment of the service user prior to transfer between healthcare settings or services
- The assessment of the service user prior to discharge from an inpatient unit
- The assessment of the service user prior to a Care Programme Approach (CPA) meeting
- At any other key stages such as crisis or change in presentation or need (i.e. AWOL, incident of violence, etc.)
- At any other time judged clinically appropriate

It is not expected that a full, formal, risk assessment be completed at each new contact or episode of care. Service areas will agree locally the criteria and format for completing and documenting a review of risk, maintaining the position that we should not routinely expect clients to repeat historical information unnecessarily, and it is essential that review processes do not expect clinicians to complete a full reassessment or overwrite historical information or risk formulations.

## **6. PROCEDURES**

### **6.1. Best practice standards**

Each service area will have a local procedure outlining:

The requirements for including the views of, and sharing of information with, service users, carers, other service areas and agencies.

Minimum expectation in relation to the information required from initial contact, and furthermore throughout the person's journey, including at transition points or changes in presentation. These procedures should prioritise a formulation based approach, which integrates the information available (and identifies missing information).

The expected timescales and responsibilities for the gathering of this information.

The format of recording information, and subsequent plans (e.g. safety plan).  
(example process in appendix 1)

Relevant guidelines and evidence based practice should be reflected within local procedures.

Risk management decisions and plans are likely to be effective and defensible when:

- Service users and carers (having regard to the Service Users' wishes) are involved at all stages of risk assessment and risk management wherever possible.

- Decisions are documented appropriately and in a timely way.

Clinicians should routinely confirm with service users whether and how they wish their family and friends to be involved in their care generally, and when looking at information sharing and risk in particular. Clinicians will disclose relevant confidential information, if it is considered to be in the person's best interest to do so (DH, 2014).

Where there are concerns, the appropriate people have been informed and included in the decision making process.

The best information available is used and the systematic methods of evaluating the information are employed (e.g. assessment procedures, tools and guidelines).

There is a team approach to development that is multi-disciplinary and/or multi-agency.

Staff conform to the relevant Trust policies, procedures and guidelines.

## 6.2. Risk assessment tools

Risk assessments are a vital element in the process of clinical assessment and should allow clinical teams to reach a reasoned judgement on the level and type of risk factors presented in an individual case.

NICE guidance (CG225) Self-harm: assessment, management and preventing recurrence (2022) states that risk assessment tools and scales should NOT be used to predict future suicide or repetition of self-harm. NICE CG 225 also identifies that risk assessment tools and scales should NOT be used to determine who should and should not be offered treatment or who should be discharged, however, risk assessment tools may be considered to help structure, prompt, or add detail to clinical assessment and inform the risk management decision making processes. Therefore risk assessment tools should only be used to supplement clinical/professional risk assessment and clinical/professional judgement.

Each service user should be assessed comprehensively to ascertain individual clinical needs and risk factors.

Whilst it is important to recognise there are particular vulnerable groups that should be considered this should not be interpreted that service users who do not fall within these groups are low risk. Data from the National Confidential Inquiry has identified that a majority of service users who completed suicide had been identified as low risk following risk assessment.

Whilst risk assessment tools should only be used to supplement clinical risk assessment these tools provide an easily recognised format where clinical risk can be recorded and retrieved. To ensure clear communication within and across teams there is consistent recording of risks using these tools, local procedures must be agreed to articulate how the tools and/or documentation will be used at different stages in the person's journey, to ensure avoidance of duplication and repetition, and the distress associated with asking people to repeat their experiences, unnecessarily

Local procedures will determine how risk related information is collated and summarised, this may be a bespoke recording format, or may include the use of various tools for the collection of risk assessment information including instruments that help identify and summarise risks, for example the FACE (Functional Analysis of Care Environments (Clifford et al, 2012); HCR 20v3 and START (Short-term Assessment of Risk and Treatability). It is the responsibility of the clinician to ensure the assessment information has been appropriately recorded, including consideration of preserving the integrity of

existing risk assessments and reviewing a change in risk and not commencing a new risk assessment in incidences where there has been change in circumstance or risk. It may be that risk is reviewed using separate documentation,

Risk assessment tools should be viewed as decision support tools that can bring a systematic approach to assessing and recording risk by:

- Prompting staff to comprehensively consider and record relevant risk factors and information
- Providing a clear record and evidence of the risk assessment process

A tool can only contribute one part of an overall view of the risk presented by a particular individual at a point in time. The results of the tool-based assessment must always be combined with other information on many aspects of the service user's life and current situation, such as; physical, psychological and social needs including living circumstances, relationship status, and support network.

Service areas will be supported (where agreed via the outlined governance processes) to develop processes that may or may not utilise formal risk assessment tools. It is essential that local processes consider ensuring that their chosen documentation and/or tools capture risk history, current risk, a risk formulation, and a mechanism for reviewing risk, without the requirement to repeat the full assessment at times of change (unless clinically appropriate), and does not generate repetition of information in multiple places. It is not expected that risk assessments capture a full chronology, however service areas may choose to include this within their documentation processes.

