

Policy:

NP 035 Clinical Risk Assessment and Management of Harm

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Policy Owner	Executive Director of Nursing, Professions and Operations
Policy Author	Head of Nursing

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Summary of policy

This policy defines the overarching standards to be employed within all local services relating to the risk assessment and management of individual service users. It should be used by all staff involved in the assessment and management of clinical risk.

Target audience	All clinical staff
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Keywords	Identify key words
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Storage & Version Control

Version 1 of this policy is stored and available through the SHSC intranet/internet.

Version Control and Amendment Log (Example)

Version No.	Type of Change	Date	Description of change(s)
0.1	Initial draft policy created	04/2021	Initial policy drafted and issued for feedback.
0.2	New draft policy created	04/2021	New policy commissioned by EDG on approval of a Case for Need.
0.3	Final draft policy created for approval at PGG.	05/2021	Final revisions made following feedback for PGG.
1.0	Approval and issue	06/2021	Amendments made during consultation, prior to ratification.
2.0	Review / approve / issue	MM/YYYY	Early review undertaken to update the policy to in order to comply with new regulatory requirements.
2.1	Review on expiry of policy	MM/YYYY	Committee structure updated
3.0	Review / approval / issue	MM/YYYY	Full review completed as per schedule

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1 Introduction

Sheffield Health and Social Care NHS Foundation Trust (referred to in this document as SHSC or the Trust) is committed to the safety and wellbeing of service users, staff and all people visiting or working within the Trust.

Clinical Risk Assessment and Management is part of the Trust's overall risk management strategy and is fundamental to patient safety. This policy defines the overarching standards to be employed within all local services relating to the risk assessment and management of individual service users. It should be used by all staff involved in the assessment and management of clinical risk.

2 Scope

This policy applies to all clinical staff, service users and carers, further details of specific responsibilities can be found in section 6.

3 Purpose

The aim of this policy is to provide a framework for clinical staff in relation to the effective assessment and management of clinical risk. The main purpose is as follows:

- Clarify the scope and methods of clinical risk assessment.
- Clarify the standards of clinical risk assessment and management practice.
- Set standards for the documentation and communication of clinical risk assessment and risk management plans.
- Ensure that the staff manage the clinical risk associated with their clinical duties and ensure that there is a systematic approach for the assessment and management of clinical risk of all services users at all times.
- To ensure robust Governance arrangements exist including regular auditing.

4 Definitions

Clinical Risk: The risk of a negative event occurring e.g. violence, self-harm/suicide, self-neglect, or harm from others. Aspects include:

- How likely it is that the event will occur?
- How soon it is expected to occur?
- How severe the outcome will be if it does occur?

Clinical risk assessment: Clinical risk assessment involves working with the service user, and/or their carers if appropriate, to understand clinical risk (see above). The assessment may include information about the service user's history of risk events, their relationships, their strengths, any recent difficulties, losses or problems, social situation, and any other issues that could be relevant. An important basis of the

assessment is to identify precipitating/trigger factors and protective factors for risk events.

Clinical risk assessment tool: Forms or formats designed to inform systematic clinical risk assessment, person centered risk management and planning. Tools can contribute one part of an overall view of the risk presented by a particular individual at a particular time. Tools should only ever be used as part of a general clinical assessment conducted with a service user and combined with other information on many aspects of the service user's life and current situation such as their social circumstances. (For details of specific tools, please see section 6 'Recording Risk on Insight').

Clinical Risk Formulation/ Summary of Risk: Analysis and evaluation of the risk assessment, which informs the development of the risk management plan. It includes an understanding of the potential risks and any benefits, how serious the specific risk is, how likely they are to occur, and what the triggering and protective factors might be.

Clinical Risk Management: Developing flexible strategies aimed at preventing any negative event from occurring or, if this is not possible, minimizing, and mitigating harm. Risk management is a core component of mental and physical health care and will often include elements of positive risk-taking.

Clinical Risk Management Plan: A documented plan that includes a set of action plans to manage the risk of harm and a date for review. The plan should include a summary of all risks identified, formulations of the situations in which identified risks may occur, and actions to be taken by practitioners, service users, carers, and any other relevant service providers.

Care Programme Approach (CPA): Some service users require management of their care and support via the CPA. These are individuals with complex needs met by a number of services, or those most at risk, and who need a higher level of engagement, coordination, and support.

Positive Risk Taking: Being aware that risk cannot ever be completely eliminated and management plans at times have to include decisions that carry some risk.

Service and Directorates: are structures from which clinical services are delivered.

5 Detail of the Clinical Risk Assessment and Management of Harm Policy

Risk and risk taking are intrinsic to practice in Mental Health and Learning Disability Trusts. Properly managed they are a means of encouraging autonomy, choice, and participation for users of mental health services and combating their stigmatisation and social exclusion. Clinical Risk assessment and management are essential aspects of effective health and social care.

It is the policy of Sheffield Health and Social Care NHS Foundation Trust that all mental health professionals will undertake or contribute to the assessment and management of clinical risk.

Clinical risk management is a systematic approach to identifying, assessing, evaluating, minimising, and communicating risks to maximise safety for all parties. It is an integral part of clinical practice and is subject to audit. Clinical risk assessment and management in practice provides a protective framework within which to promote the principles of recovery and partnership working.

Thorough clinical risk assessment and management is an essential and on-going element of good care planning and safe mental health and learning disability practice. The key principle underpinning the policy is that all service users accepted into Trust services will have a risk assessment completed, regularly updated, and documented. This will lead to the development of a documented plan to mitigate the risks identified and ensure a collaborative, strengths-based plan is formulated. This is consistent with Department of Health guidance on clinical risk.

This policy will be implemented within the Human Rights Act 1998 legislation with specific regard to Article 8, 'All persons have a right for private and family life. This right is guaranteed so far as interference is in accordance with the law, public safety. The prevention of disorder or protection of health or morals or the protection of the rights and freedom of others' Staff need to be aware of Data Protection and Caldicott guidance, however safety of individuals and children and the public is paramount.

Risk assessment is part of an on-going process of risk management, involving treatment interventions and reassessments by the multi-disciplinary team. Risk management forms part of a wider recovery orientated approach. Service user and carer views, needs and strengths should be integral to all risk related clinical activity. It requires monitoring and supervision over a long period with the level of input varying according to clinical need at the time. Adherence to the principles of good clinical practice avoids most pitfalls in the management of risk. There are 16 points of good practice – appendix F.

