Sheffield Health and Social Care NHS Foundation Trust

Policy:

NP 035 Clinical Risk Assessment and Management of Harm

Executive Director Lead	Executive Director of Nursing, Professions and Operations
Policy Owner	Executive Director of Nursing, Professions and Operations
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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

Keywords	Clinical Risk, Risk Assessment,

Storage & Version Control

Version 2 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	01/2022	Request for extension on review which was granted to April 2022
2.1	Review on expiry of policy	03/2022	Review includes removing CPA references, adding human rights and mental capacity act section, updates references, audit routine, relevant contacts and evidence.
3.0	Review / approval / issue	04/2022	Full review completed as per schedule

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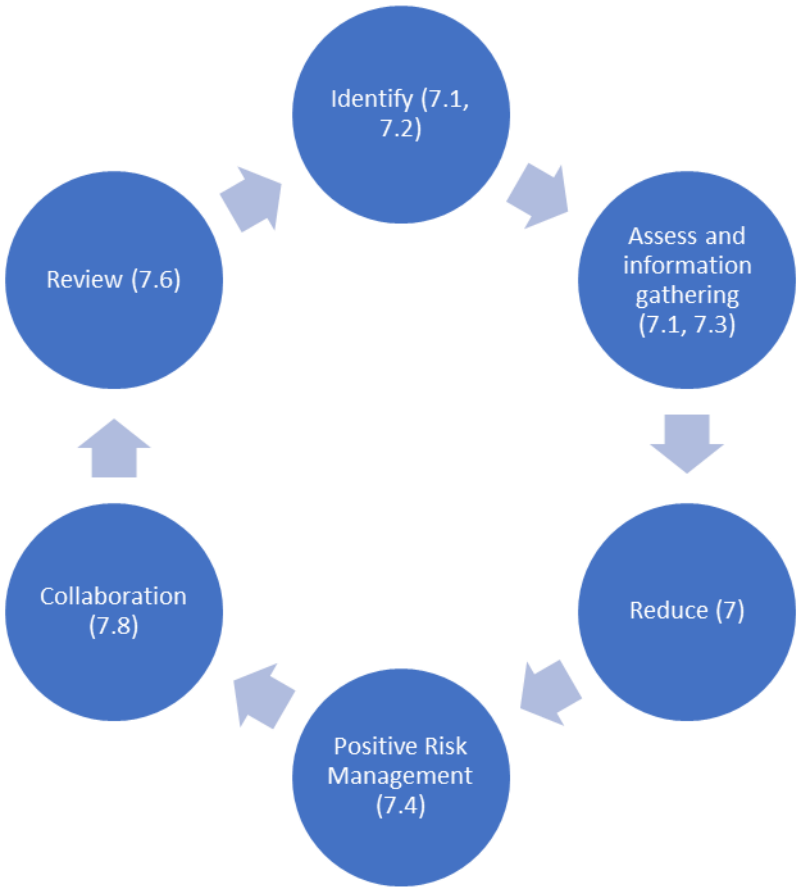
Flowchart for Clinical Risk



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 centred 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, minimising, 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.

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.

Clinical 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 using Trust services will have a collaborative risk assessment completed which will be regularly updated. 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 Right to a Private and Family Life. This right is guaranteed so far as interference is in accordance with the law and public safety.

Staff need to be aware of Data Protection and Caldicott guidance, however the 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

Director of Operations Professions and Nursing and the Chief Executive
Must ensure that staff professionally accountable to undertake and develop clinical risk assessments and care plans as required and that reasonable and appropriate consideration is given to potential ligature risks within the patient environment

Director of Quality
Responsible for supporting the clinical directorates in the post incident reviews as set out in the Incident Policy and Procedure. To ensure all incidents are reviewed, that we gather information and learn lessons as an organisation

The Triumvirates: Heads of Nursing; Heads of Service and Clinical Director
Responsible for the implementation of standards and procedures related to clinical risks, the timely review of incidents and those lessons are learned at directorate level. To ensure that mandatory and required training is undertaken and compliance is maintained across all clinical areas.

Patient Safety / Clinical Nurse Advisor
They will be responsible for the training and support of staff who provide care and treatment to service users. They will support staff to implement including robust risk assessments and formulations are implemented.