#### **Governance, approval, and oversight:**

Individual teams and service areas will develop local standard operating procedures that outline the minimum requirement for assessment, formulation and risk/safety planning at each stage of the service user journey including the use of tools; mechanisms for service user/carer involvement; MDT formulation and access to risk/safety plans. They will also include the minimum frequency and thresholds for review of risk. These will be agreed through their local clinical networks

Division procedures – The divisional governance groups will approve these local procedures and ensure that there is cohesion and clarity around roles and responsibilities when a person transitions across services or is accessing multiple planned and unplanned services. In order for this to be achieved all local risk procedures should be reviewed at a divisional level and subsequently reviewed and approved by QPaS in Q4.

Annual review at divisional level, and approved through QPaS should take place in Q4 to ensure relevant best practice and guidance is being followed and any issues arising from learning from patient safety incidents is reflected in the local procedures; service and divisional interfaces.

### **6.3. Confidentiality and Sharing of Risk Information**

Service Users, their families and carers expect information about them to be treated as confidential and as a consequence information will not be disclosed without consent, unless there are exceptional circumstances.

The Trust have systems and processes in place which place a high value on maintaining the confidentiality of individual service users (see Confidentiality Code of Conduct) whilst at same time providing open access to information about services, the delivery of care and performance.

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)
- Significant and immediate concerns under Prevent

#### **6.4. Reflective practice and learning from experience**

The Trust seeks to operate as a learning organisation and work within a just and open culture. Staff are encouraged to report all adverse incidents including near misses in the knowledge that they will be treated fairly, and that a system based analysis approach will be used to investigate incidents.

Reflective practice in clinical risk assessment and management is supported and encouraged by the Trust, as in other aspects of practice through:

- Medical, nursing and professional revalidation and appraisal are used to consider risk issues and learn from incidents
- Regular team discussions about clinical risk to clarify and develop consistency in decision-making processes and definitions of types and levels of risk
- Scenario-planning as a useful way of exploring what might happen in relation to potential risks, and how these can be managed
- Learning from experience such as good practice, incident and near-miss review processes
- Individual and team supervision
- Training

## **7. TRAINING & EDUCATION**

### **7.1. Overview**

Clinical risk assessment and management skills are an essential competence for all mental health clinicians. These skills sit alongside other risk assessment and management skills, such as managing violence and aggression, moving and handling and environmental risk assessment. The Trust provides staff with training for a range of risk assessment and management situations.

Clinical risk training has been developed to provide a level 1 programme to train staff in positive clinical risk assessment and management skills, this will be a role requirement of all frontline staff working in mental health; learning disabilities and addictions and needs to be completed every three years.

In forensic services additional training is provided on START and the HCR-20 (Historical Clinical and Risk Management – Version 3).

All professionally registered staff and those working as senior care officers and care coordinators are expected to keep up-to-date with developments in clinical risk assessment and management pertinent to their area of work and client group, and to attend level 2 training as a role requirement every 3 years .

Staff members are encouraged to complete further training where a need to improve competency as identified through such processes as appraisal, clinical supervision, and personal development planning or learning from adverse events.

New starters and preceptors should aim to complete the training as soon as possible but will be provided with an overview of local clinical risk assessment practice and procedures at induction and supervision will be provided. When undertaking risk assessments in between starting in post and completing training, new staff should seek direction from staff more experienced in risk assessment, and the use of the relevant risk assessment tool.

## 7.2. The content of training

The content of training in risk assessment and management, and in the use of risk assessment and management tools will include the following principles :

Principles: person centred; individualised; collaborative			
<b>Best Practice/Evidence/ Drivers:</b> <ul style="list-style-type: none"> <li>*NCISH</li> <li>*NICE</li> <li>*Suicide Prevention Strategy</li> <li>*Oxford Centre for Suicide Research</li> <li>*Use of Force</li> </ul>	<b>Models and frameworks:</b> <ul style="list-style-type: none"> <li>*Trauma informed</li> <li>*Assessment</li> <li>*Formulation</li> <li>*5Ps</li> <li>*General Aggression Model</li> <li>*NCISH toolkit</li> </ul>	<b>Application in Practice:</b> <ul style="list-style-type: none"> <li>*Service specific examples</li> <li>*Sharing experiences</li> <li>*Reflection</li> <li>*Role play</li> </ul>	<b>Challenges and Culture:</b> <ul style="list-style-type: none"> <li>*perception of 'expertise'</li> <li>*impact of trauma</li> <li>*Closed defensive practice</li> <li>*Iatrogenic risk</li> </ul>

## 7.3. Provision of training

All clinical risk training will be monitored and reviewed by the Training Department in collaboration with Divisions and the Nursing and Quality Directorate.