6 Duties

Chief Executive and Trust Directors

The Chief Executive and Directors of the Trust are responsible for managing all aspects of Health, Safety and Welfare and for doing whatever is practical to eliminate or reduce risks to service users, staff, and others. The Chief Executive is responsible for ensuring effective clinical risk management within SHSC, for example through having efficient and effective Trust-wide systems in place to identify and manage risk.

Medical Director

The Medical Director is responsible for assuring effective management of clinical risk within SHSC. This includes:

- The development of the Clinical Risk Management Policy
- Monitoring Trust-wide adherence to this policy
- Identifying the training needs for this policy

Executive Director of Nursing and Professions

The Executive Director of Nursing and Professions is responsible for ensuring that there is organisational learning and continuous improvement in clinical risk management. This includes serious incidents are investigated and the learning from these is shared. Additionally, to ensure that findings and recommendations presented within national reporting are implemented and disseminated.

Clinical Directors, Heads of Service and Professional Leads

Each Clinical Director and Professional Lead should ensure that all staff within their services receive regular supervision that focuses on discussion related to clinical risk and benefits, are properly supported, receive mandatory training in clinical risk assessment and management. In addition to also ensure that systems and processes are in place locally to undertake regular audits and receive findings at the relevant forum/s.

Executive Director of People

The Executive Director of People is responsible for providing suitable training in risk assessment and management, including refresher training and training in the specific management of violence and aggression, self-harm, suicide prevention and working within the principle of least restrictive practice.

Quality and Assurance Committee

A key role of the Quality and Assurance Committee is to determine and oversee the continual development and implementation of the Trust's clinical governance policies and procedures. The committee also seeks assurance about how the identified clinical risk process adopted by the Trust is delivered.

Directorate Quality Governance Meetings

Each Clinical Director and Head of Service is required to have a local quality governance forum to consider reports and bulletins that have an impact on governance and patient safety and review any newly ratified clinical policies, identifying methods of providing clinical staff with the key messages contained within

Senior Operational Managers

General Managers are responsible for monitoring risk assessments processes and completion of clinical risk assessments through effective auditing processes. They also ensure that arrangements are in place for staff to undertake risk assessments and be confident and competent in undertaking these including addressing any development needs.

Team Managers and Ward Managers

Team Managers and Ward Managers are responsible for ensuring that all service users receiving care through their service have appropriate risk assessments completed and recorded on Insight. Team Manager also ensure that all clinicians that they manage have attended clinical risk training to a level appropriate to their role and receive regular supervision and support to deliver safe and positive care including a robust application clinical risk management process.

Care Co-ordinators

Service users subject to CPA will have a Care Coordinator who is responsible for ensuring that all appropriate risk assessments are completed, up-dated as necessary, and entered on Insight. Service users who are not subject to CPA will have a clinician primarily involved in their care who is responsible for completing and updating all appropriate risk assessments and entering them on Insight.

All Clinical Staff

All clinicians working for the Trust are responsible for updating clinical risk assessments and therefore will:

- Assess risks associated with any service user with whom they work.
- Maintain their competence levels and required risk assessment training.
- Update the risk assessment in response to changes in risk profile / following risk event.
- Transition from one service to another.

Service Users

The Trust takes the view that service users are responsible for their actions unless it is established that they lack capacity in which case this needs to be considered as a discrete risk domain.

Service Users and with consent, their family/carers, will be involved in identifying with the clinical team, clinical benefits and risk and be given the opportunity to formulate an individual risk assessment and management plan that outlines clinical risk and any benefit.

7 Procedure

General Principles of Assessing Clinical Risk

Make sure that all relevant information is available. A comprehensive assessment cannot be made in the absence of information about a person's background, present mental state, and social functioning, and his or her past behaviour.

It is essential to take account of all relevant information, whatever its source. Sources can include members of the clinical team, the people who use our service him/herself, relatives, carers, the police, probation officers, housing departments, and concerns expressed by neighbours in accordance with Data Protection Act. Full regard must be given to obligations relating to confidentiality. Wherever possible, information that is relevant to forming an overall view of the case should be made available in the interests of the person and mitigating any risk.

Background

Risk and risk taking are intrinsic to practice in Mental Health and Learning Disability services as well as to Physical Healthcare services. Well managed, they are a means of encouraging autonomy, choice, and participation for users of mental health and other services and can contribute to reduction of stigmatisation and social exclusion.

It is the policy of SHSC that all healthcare professionals will undertake or contribute to the assessment and management of clinical risk.

When to Conduct a Risk Assessment

To provide safe and effective care it is essential that risk assessments are carried out at appropriate intervals and documented clearly using the appropriate tabs on Insight in the patient electronic care record. Risk assessment should be recorded for all new service-users and updated whenever there is a significant change to the risk profile or at key intervals during the service user journey, such as at points of transfer between teams.

It is important to bear in mind that events which can affect the risk profile may be broad, for example, changes in a person's housing status, family breakdown, financial stress, support network or physical health. When such a significant event occurs, it should be recorded as a 'Risk Event' as well as being included in the DRAM.

How detailed the risk assessment should be will depend on the individual's needs and the service involved. For example, certain services that support service users for a 'one-off assessment' (e.g. A&E, liaison; crisis teams) will have limited information available to inform a risk assessment. If the service user is being referred on to a community mental health team this should be identified.

For other teams, when a more detailed risk assessment is indicated, this may include identifying someone to seek further information and a more thorough review of the notes. This may also lead to a referral to other services e.g. specialist such as forensic services. Specialist teams may choose to use more specific assessment tools e.g. Beck's Suicidal intent scale, the Historical Clinical Risk (HCR-20), the Violence Risk Scale – Sex Offenders version) (VRS-SO) or the Psychopathy Checklist Revised (PCL-R).

Discharge and Follow-Up of Care

Individual risk assessment will be reviewed as part of the discharge planning process for both inpatient and community services as a minimum, general rule:

Inpatients

Following any inpatient discharge or discharge from Crisis Resolution and Home Treatment Team, patients risk assessment will be reviewed within 48 hours via face-to-face contact or telephone.