Consultant Psychiatrists
It is a requirement that every service user who receives in-patient care from SHSC has an accountable clinician. This is the named Consultant Psychiatrist (who may in addition undertake the Mental Health Act 1983 (as amended 2007) statutory role of Responsible Clinician). With this accountability comes the overall care and treatment delivered to service users.

Matrons, Ward and Team Managers
They will ensure appropriate staff attend training and induction at an appropriate level for their role, this includes local induction and awareness of relevant local policies.

Care Co-ordinator/Named Nurse
They are responsible for undertaking the standard risk assessment with all service users and recognise when more advanced assessments are required. They will seek supervision and guidance when there are any concerns regarding the presentation of service users and specifically when there are concerns regarding

their service users' risk. They will ensure that the service user's needs are assessed in relation to the prevention of risks.

All registered clinical staff
Follow identified risk management plan and care plan. Follow the policy and procedure for producing a risk assessment and communicate concerns relating to a service user's risk to the care co-ordinator, nurse in charge or team manager.

Physical Health Lead
Ensure that the practical training delivered within Basic/Immediate Life Support Training follows the advice of the policy and gives staff the skills and knowledge to manage a risk event such as self-ligation/strangulation.

Respect Lead/Training Team
Ensure appropriate training is included within the Respect level 3 training from the perspective of how to manage service users that may present with a risk.

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

7.1 General Principles of Assessing Clinical Risk

Clinical risk management specifically is concerned with improving the quality and safety of healthcare services by identifying the circumstances and opportunities that put service users at risk of harm and then acting to prevent or control those risks. The following simple four-step process is commonly used to manage clinical risks:

1. Identify the risk
2. Assess the frequency and severity of the risk
3. Reduce the risk
4. Review.

Risk is an everyday component of the life of any individual and it is not possible to remove all risk from the experience of service users or staff, but healthcare staff have a duty to protect patients as far as is 'reasonably practical' (NPSA, 2007) and must avoid any unnecessary risk.

Risk management is not just the responsibility of individuals, and this policy is part of the Trust's wider risk management strategy to support individuals and teams in

their assessment and management of clinical risk. It is an on-going/dynamic process.

Risk assessment and management should be based on physical, procedural, and relational security (DoH, March 2010). Relational security is the knowledge and understanding staff have of a service user, the physical and social environment, and the translation of that information into appropriate responses and care. Risk assessment and management are an integral part of a service user's care and should be undertaken in the wider context of a holistic and recovery approach to care planning.

A comprehensive assessment cannot be made in the absence of information about a person's background, present mental state, and social functioning, and their past behaviour.

SHSC currently use the DRAM document to detail risk on Insight (Appendix C).

It is essential to consider of all relevant information whatever its source. Sources can include members of the clinical team, the people who use our service themselves, 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.

7.2 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 assessments 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. Risk assessment tools should consider a range of factors when addressing risk (e.g. dynamic, static, stable and future factors) (HQIP 2018).

Risk tools and scales have little place on their own in the prevention of risks such as suicide. Risk should not be regarded as a number and risk assessment is not a checklist. Where tools are used these need to be simple, accessible and should be considered as part of a wider assessment process.

All staff involved in risk management must be capable of demonstrating sensitivity and competency in relation to diversity in race, faith, age, gender, disability, individuals communication needs and sexual orientation

Risk management must always be based on the awareness of the capacity for the service users risk level to change over time, and recognition that each service user requires a consistent and individual approach.

Levels of risk must be constantly reviewed and risk management plans change accordingly this should be reflected in a reviewed care plan. Risk assessment and management needs to be personalised to take into account the dynamic nature of life situations and how individuals manage them

7.3 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 ICE or Systm1
- 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, for example when a

patient is in an acute phase of their illness it may not be possible to gather all information, but this should be done as soon as reasonably practical.

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-inmental-health-services

7.4 Positive Risk Management

All comprehensive risk management plans should incorporate positive risk taking. This means following a process which takes as a starting point identifying the potential benefit or harm of an action. The aim is to help people develop and support positive risk taking to achieve personal growth or positive change (West Midlands Joint Improvement Partnership, 2011).