Training will be provided at two levels:

- **Level 1 Risk Training:** mandatory best practice risk assessment and risk management training every three years
- **Level 2 Risk Training:** considers the full training related to formulation development and specialist training to reflect needs of specialist services (e.g. forensic, CAMHS)

### 7.3.1. Level 1 Risk Training

Clinical risk assessment, formulation and management, will be a role requirement for:

- All new clinical frontline staff working in MH; LD and addiction services on induction
- Existing clinical frontline staff every three years – where they will receive training on selfharm and suicide prevention and clinical risk training

Level 1 clinical risk training will be provided through:

- E-learning clinical risk package which has been developed by South West Yorkshire Partnership NHS Foundation Trust and made available to Humber NHS Foundation Trust through ESR

### 7.3.2. Level 2 Risk Training

This will be a role requirement for all professionally registered staff and those working as senior care officers and care co-ordinators and need to be completed as soon as possible for new staff and every 3 years thereafter.

### **7.3.3. Other options of training**

It is acknowledged that there are limitations to what can be achieved in trust-wide training workshops and skills can only be fully developed in practice where a blended learning approach should be implemented including:

- Practice based learning on clinical risk via supervision, appraisal and revalidation
- Risk assessment, formulation and management in existing safeguarding training and managing violence and aggression training
- The new Professional Nurse Educator role will support applying principles in practice and work with the competency project lead to look at individual and MDT level competency frameworks

### **7.4. Systems to monitor training**

Compliance with training will be reported at an organisational; division; service and team level through ESR

Through the central ESR database the Trust operates a system where staff members who do not attend courses are sent letters to ensure that action is taken to ensure learning needs are met. The staff member's manager is also sent a letter informing them of the nonattendance.

### **7.5. Related training**

A range of related risk management training is provided including:

- Safeguarding children and child protection
- Safeguarding – Vulnerable Adults training
- Adverse incident management and root cause analysis (RCA)
- Mental Health Act
- Equality and Diversity

## **8. IMPLEMENTATION**

### **8.1. Dissemination of the policy**

This policy will be disseminated according to the Trust's policy for the development, approval and dissemination of policy and procedural documents. It will be made available to staff through the Trust intranet system. Clinical staff will be alerted to the policy through the Trust's Management Briefing process and through the Care Group management and communication systems. Amendments to the policy will be disseminated through the same process.

### **8.2. Implementation of the policy**

Implementation of this policy is supported by:

- The most up-to-date version of this policy will be available on the Trust intranet.
- Key risk assessments and tools are incorporated into the Trust-wide electronic service user record systems. These will be updated to include any relevant changes or amendments.
- Clinical risk management training programmes specific to the care group are in place, which are consistent with the policy and will be amended to reflect any policy changes.

### **8.3. Process for monitoring compliance with this policy**

The processes for monitoring compliance and effectiveness with this policy include:



- The provision of appropriate training
- Monitoring attendance at training
- Assessing competency through supervision and competency framework
- Case note audit and review
- Patient Safety incident investigation processes

#### **8.4. Monitoring training**

Learning needs will be identified through supervision and management processes including the appraisal and learning needs analysis.

Attendance at training will be recorded and monitored by both the training department and Divisional managers.

The content of Trust risk training will be regularly reviewed and updated.

In forensic services there are arrangements for “training the trainers” for HCR-20 (v3) to ensure that the required number of staff are trained in its use and kept up to date,

#### **8.5. Assessing competency in risk assessment and management**

Assessing competency in risk assessment and management is based on:

- Attendance at training
- Identifying learning needs
- Case note review and audit to evidence that:
- The level of risk assessment completed is consistent with the guidance provided by the Trust
- Risk assessment tools are used in accordance with Trust policy
- The process is appropriately multi-disciplinary and/or multi-agency
- Reasoned risk-related decisions are recorded in the risk management plan
- There is evidence of timely reviews
- The documentation is defensible:
- Risk information and decisions are clearly recorded
- Information is clear, concise and unambiguous
- Information is up to date, dated and timed

### **9. MONITORING & AUDIT**

Clinical risk assessment practice within the Trust will be reviewed and formally audited through the electronic case note system using MyAssurance as part of the record keeping audit

Forensic services will:

- Monitor the maintenance of the START and HCR-20 (v3) process working closely with the Nursing and Quality Directorate
- Undertake regular audits of clinical records to ensure that all service users have up to date START and HCR-20 (v3) risk assessment.

#### **9.1. Review and Revision arrangements**

This document will be reviewed in line with the Trust’s policy for the development, approval and dissemination of policy and procedural documents. It will be reviewed at least every three years, to ensure that it is up-to-date and reflects recognised best practice, and

reissued on or before the review date identified on the front cover. It may be amended more frequently than this to reflect any major changes in external or Trust policies and procedures. All amendments will be approved by the Executive Management Team.