Community

A discharge letter will be sent out to patients and all relevant parties (this must include GP) within 10 days of discharge. The letter includes the plan for:

- On-going care in the community / aftercare arrangements.
- Medication, including monitoring arrangements.
- Details of when, where and who will follow up with the patient as appropriate.
- Crisis and contingency arrangements including details of who to contact.

Who Should Assess Risk?

Assessing and managing risk is everybody's business. All staff, at all times, should be alert to hazards and the risk of harm, and should not ignore potential risks. If not trained/able to take steps to formally address a risk, the matter should be reported to your line manager or on call manager if the risk is urgent. Formal, unsupervised, clinical risk assessments should only be undertaken by members of staff who are:

- Professionally registered.
- Have undertaken post-qualifying training in clinical risk assessment.
- Have been trained in the use of Insight.
- Undertaking programmes for example Assistant Practitioners / Nursing Associates in which they are assessed as competent to undertake risk assessment.

Non-registered clinical staff (Bands, 2, 3 & 4) should note and record all risk issues in service users record on Insight and ensure that the appropriate professional (usually the person coordinating a service user's care), ward manager or nurse in charge is advised of any matters of concern.

Communication and Confidentiality

It is essential that with any referral to a care provider within the Trust or outside the Trust, consideration should be given to provision of accessible and up to date risk assessment and management plans. Service users **must** be consulted, understand the reasons for sharing the information and agree to this action. There are some particularly serious situations when information needs to be shared without consent. Professionals should adhere to the principles and guidance offered by their professional body that clarifies the circumstances in which confidential information may be shared with other agencies in the public interest. (also see information governance policy).

The risk assessment and management plans should be shared with all agencies involved in the service user's care who 'need to know'. If there are risk assessments being made by different agencies (e.g. mental health services, addictions services and probation) these should be discussed. All service users should have a plan, which includes consideration of risk, whether they are on CPA or not.

It is important to consider agencies who may not be as actively involved with the CPA process e.g. some housing officers, probation, addiction services, police - and what their need for information may be (such as personal safety requirements; the service user's accommodation needs relating to risk factors etc).

The trust recognises that general practitioners (GPs) also play a crucial role in treating and monitoring those with mental and physical illness and learning disability. As such the quality of communication from the Trust to GPs is of great importance and should be provided in a succinct and timely fashion.

Collaborative Working with Service Users and Carers

Service users should be informed that as part of their assessment process and subsequent on-going care, that the assessment and management of risk are key components to ensure and maintain the safety of themselves and others. Service users should be fully involved in discussions about risk related issues. The only reason for this not to occur is if there is concern that doing so will increase risk. This should then be documented in the service user's clinical record. Where service users are able to fully participate in the risk assessment and management plan this should be developed in collaboration. It makes sense to check with the service user that the information in the risk assessment is accurate enabling the document to feel more collaborative and appropriate for them.

Service users need to be informed that they have the right to see the documentation and they can comment on or challenge what is recorded. Service users should be informed about with whom the risk assessment and management plan information is being shared. The service user should be enabled and encouraged to sign the document to evidence their involvement in the process. Additionally, there may be occasions when the staff member and service user disagree on elements of what has been recorded, where this occurs it must be documented on the patient's clinical record.

Where capacity concerns exist staff should seek the support of specialist workers to ensure that the patient best interest is being upheld.

With regard to service users under 18, discussions about risk are often held between staff and the service user's parents or carers. Where practicable, conversations about risk and development of risk plans should include the young person.

For those over 18 with capacity and with the service users' consent, carers should be informed about the risk assessment and management process, it is likely that they will have useful information to contribute in particular with regard to identifying risk and protective factors. Carers are often able to provide valuable information about the service user, including their strengths and vulnerabilities, and if appropriate can also be an important source of input. Service users and carers can identify strategies that have reduced risk in the past, recent changes in circumstances that have affected risk, and likelihood of risk situations arising again.

The National Confidential Inquiry for Suicide and Homicide report states: 'Services should consult with families from first contact, throughout the care pathway and when preparing plans for hospital discharge and crisis plans. Staff should make it easier for families to pass on concerns about suicide risk and be prepared to share their own concerns'.

Below is a link to the consensus statement followed by the Trust:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/271792/Consensus_statement_on_information_sharing.pdf

For issues relating to confidentiality please refer to the Confidentiality Policy, the Trust Caldicott Guardian and the Information Governance Team.

Information-gathering for risk assessment

Clinical staff undertaking a risk assessment should ensure all reasonable sources of risk related information have been accessed and reviewed, including contacting non-health agencies where necessary and reviewing all clinical records.

Information sources may include:

- The service user.
- Carers or significant others, including children in the family.
- GP and primary care team.
- Insight electronic records.
- Other clinical records.
- Other agencies involved in the service user's care e.g. Day Centre staff, housing officers, probation workers, police, drug, and alcohol agencies etc.
- Criminal justice agencies may supply information under the MAPPA procedures.
- Other agencies who may have been involved in the service user's care in the past or who might hold relevant information about the service user.

Although this process can be time consuming, once all relevant historical information has been gathered it should not need repeating (unless there is new information suggesting an error in recording). The risk assessment process needs to be balanced against what information can reasonably be gathered in the time available in each situation.

Procedures are designed to support *structured clinical judgment* the approach to clinical risk assessment and management that is favoured both by the Department of Health (DH) (Best Practice in Managing Risk March 2009) and the Trust.

<https://www.gov.uk/government/publications/assessing-and-managing-risk-in-mental-health-services>

Levels of Risks

The most obvious warning sign is a direct statement of intent. There is no truth in the idea that people who talk about suicide do not enact it. Two thirds of suicides have mentioned their ideas, and one third have mentioned clear suicide intent.

Risk to others can be important as in the case of psychotic depression where relatives and others may be included in ideas of futility.

The assessor must decide:

- The level of risk the person poses to self or others.
- Ability to give reassurance about safety (e.g. until next appointment).
- Circumstances likely to make things worse.
- About how help can be made available at any times.
- Circumstances likely to increase risk.