If a decision is based on the best evidence, information and clinical judgement available, it will be the best decision that can be made at the time. This means acknowledging that we can never eliminate all risks. This will be reflected in the risk management plans having to include agreed decisions that will have some risk as part of the plan. This should be explicit in the decision-making process and should be discussed openly with the service user and/or their carer.

Positive risk management (DOH, 2009) includes:

- Working with the service user to identify what is likely to work – and what is not.
- Paying attention to the views of carers and others around the service user when finally deciding a plan of action.
- Weighing up the potential costs and benefits 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.
- Developing plans and actions that support the positive potentials and priorities stated by the service user and minimising the risks to the service user or others.
- Being clear to all involved about the potential benefits and the potential risks; and
- 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.

7.5 Levels of Risks

The most obvious warning sign is a direct statement of intent. Two thirds of suicides have mentioned their ideas, and one third have mentioned clear suicide intent.

Risk to others is an important consideration in a risk assessment not just to immediate family members but to the wider public too. The assessor must decide:

- The level of risk the person poses to self or others.
- Ability to give reassurance about safety (for example. until the next appointment).
- Circumstances likely to make things worse or increase risk.
- How to mitigate risk.

Some groups are particularly at risk, for example:

- People who have previously attempted suicide
- Young and new mothers
- Working age males
- People working in certain occupations (healthcare)
- People in contact with the criminal justice system
- LGBTQ+ people
- People from some cultural and ethnic groups.

7.6 Review, Discharge and Follow-Up of Care

Review

The named professional would be responsible for ensuring the regular review of the risk management plan, involving both the service user and the MDT appropriate. The management plan would require review whenever risk changes, for example:

- Following an incident, decrease in risk behaviour, increase in risk behaviour, new risk behaviour.
- At regular intervals for individuals as determined by their management plan (e.g. a plan may specify a daily review)
- At regular intervals as defined by the service (e.g. weekly ward round for inpatients)
- At significant point in care pathway (e.g. Mental Health Tribunal)
- When transferring from one service/team / worker to another
- When being discharged from a service

Inpatient Discharge

A service users risk assessment will be reviewed prior to discharge collaboratively with members of the MDT agreeing to facilitate the mitigation of risks identified. This may involve the service user, their advocate and family members.

As part of a 7 day follow-up with community teams the risk assessment should be reviewed to include up to date pertinent information.

Community Discharge

A discharge letter will be sent out to the service users 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.

7.6 Who Should Assess Risk?

Assessing and managing risk is a shared responsibility. All staff always should be alert to service users triggers or hazards and the risk of harm without neglecting 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, clinical risk assessments should only be undertaken by members of staff who are:

- Professionally registered.
- Have undertaken post-qualifying training in clinical risk assessment facilitated by SHSC.
- 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 and 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, and that this escalation is also documented.

7.8 Communication and Confidentiality

It is essential that with any referral to a care provider (within the Trust or outside the Trust) that consideration should be given to provision of accessible and up to date risk assessments and management plans. Service users **must** be consulted and understand the reasons for sharing the information to give informed consent to agree to information being shared. 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. See the Information Governance Policy:

https://jarvis.shsc.nhs.uk/documents/data-and-information-governance-policy-imst-002-v11-november-2019-review-date-amended

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 and risks shared where appropriate. All service users should have a plan that includes consideration of risk.

It is important to consider agencies who may not be as actively involved with the care process e.g. some housing officers, probation, addiction services, police - and what their need for information may be. This may be due to 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.

7.8 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 inclusive 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 are 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 Mental Capacity concerns exist, staff ensure that the patients best interest is being upheld, and adhere to The Mental Capacity Act (2005) This may include the use of specialist professionals for consultation.

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

For those over 18 years old with mental 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 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://www.gov.uk/government/publications/consensus-statement-for-information-sharing-and-suicide-prevention

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

https://jarvis.shsc.nhs.uk/documents/confidentiality-code-conduct-policy-imst-011-v4-january-2020

8 Incident Reporting

Incidents related to risk including violence to others, self-harm or threats should be reported via the trust Ulysses system as well as on service users DRAM for a review. For more information, please follow the links below:

https://jarvis.shsc.nhs.uk/documents/electronic-incident-reporting-guide-staff-reporting-incidents

https://jarvis.shsc.nhs.uk/documents/incident-reporting-categories

9 Mental Capacity Act (2005)

The Mental Capacity Act provides a statutory framework to empower and protect vulnerable people who are unable to make their own decisions and should be considered in a risk assessment. This is because it aims to ensure that people are given the opportunity to participate in decisions about their care and treatment to the best of their capacity. It covers all aspects of health and social care.