## 10. EQUALITY & DIVERSITY

An Equality and Diversity Impact Assessment has been carried out on this document using the Trust approved EIA. This has identified that in general the impact of this policy is low.

## 11. REFERENCES

DH (2009) Best practice in managing risk: principles and guidance for best practice in the assessment and management of risk to self and others in mental health services. Department of Health

Chan et al (2016) Predicting suicide following self-harm: systematic review of risk factors and risk scales. The British Journal of Psychiatry Jun 2016, bjp.bp.115.170050; DOI: 10.1192/bjp.bp.115.170050

Quinlivan, L., et al. (2016) Which are the most useful scales for predicting repeat self-harm? A systematic review evaluating risk scales using measures of diagnostic accuracy." BMJ open 6.2: e009297.

Kapur, N, et al. (2013) Does clinical management improve outcomes following self-harm? Results from the multicentre study of self-harm in England. PloS one 8.8: e70434.

NCISH (2024) Annual report 2024: England, Northern Ireland, Scotland and Wales

NICE (2022) Self-harm: assessment, management and preventing recurrence. [NG225] [www.nice.org.uk/guidance/ng225](http://www.nice.org.uk/guidance/ng225)

NICE (2015) Short-term management of violence and aggression in mental health and community settings – National Guideline 10. National Institute for Health and Care Excellence [www.nice.org.uk/guidance/NG10](http://www.nice.org.uk/guidance/NG10).

## Appendix 1 - Assessing risk of the repetition of self-harm and suicide

It has been identified that a comprehensive psychosocial assessment delivered by an empathic trained professional can reduce repetition of self-harm by 40% (Kapur et al, 2013).

The assessment tools together with the clinical presentation of the service user may prompt a more detailed assessment of the risk of repetition of self-harm or suicide.

Everyone who has self-harmed should have a comprehensive assessment of needs and risks (NICE CG225, 2022).

Where it is identified a service user has recently self-harmed additional components of a comprehensive assessment of the risk of repetition of self-harm or suicide should include:

- methods and frequency of current and past self-harm
- current and past suicidal intent
- depressive symptoms and their relationship to self-harm
- any psychiatric illness and its relationship to self-harm
- the personal and social context and any other specific factors preceding self-harm, such as specific unpleasant affective states or emotions and changes in relationships
- specific risk factors and protective factors (social, psychological, pharmacological and motivational) that may increase or decrease the risks associated with self-harm (including use of drugs and alcohol)
- coping strategies that the person has used to either successfully limit or avert self-harm or to contain the impact of personal, social or other factors preceding episodes of self-harm
- significant relationships that may either be supportive or represent a threat (such as abuse or neglect) and may lead to changes in the level of risk
- immediate and longer-term risks

(NICE 133, 2011)

### Assessing risk of violence

The initial or subsequent assessments of the service user's clinical presentation may indicate a more detailed assessment of the service user's risk of violence or harm to others is required.

Due to the risks and significant range of antecedents potentially involved in managing the risk of violence and aggression a multidisciplinary approach should be used. The service should refer to the Management of Violence and Aggressive Behaviour Policy.

Before assessing the risk of violence or aggression the team should take into account previous violent or aggressive episodes as these are associated with an increased risk of future violence and aggression.

Collection of information from clinical records, health and social care professionals, MAPPA and MARAC and Prevent groups will be required to inform multi-disciplinary team decisions.

As directed by the multi-disciplinary team an appropriately trained and skilled clinician should carry out the risk assessment with the service user and, if they agree, their carer that considers (

- contexts in which violence and aggression tend to occur
- current adherence to medication
- usual manifestations and factors likely to be associated with the development of violence and aggression (including use of alcohol and drugs)

primary prevention strategies that focus on improving quality of life and meeting the service user's needs  
symptoms or feelings that may lead to violence and aggression, such as anxiety, agitation, disappointment, jealousy and anger, and secondary prevention strategies focusing on these symptoms or feelings  
de-escalation techniques that have worked effectively in the past  
restrictive interventions that have worked effectively in the past, when they are most likely to be necessary and how potential harm or discomfort can be minimised  
NICE NG10, 2015):

Do not make negative assumptions based on culture, religion or ethnicity or any other protected characteristics.

Recognise that unfamiliar cultural practices and customs could be misinterpreted as being aggressive.

Forensic Mental Health Services are based within the Forensic Division and employ the use of the HCR-20 Assessing Risk for Violence: Version 3 (Historical Clinical and Risk Management). On completion of risk assessments and reviews the multi-disciplinary team may identify the need for specialist advice on the assessment of violence in service users across the Trust. Teams may approach Specialist Services for further assessment of complex cases in need of further review.

Where it is identified that an individual is at risk of being, or has become radicalised and at risk of becoming a terrorist or violent extremist all staff should follow safeguarding and Prevent procedures.