Some groups are particularly at risk, for example:

- Young unemployed men.
- Attempted suicide in male teenagers – significant predictor.
- Young Asian women.
- Young men and women misusing drugs or alcohol.
- Older adults.
- Women in the perinatal period (pregnancy and one year post birth)

8 Development, Consultation and Approval

- Policy author drafted with support from Chief of Allied Health Professions.

- Consulted with the Director of Operations, Clinical Directors, Clinical Psychologists and Heads of Nursing for feedback.
- Reviewed by the Executive Director of Nursing, Professions and Operations.
- Reviewed at Policy Governance Group.

9 Audit, Monitoring and Review

This section has not been completed as the policy has been drafted retrospectively.

10 Implementation Plan

This section has not been completed as the policy has been drafted retrospectively.

11 Dissemination, Storage and Archiving (Control)

Version	Date added to intranet	Date added to internet	Date of inclusion in Connect	Any other promotion/ dissemination (include dates)
1.0	July 2021	July 2021	July 2021	May 2021
2.0				
3.2				

12 Training and Other Resource Implications

Clinical Risk training is a mandatory requirement for all professionally qualified clinical staff who will be undertaking formal risk assessments. The training must be completed every three years. Local training can also be provided as required.

13 Links to Other Policies, Standards (Associated Documents)

- Records Management Policy
- Care Programme Approach Policy
- Data and Information Governance Policy
- Confidentiality and Code of Conduct Policy
- Equal Opportunity and Dignity at Work Policy
- Observation and Seclusion for In-patient Policies
- Mandatory Training Policy
- CPA Policy
- MAPPA Protecting Children and the Public: Working with Multi Agency Public Protection Arrangements
- Safeguarding Children Policy
- Safeguarding Adults Policy
- Risk Management Strategy Policy and Procedure
- Suicide Prevention Strategy
- Ligature and Blind Spot risk Reduction Policy and Procedure
- Capacity and Consent to Care Support and Treatment Policy
- Accessible Information and Communication Policy

14 Contact Details

Title	Name	Email
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Head of Nursing - Older Adult & Acute inpatient services	Emma Highfield	emma.highfield@shsc.nhs.uk
Investigation Lead	Vin Lewin	vin.lewin@shsc.nhs.uk

Appendix A - Equality Impact Assessment Process and Record for Written Policies

Stage 1 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

<p>NO – No further action is required – please sign and date the following statement.</p> <p>I confirm that this policy does not impact on staff, patients or the public.</p>	<p><i>I confirm that this policy does not impact on staff, patients or the public.</i></p> <p>Name/Date:</p>	<p>YES, Go to Stage 2</p>
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Stage 2 Policy Screening and Drafting Policy - Public authorities are legally required to have ‘due regard’ to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain ‘protected characteristics’ and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don’t know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – Policy Revision - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age	Yes	This policy is suitable for all age groups. It is recognised that there are different risks associated with different age groups and this is accounted for within the policy.	No negative impacts identified at this stage of screening
Disability	Yes	The DRAM guidance is clear that disability needs to be accounted for and considered (physical/sensory/learning) and should ensure that those potential barriers take account of the ability of staff to manage risk effectively. The communications tab on insight and within the DRAM should address any identified needs	No negative impacts identified at this stage of screening
Gender Reassignment	Yes	This has been considered and reference has been made to importance of awareness of this as part of an holistic assessment but there is nothing specific related to this policy which needs consideration. It is essential that any gender identity related factors are assessed and addressed within the risk assessment. Failing to do so may impact upon the ability of staff to manage risk effectively.	No negative impacts identified at this stage of screening

Pregnancy and Maternity	Yes	Women within the perinatal period (pregnancy and up to one year post birth) are at high risk of completed suicide. This is highlighted within the policy as part of consideration of high risk groups.	No negative impacts identified at this stage of screening
Race	Yes	Evidence reflects that a high proportion of people from Black, Asian and Minority Ethnic Groups are more likely to be detained under the MHA and be involved in restrictive practices. It is essential that any relevant ethnicity, cultural or language factors are assessed and addressed as part of the risk assessment. Any language barriers should be addressed by use of interpreter and reflected within the communication section of the DRAM. The policy has been updated to make explicit the use of interpreters where indicated. The issues related to race and discrimination are being closely monitored within arenas such as the Mental Health Legislation Committee and the Reducing Restrictive Practice Strategy.	No negative impacts identified at this stage of screening
Religion or Belief	Yes	It is essential that relevant religion, belief or spirituality related factors are identified and addressed within the risk assessment as part of a holistic approach.	No negative impacts identified at this stage of screening
Sex	Yes	There are a number of factors related to risk specific to gender. These will be covered as part of holistic assessment (covered as part of dram guidance).	No negative impacts identified at this stage of screening
Sexual Orientation	Yes	Issues may be hidden due to stigma/lack of trust. It is essential that relevant sexual orientation related factors are identified and addressed within the risk assessment as part of a holistic approach.	No negative impacts identified at this stage of screening
Marriage or Civil Partnership	No		

Please delete as appropriate: - Policy Amended / Action Identified (see Implementation Plan) / no changes made.

Impact Assessment Completed by: Liz Johnson

Name /Date: Friday 14th May 2021

Appendix B

Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
Engagement		
1.	Is the Executive Lead sighted on the development/review of the policy?	
2.	Is the local Policy Champion member sighted on the development/review of the policy?	
Development and Consultation		
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	
5.	Has the policy been discussed and agreed by the local governance groups?	
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	
Template Compliance		
7.	Has the version control/storage section been updated?	
8.	Is the policy title clear and unambiguous?	
9.	Is the policy in Arial font 12?	
10.	Have page numbers been inserted?	
11.	Has the policy been quality checked for spelling errors, links, accuracy?	
Policy Content		
12.	Is the purpose of the policy clear?	
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	
15.	Where appropriate, does the policy contain a list of definitions of terms used?	
16.	Does the policy include any references to other associated policies and key documents?	
17.	Has the EIA Form been completed (Appendix 1)?	
Dissemination, Implementation, Review and Audit Compliance		
18.	Does the dissemination plan identify how the policy will be implemented?	
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	
20.	Is there a plan to? i. review ii. audit compliance with the document?	
21.	Is the review date identified, and is it appropriate and justifiable?	

Appendix C - DRAM Guidance

Domain 1: Risk of Harm to Others

If you click Y to any of the answers below or Not Ascertained, you must include details of this in the risk assessment box.