The Act creates a new statutory service, the Independent Mental Capacity Advocate (IMCA) Service. Its purpose is to help vulnerable people who lack mental capacity who are facing important decisions about serious medical treatment and changes of residence, which should be consulted in a risk assessment where appropriate.

10 Human Rights Act

The Human Rights Act (HRA) 1998 contains the fundamental rights and liberties to which everyone in the UK is entitled. The Act incorporates the Articles of the european Convention on Human Rights into domestic law. Each Article specifies a different right. These are known as 'the Convention Rights.' All public sector authorities (including SHSC) must act in ways that are compatible with the Convention rights. The public sector has a duty to respect, protect and fulfil the human rights in the HRA.

This means that the trust has a duty to take positive steps to protect individuals' rights and prevent human rights breaches.

To respect and not interfere with an individual's human rights, except in limited legally permissible circumstances.

And to fulfil human rights by investigating human rights breaches if they occur and taking action to stop them from reoccurring.

A balance needs to be struck between risk and the preservation of rights, especially when the person has capacity.

Of the Convention rights, the following are of particular concern to staff:
Article 2- The right to life
Article 3- The prohibition from torture inhuman or degrading treatment
Article 5 -The right to liberty and security
Article 8 - The right to respect for private and family life
Article 14 – The prohibition of discrimination.

Articles two (the right to life) and three (the right to not be tortured or treated in an inhuman or degrading way) are absolute rights and must not be restricted or limited in any way. Protecting these rights is sometimes a strong justification for restricting one of the qualified and/or limited rights.

Articles five (liberty), eight (private and family life) and fourteen (non-discrimination) are limited/qualified rights. Interferences with these non-absolute rights is permissible if those interferences are lawful, justified, proportionate, and the least restrictive available.

Lawful means that there is a legal basis on which the intervention can be made.

Justified means that there is a compelling justification for the restriction. Such as to protect the rights of the individual patient or others on

the ward, or for a security, safety, or clinical reason. For example, if a patient is posing a risk to their own life or another it might be justifiable to restrict one of their rights in order to protect the absolute Article 2 right to life.

Proportionate means that there is a reasonable link between the action /interference with a right and the aim for doing so. For example, restraining someone may be necessary if they are at risk of seriously harming themselves or pose a risk to others – and there is no other way to stop them.

When considering proportionality ask the question: Is there another less restrictive option that could be contemplated and actioned that would meet the aim?

11 Development, Consultation and Approval

- Policy author drafted with support from Chief of Allied Health Professions.
- Consulted with the Director or 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.

12 Audit, Monitoring and Review

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/ group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group / committee for action plan development	Responsible Individual/group/ committee for action plan monitoring and implementation
Matron audit of environment and record keeping related to risk assessment and documentation	Matron report	Matrons	Monthly	Matrons/General managers	Heads of Nursing	Heads of Nursing
Compliance against mandatory training requirement for clinical risk training	Report	Training lead	Quarterly	Clinical Nurse Advisor	Clinical Nurse Advisor	Clinical Nurse Advisor
Audit of clinical risk assessment and management plans	Bi-annual Trust-wide audit. Additional audits at team-level if necessary	Clinical Effectiveness Team and Service Leads	Bi-annual	All clinical services and their appropriate governance lines	Clinical service managers / clinical leads / matrons	Clinical service managers / clinical leads / matrons
Audit of clinical risk assessment and management plans	Annual report on audit to be presented to the Clinical Quality and Safety Group (CQ&SG)	CQ&SG	Annually	All clinical services and their appropriate governance lines	Heads of Nursing	Heads of Nursing

13 Implementation Plan

Action / Task	Responsible Person	Deadline	Progress update
Consultation on Policy	Clinical Nurse Advisor	March 2022	On track
Policy to be sent to the Policy Guidance Group	Clinical Nurse Advisor	April 2022	On track
Training programme to support policy application	Clinical nurse Advisor	April 2022	On track

13.1 The policy will be available to all staff via Jarvis

13.2 Staff training will be undertaken to understand the requirements of the policy – led and coordinated by the Clinical Nurse Advisor.