#### Assessing risk of Alcohol and Drug Misuse

The initial or subsequent assessments of the service user's clinical presentation may indicate a more detailed assessment of the service user's alcohol and drug use. Staff should follow the appropriate policies for the Identification of Alcohol Misuse or Identification of Drug Use which indicate the use of the Alcohol Use Disorder Identification Test (AUDIT, Saunders et al, 1993) and Brief Screen for Drug Misuse which are available on the Trust intranet.

Consideration should be also given to the use of the FACE Substance Misuse Risk Profile.

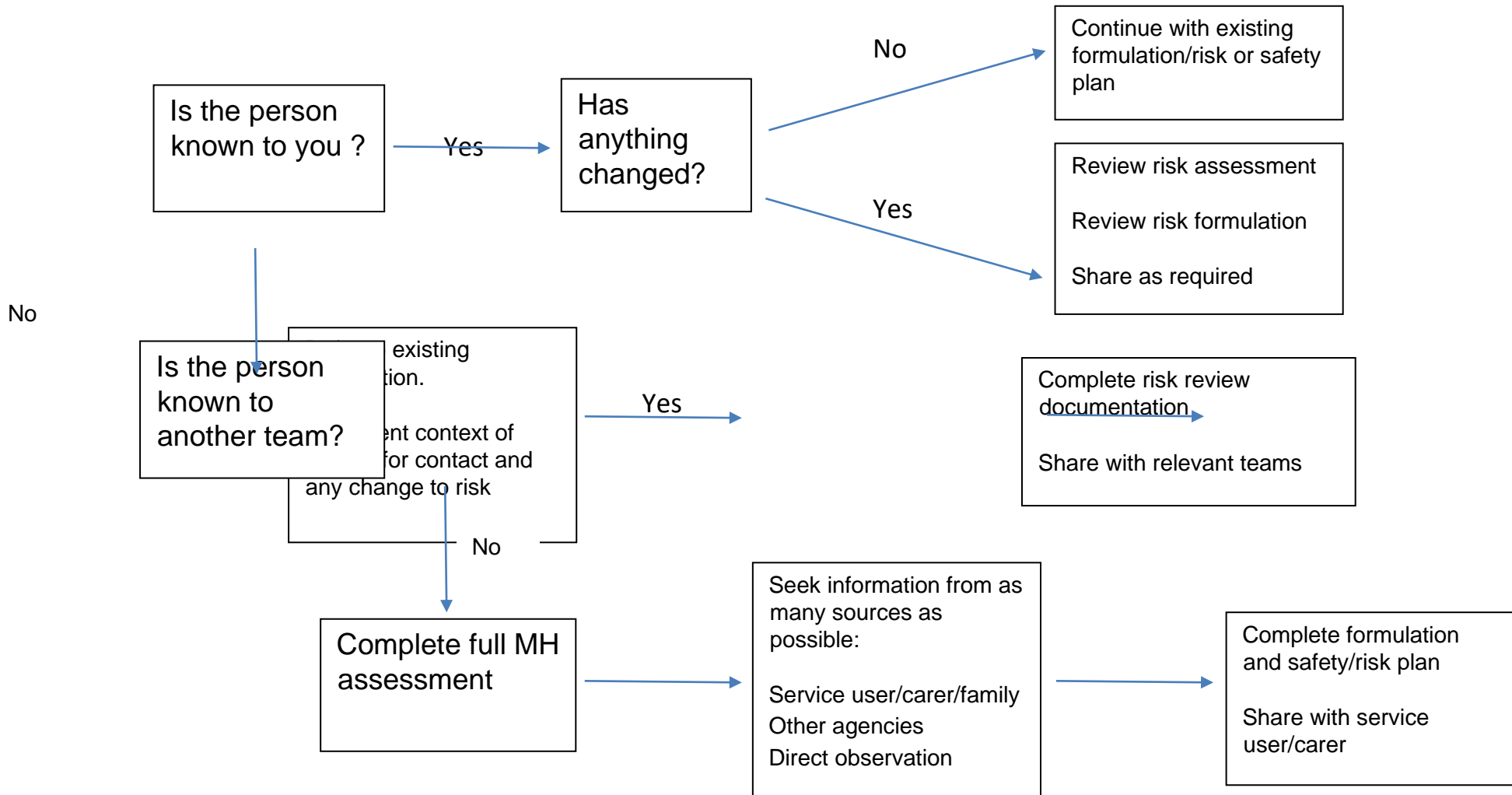
Additionally, Dual Diagnosis and Addiction Services can provide specialist knowledge on the assessment of alcohol and drug use to services across the Trust.

#### Assessing the severity of the presenting condition

Increased severity of a clinical condition increases the level of clinical risk. Therefore multidisciplinary teams should consider methods and tools to help assess the severity of each clinical condition.

NICE provides guidance on the assessment processes and tools that should be employed to help identify the severity of most clinical conditions experienced by service users. Please refer to specific NICE guidance [www.nice.org.uk](http://www.nice.org.uk) (i.e. Psychosis, Schizophrenia, Bipolar, Depression, etc.). Clinical care and risk management plans should reflect these identified needs.