Also – most importantly - if you identify any risks please consider addressing in the formulation and management plan.

Previous known history:

- It is important to look at previous risk assessments
- It should include means to harm, i.e. weapons and any safeguarding/vulnerability issues, domestic abuse, or criminal contact/convictions
- Consider and search for any involvement with MAPPA or MARAC

Recurrence of past risk circumstance:

- Recurrence increases the likelihood that this may happen again, and the assessment must include a thorough assessment of this and a clear management plan

Any known police or court involvement:

- This should be reflected on previous risk assessments. However, a search of 'documents' in INSIGHT should identify any concerns in this area
- Again, the vulnerability of others (staff/family/carers/public) needs to be considered and plans identified for the protection of others
- MAPPA/MARAC: Any involvement known

Poor impulse control:

- Consider whether the service user has acted impulsively in the past
- Are there any signs that they respond impulsively currently, i.e. lashing out at others, taking things the wrong way?
- FOR LD CLIENTS- may be useful to include prompts to consider possible contributory factors (e.g. degree of LD, autism, level of support, physical health issues, epilepsy, etc.)

Threats to harm others:

- Take account of history of threats or actual harm: who has this been directed at; public / other service users / family?
- Observe and record speech content and behaviour / body language

Use or access to weapons:

- Detail any known situations or incidents where the service user has used or has access to weapons of any sort. This may include pieces of furniture, fire extinguishers etc

Domain 2: Risk of Harm to Self

If you click Y to any of the answers below or N/A you must include details of this in the risk assessment box.

Previous history of attempts of suicide:

- Draw from previous risk assessments any previous attempts of suicide and list the type of attempt and date. N.B. Any previous attempts increase risk / further future attempts

Previous attempts of self-harm:

- Draw from previous risk assessments any previous attempts of self-harm and list the

type of attempt and date. N.B. Any previous attempts increase risk of further / future attempts

- FOR LD CLIENTS – this should also include self-injurious behaviour, risks from lack of understanding of personal safety issues, social coping strategies, etc. it may be useful to include prompts to consider possible contributory factors (e.g. degree of LD, autism, level of support, physical health issues, epilepsy, etc)
- Self-harm can include self-injurious behaviour (burning self with cigarettes, substances, etc)

Continuing suicidal intent:

- Consider mood, thoughts, and behaviour (agitation/sleeplessness/anxiety/distress levels)
- Recognise improvement in mood may increase suicidal motivation
- What intent are they stating, what is your opinion on this – do they have access to the means they are suggesting
- Is there any evidence to suggest withheld intent?
- What is their reflected intent on the presenting episode and any future intent?
- Document the evidence of level of planning intent, thoughts feelings at the time and their reflection of how they feel about the event now
- Was there evidence of suicide notes? What was in the notes?
- How long have they had thoughts to harm themselves?
- How did they get to hospital did they alert anyone either directly or indirectly to the self-harm?
- Understand any build up to the harm. Was there an immediate trigger/event which precipitated the self-harm, or was it a more chronic build-up of problems leading to self-harm/suicidal thoughts/behaviour?

Continuing risk or harm to self:

- Establish why service user has engaged in self-harm
- Certain behaviours may result in harm to self, i.e. pacing up and down may lead to dehydration, falls, exhaustion, poor diet and fluid intake
- Consider less obvious signs – refusing to eat and drink
- Consider risks associated with poor cognition e.g., road safety issues, getting lost when away from usual abode
- Document hopelessness or evidence of hope for the future which may include future planning, perception of current situation and perception of future. Include patient's perception and your impression based on your assessment.
- What role if any does substance use/alcohol have within the event and continuing risk

Use of access to weapons:

- Detail any known situations or incidents where the service user has used or has access to weapons of any sort that they may have used to harm themselves. Examples may include knives, cutlery, guns etc

Domain 3: Risk of Self Neglect

If you click Y to any of the answers below or N/A you must include details of this in the risk assessment box.

Current self-neglect:

- Is the service user neglecting their diet, hygiene, or management of finances?
- How may this be influencing their physical health i.e. are they dehydrated, are their

teeth bad, do they need assistance and support to wash and change their clothing

- How does this influence their relationships with others?
- What can be done to support them without impinging on their privacy and choice but ensuring we meet our duty of care and that they do not isolate themselves

History of self-neglect:

- Consider previous risk assessments
- The likelihood increases where there are previous episodes of neglect
- Specify ideas of self-neglect – hygiene, appearance, diet etc
- Identify current level of abilities when in good health – remember standards fluctuate and what we see as self-neglect others will not
- Consider why the service user appears to neglect themselves – is it related to mood, thoughts, chaotic behaviours, life skills, physical abilities, access to equipment / facilities
- Infection / risk to physical health needs to be considered
- Clarify level of support received by client and who provides this
- Consider referral to other support services, e.g. social care assessment

Domain 4: Risk of Exploitation (Safeguarding Adults)

If you click Y to any of the answers below or N/A you must include details of this in the risk assessment box.

Consider areas of exploitation and vulnerability using the areas provided:

Financial

Sexual

Physical

Other

- Seek to understand from the service user if they are experiencing any of these forms of abuse
- Identify who the service user is at risk from – other service users, family, public and the type of vulnerability – financial, sexual, emotional, and physical
- Exploitation and vulnerability can include domestic abuse
- **Consider immediately whether a safeguarding alert needs to be completed using the link and guidance – ensure this is discussed with colleagues and that a call is made to the relevant safeguarding team and the Trust safeguarding lead. Ensure this is discussed at team level and recorded with in MDT processes**
- **VRAMM may need to be considered – please discuss with safeguarding team and within the MDT.**

History of exploitation/ vulnerability:

- Consider previous risk assessments and safeguarding alerts / concerns / processes. – check the safeguarding team on Insight
- FOR LD CLIENTS – Safeguarding information is managed and recorded by Sheffield City Council (SCC) using Care First – this should be checked as clinicians may not know unless directly involved

Ongoing Proceedings

- Establish if any current proceedings
- Check by looking at safeguarding team in care records of contacting Trust lead.

Domain 5: Risk to Dependents (Safeguarding children, dependant partners or parents)

If you click Y to any of the answers below or N/A you must include details of this in the risk assessment box.