Training to clinical staff (including both professionally registered not non-professionally registered will include further exploration of the concepts related to the Human Rights Act/Safeguarding/need to take a proactive approach to risk mitigation/use of therapeutic interventions/safety planning. This will be a one-day training package developed and delivered within multi-disciplinary framework and with service user co-production and co-delivery. This training will also include related content on Restrictive Practices/Seclusion and Safe Engagement policy and clinical application.

13.3 No further job roles required; it will be rolled out using existing resources.

Clinical Nurse Advisor for Clinical Risk and Suicide Prevention will take the lead role in implementation of the policy and training.

Audit of compliance will be undertaken via appropriate clinical leads and include ward managers, matrons, general managers and oversight by heads of nursing

14 Dissemination, Storage and Archiving (Control)

e issue of this policy will be communicated to all staff via the Trust's Connect bulletin. Local managers are responsible for implementing this policy within their own teams.

- This policy will be available to all staff via the Trust's intranet (Jarvis) and on the Trust's website. The previous version will be removed from the Intranet and Trust website and archived. Word and pdf copies of the current and the previous version of this policy are available via the Director of Corporate Governance.

- Any printed copies of the previous version should be destroyed.

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	May 2022	May 2022	May 2022	
3.2				

15 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
- 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

16 National Guidance

Best Practice in Managing Risk Department of Health – 2009
https://www.gov.uk/government/publications/assessing-and-managing-risk-in-mental-health-services

Suicide Prevention Strategy for England Department of Health 2012
https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england

NICE Quality Standard statement 6 in relation to risk management plans (2013)
https://www.nice.org.uk/guidance/qs34/chapter/quality-statement-6-risk-management-plans

Self-harm and suicide in adults Final report of the Patient Safety Group (2020) Royal College of Psychiatrists.
https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr229-self-harm-and-suicide.pdf?sfvrsn=b6fdf395_10

The assessment of clinical risk in mental health services. National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). Manchester: University of Manchester, 2018.

https://www.hqip.org.uk/wp-content/uploads/2018/10/Ref-70-Mental-Health-CORP-Risk-Assessment-Study-v0.2.docx.pdf

17 Contact Details

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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.

NO – No further action is required – please sign and date the following statement.

I confirm that this policy does not impact on staff, patients or the public.

I confirm that this policy does not impact on staff, patients or the public.

Name/Date: Grace Kinsey-Oxspring
7th March 2022

YES, Go to **Stage 2**

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	No	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	No	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	No	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	No	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	No	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.	No negative impacts identified at this stage of screening
Religion or Belief	No	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	No	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	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.	No negative impacts identified at this stage of screening

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

Impact Assessment Completed by: Grace Kinsey-Oxpring

Name /Date: 7th March 2022

Appendix B

Review/New Policy Checklist

		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?	N/A - review
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 selfharm?
- 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 selfharm/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 make 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 in 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 for 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 services 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

<u>Reducing Risk of Harm to Others:</u>
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/carer/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:

Text entry

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

Text entry Text entry

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:

Text entry

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

Appendix E – Risk Assessment Audit

https://singuser6e62561b.fra1.qualtrics.com/jfe/form/SV_bmtXaWOJKXHbtrw

Appendix F

16 Best Practice Points for Effective Risk Management (DH 2007)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/478595/best-practice-managing-risk-cover-webtagged.pdf

Fundamentals

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.
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 people who use our service and their carers that is as trusting as possible.
4. Risk management must be built on recognition of the people who use our service's strengths and should emphasise recovery.
5. Risk management requires an organisational strategy as well as efforts by the individual practitioner.
6. Risk management involves developing flexible strategies aimed at preventing any negative event from occurring or, if this is not possible, minimising the harm caused.
7. Risk management should take into account that risk can be both general and specific and that good management can reduce and prevent harm.
8. Knowledge and understanding of mental health legislation is an important component of risk management.
9. 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.
10. Where suitable tools are available, risk management should be based on assessment using the structured clinical judgment approach.
11. 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
12. 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.
13. 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.

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