## Appendix 2 - Risk Assessment/Formulation Review Flowchart (Adult MH Planned/Unplanned)



## Appendix 3 - Further Guidance on the use of FACE

Events occurring during the last six months will usually be seen as 'current', with those occurring beyond six months being 'historic'. However, professional judgement will determine individual occasions where significant changes over the last month may change this rule e.g. something that happened three weeks ago as being a 'past' event, and something arising in the last two weeks as the 'current' situation. Professional judgement, in consultation with others, should also apply to determinations of what current emphasis is placed on an event that happened 20 years ago, for example. 'Context' of risk is the important consideration.

Notes should be inserted to explain the source and description of the risk. The Microsoft Word versions of these forms provide a flexible text box for comments and descriptions.

If the risk factor is indicated as *not known* this should be indicated. Risk factors that are marked as not known should be explored with the service user on further review.

At the end of some sections of the Risk factors form there is an "**Other (specify)**" option. This is a catch-all for the individual factors you identify to be relevant for one individual, which have not been sufficiently covered in the list.

Where you determine no risk to be present, based on the information you have available, tick 'No'. You must update the assessment immediately information becomes available to indicate a 'No' could be a 'Yes' or 'not known'.

**Descriptive summary of main risks** is a (usually collective, occasionally individual) summary of the complex risks experienced and/or posed by the individual at this time. It should capture the most significant factors from the previous checklists, and add something of the context in which you assess the risks may take place. It **should** introduce new information, where relevant, about any environmental or organisational factors that may contribute to the risks e.g. influence of service settings, impact of delayed service responses, early warning signs needing quick responses, gut reactions (where you feel able to defend the feelings, if challenged).

**Have actions been taken in the past to reduce risks.** Here is an opportunity to described strategies that have worked previously. For those who are representing in crisis after a short period of time it must be acknowledged that the previous strategy was unlikely to have worked. The team might need to consider an alternative plan to that recently employed.

**Service user views** – the service user should be afforded the opportunity to describe their view and rationale for any current risks. A discussion regarding the strategies they would like to consider should be conducted and recorded.

**Carer's views** – similarly the carer should be afforded the opportunity to describe their view and rationale for any current risks. A discussion regarding the strategies they would like to consider should be conducted and recorded.

**Protective factors and strengths** – the assessment should help to identify factors which help support the service user and enhance their resilience and insight.

**Risk Formulation** – is the process of analysing and evaluating the risk assessment information and evidence base to inform the risk management plan. It involves developing an understanding and possible explanation of the risk profile of the individual service user and the level of risk presented, including:

- What the potential risks are (What are the risks? Who are the risks to?)
- How likely is it to happen?
- If it happens how serious could it be?

- When is the risk likely to be present?
- What might (or does) trigger the risk of harm?
- How often is the risk present?
- What indicators might there be of the risk?
- Any history of offending?
- What are the person's strengths, skills and resources that help them to manage their risk?
- What have been the most helpful ways of supporting the person before?
- What things might make the risk worse?

Formulation will then lead to developing a risk management plan, which forms a core component of mental healthcare and the Care Programme Approach. Formulating risk can be helped by considering potential scenarios (possible futures, posing the question, 'if...').

The final **Formulation and Risk Management Plans often requires the involvement of the Multi-disciplinary team** and capture of other clinical information from health records and professionals **which may take several weeks to complete**. Therefore at the beginning of the service user journey an Initial Risk Management Plan will be required to cover this period.

**'Initial Risk Management Plan'** – may be as simple as an urgent need to gather specific information, urgent need to complete the Multi-Disciplinary Risk Assessment, need for referral on to a specific service, notifying other relevant services of the outcome of assessment (e.g. the referrer), expressing concerns about a person who has absconded and (if possible) indicating how the service user or carers are involved in managing the identified risks.

**'Is a more detailed assessment needed?'** – is one area where specific sectors of the service can indicate references to their own specialised needs e.g. forensic assessments, Beck's Depression Inventory or Suicide Scale, or other tools used by services to assess risk.

*It is important to have a brief statement of how involved and/or in agreement the service user and any relevant carers were in the process of the initial risk management plan.*

The **'review date'** – is a professional judgement at your discretion (in consultation with others). It could be a matter of hours, days, or at the point of the next formal review of care e.g. next outpatient's appointment. Individual teams or services may wish to set standard intervals over and above this (e.g. before discharge or transfer).

## **Appendix 4 - Short-Term Assessment of Risk and Treatability (START) within Forensic Services**

The START is a structured professional judgement guide (SPJ) designed to be used in forensic mental health settings. The START is designed to structure regular clinical assessments and should be viewed as an aide-memoire rather than as a diagnostic test or actuarial algorithm.