Minimum information to collect and record:

Is the service user a parent / carer? Do they have (or likely to have) dependent children or close contact with children? E.g. present in same household, babysitting etc. Do they live with children?

Is the service user pregnant or partner pregnant?

Name of child/ren

Age / date of birth of child/ren

Address of child/ren if different from service user?

Any current or historical contact with services? Contact details for any workers currently involved with the family

Do you have concerns about child's welfare or safety?

Additional information

- Is the child taking on a caring role? Take on an adult role, inappropriate levels of responsibility
- Registered with GP?
- Are the children attending school?
- Do any of the children have any specific needs?
- Are there any other care arrangements, significant others - if so who?
- Do any delusions include children?
- If they are indicating that they are contemplating suicide have they had any thoughts about their children?
- Is medication kept safely?
- Any financial implications impacting on family?
- Is the parent's behaviour violent, unpredictable, or chaotic?

Throughout assessment consider....

The impact of the client's mental health on the ability to meet the needs of the children. Consider the needs of the family. Include strengths and resources as well as risks and problem areas.

Can support be provided from within your agency? Do you have concerns about child's welfare or safety?

Who do you need to share information with?

Consider any ongoing proceedings by checking on Insight or liaison with Trust safeguarding Lead

History of risk to dependants:

- Consider previous risk assessments and safeguarding alerts / processes – check Insight under safeguarding team

Domain 6: Other Risks

Please identify any other risk not covered in the domains above. Use headings to separate the risks and ensure your assessment is captured in detail.

PROMPTS:

- Drug/Alcohol misuse – please use alcohol screening tool in table to assist in identifying risks associated with alcohol and steps to take to address this
- Physical health – for inpatient care ensure that a physical health examination and a physical health assessment has been undertaken
- Accommodation
- Absconding
- Disengagement from services/Engagement
- Employment/Financial
- Medication compliance and side effects
- Environmental
- Falls – Ensure that the falls screening tool is used to identify at risk services users over the age of 65 years old or who have had previous falls. This can be found in the screening tool tab
- Nutrition - For inpatient care please ensure the MUST is completed – in the screening tool tab
- Associated conditions (e.g. autism, epilepsy, mental health diagnoses, etc)
- Dysphasia
- Physical disability (e.g. posture, moving & handling)
- Sensory issues
- Challenging behaviours
- Communication - ensure appropriate interpreters are used to overcome any sensory or language barriers and so that the person is not discriminated against by not being able to communicate their needs effectively
- Social interaction
- Provision of care & support (family carers, funded services, etc)
- Any issues associated with physical intervention (in its widest sense)
- Lack of capacity (e.g. use of MCA for best interest's decisions, DoLs etc)/consent issues

Overall Risk Management / Risk Reduction Plan

Plan covering all the risks identified in Domains 1 – 6

Please ensure the management plan covers these – headings for the domains can be used if need be

Clinical risk management planning involves:

- Developing flexible strategies, aimed at preventing any negative event from occurring or, if this is not possible, minimising the harm caused
- Considering what will limit or control the risks most effectively
- Matching the clinical intervention to the service user's needs, within the expectation of reducing risk as well as reducing distress and despair
- Including the service user's strengths
- Making informed decisions to take positive risks
- Taking account of how risk factors need to be managed over time (a risk assessment is undertaken at a point in time)

Wherever possible, decision-making should be agreed made within a multi-disciplinary setting and involve the service user and carers

Reducing Risk of Harm to Others:

Clinical teams support many vulnerable service users and this needs to be considered with plans to protect the safety of others

This may include:

- Signs and symptoms of escalating behaviour and what to do next
- Where the service user's bedroom is located
- Observation levels / level of contact
- Medicines management
- De-escalating space
- Contracts with service users
- Appropriate environments
- Removal of means to harm
- Involving other agencies, e.g. police
- Consider moving to another environment

FOR LD CLIENTS – This should also refer to consequences to others of 'challenging behaviours' (whatever the causation), including physical aggression, spitting, biting etc. verbal aggression, risk to others when intervening to prevent risk to self

Service User and Carers Views

This section gives an opportunity to record the views of service users and/or their carers. Often service users have their own ways of managing risk which can help in the overall management plan.

We should ensure that if a service user and/or their carer is unable to contribute, this should be revisited, and a note made how to involve them in the future.

Linking to how the service user care plan should be considered.

Warnings

A section to insert warnings has been added. This does not replace the warning function on Insight but is a quick way of seeing warnings in one place linked to risk assessment and management.

Screening tools

Ensure alcohol screening tool is completed even if the patient does not use alcohol at all.

Previous DRAMS

A page is provided to list all previous DRAMS which can be accessed via the current DRAM (are read only).

Appendix D – DRAM Inpatient business continuity template

*CLIENT NAME	
*DOB	
*Sex	
Insight Number	
NHS Number	
*Assessed by	
*Date of assessment	

RISK HISTORY

Enter risk history

*Domain 1 RISK OF HARM TO OTHERS	Delete as appropriate
Previous known history	Yes / No / Not ascertained
Recurrence of past risk circumstances	Yes / No / Not ascertained
Poor impulse control	Yes / No / Not ascertained
Threats to harm others	Yes / No / Not ascertained
Any known police or court involvement	Yes / No / Not ascertained

Enter risk assessment

Use or access to weapons	Current / Current and Historical / Historical / No
--------------------------	--

*Domain 2 RISK OF HARM TO SELF	Delete as appropriate
Continuing risk	Yes / No / Not ascertained
Previous attempts	Yes / No / Not ascertained
History of attempts of suicide	Yes / No / Not ascertained
Continuing suicidal intent	Yes / No / Not ascertained
Use or access to weapons	Current / Current and Historical / Historical / No

Enter risk assessment

*Domain 3 - RISK OF SELF NEGLECT	Delete as appropriate
Current self-neglect (e.g. hygiene, appearance, surroundings, injuries)	Yes / No / Not ascertained

Enter risk assessment

Previous history of self-neglect	Yes / No / Not ascertained
----------------------------------	----------------------------

*Domain 4 RISK OF EXPLOITATION OF SERVICE USER (Safeguarding Adults)	Delete as appropriate
Financial	Yes / No / Not ascertained
Sexual	Yes / No / Not ascertained
Physical	Yes / No / Not ascertained
Other	Yes / No / Not ascertained
Previous history of exploitation	Yes / No / Not ascertained
Ongoing procedures	Yes / No / Not ascertained

Enter risk assessment (consider completing a **safeguarding** alert)

*Domain 5 RISK TO DEPENDANTS (e.g. Safeguarding children, dependant partner or parents)	Delete as appropriate
Ongoing proceedings	Yes / No / Not ascertained
Vulnerability of dependants	Yes / No / Not ascertained
Previous history of risk to dependants	Yes / No / Not ascertained
Carer or Safeguarding issues	Yes / No / Not ascertained
Parental responsibility	Yes / No / Not ascertained
Regular contact with children	Yes / No / Not ascertained

Enter details of children in household/carers/contact with children.

Enter risk assessment (consider updating **demographics**)

Domain 6 - Other risks

Text entry

Overall Risk management / Risk reduction plan

Text entry

Service User and Carer views

* Have the Service Users views been incorporated on to this risk assessment & management plan?

Yes / No

If Yes comments / views:

If No, record the reason(s) why views have not been incorporated including future plan to seek their involvement:

Record any carer views / comments on the risk management plan:

*EMSA – Inpatient areas only

Are there any concerns identified with accommodation on the ward?

Yes / No

(Record consent and concerns regarding privacy and dignity if service users will need to travel through the ward to reach sleeping, toilet and bathing facilities)

Are there any concerns about being on the ward with members of the opposite sex? Yes / No

Description of concern as voiced by the patient and action taken to address:

COMMUNICATION NEEDS

People who have a disability may need support for communication, for example a British Sign Language interpreter or need a specific communication method such as text or email or need information in a specific format such as Braille or Easy Read. When this is the case, we must identify this need, record it and ensure that it is met.

Needs a communication professional

British Sign Language interpreter needed	Yes / No / Not known
Makaton Sign Language interpreter needed	Yes / No / Not known
Needs an advocate	Yes / No / Not known
Requires Deafblind communicator guide	Yes / No / Not known
Sign Supported English interpreter needed	Yes / No / Not known
Requires Deafblind manual alphabet interpreter	Yes / No / Not known
Requires Deafblind block alphabet interpreter	Yes / No / Not known
Requires Deafblind haptic communication interpreter	Yes / No / Not known
Requires manual note taker	Yes / No / Not known
Requires lip speaker	Yes / No / Not known
Visual frame sign language interpreter needed	Yes / No / Not known
Hands-on signing interpreter needed	Yes / No / Not known
Requires speech to text reporter	Yes / No / Not known

Needs a specific contact method

Requires contact by telephone	Yes / No / Not known
Requires contact by text relay	Yes / No / Not known
Requires contact by short message service text message	Yes / No / Not known
Requires contact by letter	Yes / No / Not known
Requires contact by email	Yes / No / Not known
Requires audible alert	Yes / No / Not known
Requires visual alert	Yes / No / Not known
Requires tactile alert	Yes / No / Not known

Needs a specific information format

Requires information verbally	Yes / No / Not known
Requires information on digital versatile disc	Yes / No / Not known
Requires information on compact disc	Yes / No / Not known
Requires information on audio cassette tape	Yes / No / Not known
Requires information in Easy read	Yes / No / Not known
Requires information by email	Yes / No / Not known
Requires information in electronic audio format	Yes / No / Not known
Requires information in Moon alphabet	Yes / No / Not known
Requires information in Makaton	Yes / No / Not known
Requires information in contracted (Grade 2) Braille	Yes / No / Not known
Requires information in uncontracted (Grade 1) Braille	Yes / No / Not known
Requires written information in at least 20-point sans serif font	Yes / No / Not known
Requires written information in at least 24-point sans serif font	Yes / No / Not known
Requires written information in at least 28-point sans serif font	Yes / No / Not known
Requires information on USB mass storage device	Yes / No / Not known
Requires information in electronic downloadable format	Yes / No / Not known

Uses communication support

Uses a legal advocate	Yes / No / Not known
Uses a citizen advocate	Yes / No / Not known
Does use hearing aid	Yes / No / Not known
Uses sign language	Yes / No / Not known
Uses British sign language	Yes / No / Not known
Uses Makaton sign language	Yes / No / Not known
Uses manual note taker	Yes / No / Not known
Uses electronic note taker	Yes / No / Not known
Uses speech to text reporter	Yes / No / Not known
Uses cued speech transliterator	Yes / No / Not known
Uses lip speaker	Yes / No / Not known
Uses telecommunications device for the deaf	Yes / No / Not known
Preferred method of communication - written	Yes / No / Not known
Uses alternative communication skill	Yes / No / Not known
Uses Personal Communication Passport	Yes / No / Not known
Uses communication device	Yes / No / Not known
Uses Deafblind intervener	Yes / No / Not known

SCREENING TOOLS

Screening tools available as separate templates

MUST

Falls MFRA

Suicide Risk Screening Assessment

The Alcohol Screening tool is avail

Risk Assessment Audit (2020/21 Version 7)

Aim:

To ensure good quality care records and compliance with key standards. This audit is intended to examine the quality of risk assessment and management plans being used across the Trust. The results can be used to help services improve the quality of risk assessment and management plans. Auditing a small number of risk assessments of current service users at frequent intervals will provide an ongoing view of the quality of risk assessments within the service.

Method:

Information on when this audit will take place, the number of records to be audited, and how these should be selected is contained within guidance issued by the Clinical Effectiveness Team in consultation with the Clinical Directorate.

This audit is designed to examine the quality of all types of risk assessment and management plans in use within the Trust.

Please complete 1 form for each service user record you look at.

If the service user record you are auditing does not contain a risk assessment, please select an alternative record to audit.

Team/Service:

- | | | |
|---|--|--|
| <input type="checkbox"/> AMHP | <input type="checkbox"/> G1 | <input type="checkbox"/> Perinatal Mental Health |
| <input type="checkbox"/> ATS | <input type="checkbox"/> Gender Identity Service | <input type="checkbox"/> Recovery North |
| <input type="checkbox"/> Buckwood View | <input type="checkbox"/> HAST | <input type="checkbox"/> Recovery South |
| <input type="checkbox"/> Burbage | <input type="checkbox"/> Health Inclusion Team | <input type="checkbox"/> Relationship & Sexual |
| <input type="checkbox"/> CERT | <input type="checkbox"/> Home Treatment North | <input type="checkbox"/> SAANS |
| <input type="checkbox"/> CFS/ME | <input type="checkbox"/> Home Treatment South | <input type="checkbox"/> SCBIRT (LTNC) |
| <input type="checkbox"/> CISS | <input type="checkbox"/> Liaison Psychiatry | <input type="checkbox"/> SPA / EWS |
| <input type="checkbox"/> CLDT | <input type="checkbox"/> Maple | <input type="checkbox"/> SPS – Mood & Anxiety |
| <input type="checkbox"/> Dovedale | <input type="checkbox"/> Memory Service | <input type="checkbox"/> SPS – PD |
| <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> NCMS (LTNC) | <input type="checkbox"/> Stanage |
| <input type="checkbox"/> EIS | <input type="checkbox"/> NES (LTNC) | <input type="checkbox"/> START – Alcohol Services |
| <input type="checkbox"/> Endcliffe | <input type="checkbox"/> OA CMHT | <input type="checkbox"/> START – Non Opiates Service |
| <input type="checkbox"/> Forensic Social Work Team /
Specialist Community
Forensic Team | <input type="checkbox"/> OA Home Treatment –
Dementia | <input type="checkbox"/> START – Opiates Service |
| <input type="checkbox"/> Forest Close | <input type="checkbox"/> OA Home Treatment –
Functional | <input type="checkbox"/> Wainwright Crescent |
| <input type="checkbox"/> Forest Lodge Assessment | <input type="checkbox"/> Out of Hours | <input type="checkbox"/> Woodland View |
| <input type="checkbox"/> Forest Lodge Rehab | <input type="checkbox"/> PDU / Crisis Hub | <input type="checkbox"/> Other |

If other, please state:

Your Name:

Your job title:

Service User's Insight Number (or other patient identifier number if not using Insight):

Which system are you using to look at the service user's records?

- Insight SystemOne Paper Records Other

If 'other', please system name:

1) What documentation has been used to record the service user's risk assessment?

DRAM SystemOne Risk Assessment Other

If 'other', please state documentation name below:

2) How long ago was the risk assessment created/reviewed/edited (whichever occurred most recently)?

Less than a month 1-3 months 4-6 months
 7-12 months 1-2 years More than 12 months

3) Does the risk assessment clearly identify risks by describing their nature / specific features?

Yes No Partially No risk identified

Comments:

4) Have identified risks been assessed in terms of severity (how severe the outcome will be if it does occur), likelihood (how likely it is that the event will occur) and imminence (how soon it is expected to occur)?

Yes No Partially No risk identified

5) Does the risk assessment identify current risks?

Yes, current/live risks identified No, all risks documented appear to be past/former risks
 Not sure No risk identified

6) Does the risk assessment contain a risk history?

Yes No N/A (This service user has no known risk history)

The risk management plan should be clear, current / up to date, reflect all risks identified in the risk assessment, use personalised / individual interventions, and take account of the service user's strengths

7) What documentation has been used to record the service user's risk management plan? (The risk management plan may be contained within the same documentation as the risk assessment, and should address the identified risks.)

- DRAM applicable SystemOne Risk Assessment Other Not

If 'other' or not applicable, please state reasons below:

8) How long ago was the risk management plan created/reviewed/edited (whichever occurred most recently)?

- Less than a month 1-3 months 4-6 months
 7-12 months 1-2 years More than 12 months

9) Does the risk management plan cover / reflect all risk identified in the risk assessment?

- Yes No Some
Anything identified in the risk assessment which is not then included in the risk management plan, because there is no identifiable course of action, should be recorded and any appropriate advice sought.

10) Does the risk management plan take account of the service user's strengths? (e.g. using service user safety strategies)

- Yes (Users) No Partially N/A (only SystemOne)

Does the risk assessment take account of any positive factors (e.g. coping factors (support networks) that the service user may have described)?

11) Does the risk management plan use personalised / individual interventions?

- Yes No Partially

12) Does the risk management plan contain plans that are:

- Current/Live Only old/past interventions (i.e. the plan has not been kept up to date) Not sure

13) In your opinion, is the risk management plan clear?

- Yes No Partially

Appendix F - 16 Best Practice Points for Effective Risk Management (DH 2007)

1 Best practice involves making decisions based on knowledge of the research evidence, knowledge of the individual people who use our service and their social context, knowledge of the people who use our service's own experience, and clinical judgment.

Fundamentals

1. Positive risk management as part of a carefully constructed plan is a required competence for all mental health practitioners.
2. Risk management should be conducted in a spirit of collaboration and based on a relationship between the people who use our service and their carers that is as trusting as possible.
3. Risk management must be built on recognition of the people who use our service's strengths and should emphasise recovery.
4. Risk management requires an organisational strategy as well as efforts by the individual practitioner.
5. Risk management involves developing flexible strategies aimed at preventing any negative event from occurring or, if this is not possible, minimising the harm caused.
6. Risk management should take into account that risk can be both general and specific and that good management can reduce and prevent harm.
7. Knowledge and understanding of mental health legislation is an important component of risk management.
8. The risk management plan should include a summary of all risks identified, formulations of the situations in which identified risks may occur, and actions to be taken by practitioners and the people who use our service in response to crisis.
9. Where suitable tools are available, risk management should be based on assessment using the structured clinical judgment approach.
10. Risk assessment is integral to deciding on the most appropriate level of risk management and the right kind of intervention for a people who use our service.
Working with people who use our services and carers
11. All staff involved in risk management must be capable of demonstrating sensitivity and competence in relation to diversity in race, faith, age, gender, disability and sexual orientation.
12. Risk management must always be based on awareness of the capacity for the people who use our service's risk level to change over time, and a recognition that

each people who use our service requires a consistent and individualised approach. Individual practice and team working.

13. Risk management plans should be developed by multidisciplinary and multiagency teams operating in an open, democratic and transparent culture that embraces reflective practice.
14. All staff involved in risk management should receive relevant training, which should be updated at least every three years.
15. A risk management plan is only as good as the time and effort put into communicating its findings to others