It is recommended that it is conducted by the multi-disciplinary team, as each member brings a slightly different knowledge base and clinical judgement. It is advised that the clinicians using the guide are trained and experienced professionals who have competence in the assessment of service users and who are familiar with similar, related guides (such as HCR20).

The aim was to bring a more comprehensive risk assessment into forensic settings; to assess strengths as well as risks; and to bridge the gap between the forensic risk assessment tools where the emphasis is on public protection rather than the individual. The guide is intended to yield assessment results which will inform therapeutic efforts, in combination with other assessments in use. Its purpose is to provide a structured approach which will help to organise evaluation of mental health, plan treatments, and communicate risk-related information accurately and consistently. Specifically, it should inform decisionmaking regarding self-harm, suicide, unauthorised leaves, substance misuse, self-neglect, risk of violence to others, and the risk of being victimised.

START should be completed on admission, as a minimum the specific risk estimates box is to be completed and the full document completed within two weeks. The assessment will be reviewed as a maximum 12-weekly or when any change in presentation occurs, bearing in mind that it is designed to be current and short-term, in addition to at points when transition is being effected or contemplated. It is designed to work in conjunction with the HCR-20: neither should supplant the other, rather the historical information in the HCR-20 should augment the current clinical information in the START.

Training will be provided on an ongoing basis for qualified staff, as part of a pathway of risk assessment and management training provision in the forensic services, however specific training in the START is not required to participate in its completion.



## Appendix 5 - Positive Risk Management (from Best Practice in Managing Risk, 2009)

*“The 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 that does not stop others from doing the same. Fear of supporting people to take reasonable risks in their daily lives can prevent them from doing the things that most people take for granted. 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 and to live their lives in ways which best suit them.”*

Department of Health (2009), Best practice in managing risk: the assessment and management of risk to self and others in mental health services

Positive risk management means being aware that risk can never be completely eliminated and that risk management plans inevitably have to include decisions that carry some risk.

This should be explicit in the decision-making process and wherever possible openly discussed with the service user. Another way of thinking about good decision-making is to see it as supported decision-making.

### **Positive risk management includes:**

- working with the service user to identify what is likely to work
- paying attention to the views of carers and others around the service user when deciding a plan of action
- weighing up the potential benefits and harms of choosing one action over another
- being willing to take a decision that involves an element of risk because the potential positive benefits outweigh the risk
- being clear to all involved about the potential benefits and the potential risks
- developing plans and actions that support the positive potentials and priorities stated by the service user, and minimise the risks to the service user or others
- ensuring that the service user, carer and others who might be affected are fully informed of the decision, the reasons for it and the associated plans
- using available resources and support to achieve a balance between a focus on achieving the desired outcomes and minimising the potential harmful outcome

## Appendix 6 - Document Control Sheet

This document control sheet, when presented to an approving committee must be completed in full to provide assurance to the approving committee.

Document Type and Title:	Clinical Risk Assessment, Management And Training Policy (N-015)		
Document Purpose:	This policy aims to ensure that the Trust provides a structured approach to the identification, assessment, formulation and management of clinical risk and that all staff are aware of the principles of safe and effective clinical risk management and understand their duties and responsibilities.		
Consultation/ Peer Review	Date	Group / Individual	
<i>list in right hand columns consultation groups and dates</i>		Circulated widely across the Trust	
		Comments received from professionals and groups	
		Presentation to various groups	
Approving Body:	QPAS	Date of Approval:	11/09/24
<b>NB All new policies and policies subject to significant amendments require approval at EMT and Board ratification.</b>		<i>(see document change history below for minor amendments and dates)</i>	
Ratified at:	Trust Board	Date of Ratification:	N/a
Training Needs Analysis: <i>(please indicate training required and the timescale for providing assurance to EMT as the approving body that this has been delivered)</i>		Financial Resource Impact:	
Equality Impact Assessment undertaken?	Yes [ <input checked="" type="checkbox"/> ]	No [ <input type="checkbox"/> ]	N/A [ <input type="checkbox"/> ]
	If N/A, state rationale:		
Publication and Dissemination	Intranet [ <input checked="" type="checkbox"/> ]	Internet [ <input type="checkbox"/> ]	Staff Email [ <input checked="" type="checkbox"/> ]
Master version held by:	Policy Management Team [ <input checked="" type="checkbox"/> ]	Author to send final document to <a href="mailto:HNF-TR.PolicyManagement@nhs.net">HNF-TR.PolicyManagement@nhs.net</a>	
Implementation:	<p><i>Describe implementation plans below - to be delivered by the author:</i></p> <ul style="list-style-type: none"> <li>This policy will be disseminated according to the Trust's policy for the development, approval and dissemination of policy and procedural documents</li> </ul> <p>Implementation of this policy is supported by:</p> <ul style="list-style-type: none"> <li>The most up-to-date version of this policy being available on the Trust intranet.</li> <li>Key risk assessments and tools are incorporated into the Trustwide electronic service user record systems. These will be updated to include any relevant changes or amendments.</li> <li>Clinical risk management training programmes specific to the care group are in place, which are consistent with the policy and will be amended to reflect any policy changes.</li> </ul>		
Monitoring and Compliance:	<p>The processes for monitoring compliance and effectiveness with this policy include:</p> <ul style="list-style-type: none"> <li>The provision of appropriate training</li> <li>Monitoring attendance at training</li> <li>Assessing competency through supervision</li> <li>Case note audit and review</li> <li>Serious untoward incident investigation processes</li> </ul>		

### Document Change History:

Version Number / Name of procedural document this supersedes	Type of Change i.e. Review / Legislation	Date	Details of Change and approving group or Executive Lead (if done outside of the formal revision process)
1.0	New policy	February 2017	New policy

1.1	<i>Changes following consultation</i>	<i>2 March 2017</i>	<i>Changes following receipt of consultation (KY)</i>
1.2	<i>Review</i>	<i>May 2017</i>	<i>Changes following receipt of feedback from HG and LW. Information of START included following receipt from HC.  Circulated to Consultant Psychiatrists Feedback from ML in March. Invited to the consultant group on 6 April 2017. Feedback requested.</i>
1.3	<i>Review of Training Element</i>	<i>July 18</i>	<i>Review to training section</i>
1.4	<i>Minor amendment</i>	<i>February 19</i>	<i>Amendment to one sentence in Appendix 9 referring to START. Approved QPaS 25-Feb-19</i>
1.5	<i>Review</i>	<i>Mar-22</i>	<i>Reviewed and updated with minor amends to bring policy up to date with current organisational structure and process. Approved at QPaS 10 March-22</i>
1.6	<i>Review</i>	<i>Oct-23</i>	<i>Reviewed and updated to reflect changes to national guidance and strategy</i>
1.7	<i>Review (minor amends)</i>	<i>Sept 2024</i>	<i>Reviewed and updated to reflect national guidance and strategy and local implementation plan being agreed. Approved at Quality and Patient Safety Group (11 September 2024).</i>

## Appendix 7 - Equality Impact Assessment (EIA)

### For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: Clinical Risk Assessment, Management and Training Policy
2. EIA Reviewer (name, job title, base and contact details): Tracy Flanagan Assistant Director of Nursing and Quality
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? Policy

#### Main Aims of the Document, Process or Service

Provide policy guidance on implementation of clinical risk assessment of service users attending Humber NHS Foundation Trust Services. The policy also outlines the training requirements to support implementation

Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

Equality Target Group	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?	How have you arrived at the equality impact score?
1. Age	<p>Equality Impact Score</p> <p>Low = Little or No evidence or concern (Green)</p> <p>Medium = some evidence or concern (Amber)</p> <p>High = significant evidence or concern (Red)</p>	<p>a) who have you consulted with</p> <p>b) what have they said</p> <p>c) what information or data have you used</p> <p>d) where are the gaps in your analysis</p> <p>e) how will your document/process or service promote equality and diversity good practice</p>
2. Disability		
3. Sex		
4. Marriage/Civil Partnership		
5. Pregnancy/Maternity		
6. Race		
7. Religion/Belief		
8. Sexual Orientation		
9. Gender reassignment		

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
<b>Age</b>	Including specific ages and age groups: Older people, Young people, Children, Early years	Low	There are specific tools available for the use across age groups which have been designed with specific indicators being acknowledged
<b>Disability</b>	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities:  Sensory, Physical, Learning, Mental Health (and including cancer, HIV, multiple sclerosis)	Low	Assessment processes within teams across the Trust account for the disabilities of service users. This policy does not undermine these processes. Risk tools may need to be implemented to account for levels of disability
<b>Sex</b>	Men/Male, Women/Female	Low	There are no gender related issues identified
<b>Married/Civil Partnership</b>		Low	There are no specific issues related to marriage/civil partnership identified
<b>Pregnancy/ Maternity</b>		Low	Risk profile tools are available which relate to pregnancy and maternity.
<b>Race</b>	Colour, Nationality, Ethnic/national origins	Low	Race is considered in risk assessment processes

<b>Religion or Belief</b>	All Religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	There are no religious issues identified
<b>Sexual Orientation</b>	Lesbian, Gay Men, Bisexual	Low	There are no issue in relation to sexual orientation identified
<b>Gender Re-assignment</b>	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	No issues identified

## Summary

Please describe the main points/actions arising from your assessment that supports your decision above

There are risk profiles to aid clinical and risk assessment within the following services:

- Learning Disability
- Substance Misuse
- Mental Health
- Young People's
- Perinatal
- Older People's Mental Health Services

Issues related to the implementation of this policy relate to adaptations of risk assessment for those who are unable to communicate verbally, which are the same for general clinical assessment, where adjustments have been made in services

EIA Reviewer – Tracy Flanagan

Date completed; 03.09.24

Signature:

