

MHS 07 – Clinical Risk Management Policy
NHS GG&C Mental Health Service Clinical Risk
Management Policy



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Clinical Risk Management Policy**

Important Note:

The Intranet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Document Number:	MHS 07
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Responsible Director:	Medical & Nursing Directors in MHS
Approved by:	MHS Quality & Clinical Governance Group
Date approved:	31st August 2023
Date for Review:	1st September 2026
Replaces previous version: [if applicable]	

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Clinical Risk Management Policy

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date	Brief Summary of Changes	Author(s)
		Glasgow Risk Screen	R Davidson
		NHS Argyle & Clyde –Risk Management Policy	
1.0	Sep 2014	Clinical Risk Screening & Management Policy Version 1 – Harmonised the two existing policies	Dr I Clark
2.0	Apr 2017	Complete re-write Introduction of the CRAFT	Dr R Ward
3.0	May 2023	Re-write of policy, updated standards of risk assessment. Updated CRAFT following literature review and staff feedback	Dr B Gillatt

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1. Background

The management of risk to self and others is a key responsibility for all staff (both NHS and social care) working in mental health services within NHS Greater Glasgow and Clyde.

Risk management is an ongoing process involving service users, carers and the multidisciplinary team working collaboratively to identify and reduce potential risks to the service user, staff or the public. It is not an attempt to predict the future, and it is not possible to eliminate all risks for any service user. The aim of a risk management plan is to minimise and manage risks where possible. This is an integral part of care planning in mental health.

The concept of responsible 'positive risk taking' and the Millan principle of 'least restrictive alternative' must be a central aim of all clinicians in the assessment and management of clinical risk. Overly restrictive approaches to the management of clinical risk are potentially disempowering for people and diminish the capacity to take responsibility for self and self-management – each of which are central to the principles of recovery. Having effective and consistent standards and processes in place to assess risk is of paramount importance.

Risk management must be consistent across mental health services, and include training and ongoing supervision for clinicians on how to assess, formulate and manage risk. It should emphasise service user and carer involvement. Management plans must be personalized and be collaboratively developed with service users, their families and carers.

2. Scope

The contents of this policy apply to **all** mental health and social care staff (including General Adult, Alcohol and Drug Recovery Services, Primary Care Mental Health teams, Intellectual Disability, Prison Health Care, Old Age, Liaison, Specialist teams and Staff bank) employed by NHS GG&C and working in NHS settings. It also applies to any contracted staff working within mental health services that during the course of their work will either contribute to or undertake the assessment of the needs of service users. Child and Adolescent Mental Health (CAMH) uses the FACE CARAS tool to assess risk. Specialist mental health services may choose to use additional screening or risk tools e.g. HCR 20 tool used in Forensic Mental Health or Crisis planning used in the Borderline Personality Disorder Pathway.

3. Purpose

The purpose of this policy is to:

- Establish a framework and standards for the assessment and management of clinical risk within the overall context of the provision of high quality clinical care
- Support and encourage clinical practice which is associated with improved outcomes through:
 - The use of IT systems to enable access to information about previous risk history, risk management and crisis plans '24/7' and thereby improve communication between clinical teams
 - The active involvement of service users and carers / family in risk management planning whenever possible
 - 'Broad-based' bio psychosocial risk management planning

4. Aims

This policy aims to:

- Support professional judgment and promote a collaborative, formulation based approach to the management of risk
- Standardise the practice and procedures for the management of clinical risk across mental health services in NHS GG&C
- Ensure that all service users have a dynamic, readily accessible risk management plan which can be refined or adapted easily over time
- Promote effective care governance in the practice of risk assessment and management.
- Set out standards which support the implementation of good practice and provide a platform for audit and supervision
- Set out timescales and standards for risk assessment training in NHS GG+C

5. Responsibilities, Accountabilities and Duties

The Deputy Medical Director for Mental Health and Addictions and Chief Nurse for Adult Services are responsible for:

- The development and review of this policy
 - The commissioning of audit and research activity associated with the practice impact of the policy
 - Ensuring the review of the policy within the agreed time frames
- b. Heads of Mental Health Service and Clinical Directors are responsible for ensuring:
- The implementation of all policies and procedures which are in place to maintain the safety of service users, staff and the public
 - Staff attendance at clinical risk management training
 - The monitoring of adherence to this policy and associated mandatory training
 - The identification and commissioning of any specialist training needs for staff
- c. Clinical and Social Care staff are responsible for:
- Completing the Learnpro module on risk management on induction and 3 yearly thereafter
 - Attending 5 yearly half day risk management training
 - Being aware of the policy principles as set out below
 - Adhering to the 6 Greater Glasgow and Clyde Risk Standards as set out below
 - Maintaining their level of competence in relation to identifying and managing clinical risk in line with the continuous professional development requirements for their discipline

6. Policy Principles

- Risk management is everyone's business and a multidisciplinary process carried out in collaboration with service users, families and carers
- Risk assessment processes cannot predict future risk, nor should risk management interventions be stratified based on a perception an individual is 'high', 'medium' or 'low risk'
- Risk management plans should attempt to identify and mitigate risk where possible: "don't predict, modify"
- It is often more useful to identify "risky situations" than "risky people"
- Since risk is not static, risk management plans must always be reviewed when planning care
- Structured risk assessment should be complemented by clinical judgment
- Seek advice from senior colleagues when required

- If errors occur, staff have a responsibility to report them promptly
- The response to all incidents will be according to “fair culture” which seeks to learn rather than blame.

7. Policy Standards

There are six risk standards and four training standards:

a. Risk Standards

1. A risk management plan must be developed that details how current risks will be managed, including ensuring service users, carers and families have information on situations that may increase risk and how to seek help should risk increase.
2. Risks must be identified, considered and documented at every significant clinical encounter or decision point (including home or clinic visits, MDT and CPA meetings) and at a minimum once per shift for inpatient services. Should identified risk factors change then the risk management plan must be updated to describe how these risks will be addressed.
3. Risk management plans where possible should be developed in collaboration with service users, families and carers.
4. A CRAFT document (Clinical Risk Assessment Framework in Teams, see Appendix A) risk tool must be completed fully at the following points –

i) **In the community,**

- At initial assessment by the service (including if the first assessment is a telephone contact).
- If a service user presents as an emergency
- At every transition of care*, including prior to discharge from the service.
- When there is evidence of risks changing (either increasing or decreasing)
- The CRAFT must be reviewed and updated annually if no other trigger for an update occurs in the intervening period.

ii) **In hospital,**

- Within 2 hours of admission
- At the first Multidisciplinary Team meeting following admission.
- The CRAFT must be reviewed and updated when there is evidence of risks changing (either increasing or decreasing)
- At every transition of care*
- Before an inpatient is to be managed at home (including on pass)
- Prior to discharge.
- The CRAFT must be reviewed and updated annually if no other trigger for an update occurs in the intervening period.

*Transition of care – eg move to different CMHT/from CMHT to ADRS/outpatient to inpatient/CMHT to crisis/move from one ward to another/move to a new hospital. In this circumstance it would be best practice for the team discharging the service user to complete the CRAFT and the new team to update the risk management plan to reflect risk management strategies used in the new team.

- 5) Where an inpatient is to be managed at home (including on pass), risks and their management will be discussed with family or carers whenever possible, and their views taken into account before a decision is taken. This discussion must be documented in the case record and must ensure service users, families and carers understand who to contact (both 9am-5pm and out of hours) if they are concerned.
- 6) Everyone will be followed up by a clinician within 7 days of discharge from hospital,

preferably in person. Where contact is by telephone, the decision not to review face to face is based on risk assessment and must be documented. Please note National Confidential Inquiry guidance suggests it is best practice to arrange 3 day follow up if possible.

b. Training Standards

All mental health and social care staff within NHS Greater Glasgow & Clyde must undertake clinical risk management training at the appropriate level on appointment.

There are 2 levels of training:

1. Foundation training – LearnPro NHS module for all mental health and social care clinical staff as part of Induction and then repeated three yearly. This summarises the basic principles of risk assessment and management, including summarising key points from this policy.
2. Specialist training* - Initial 'Foundation' training and 5 yearly multidisciplinary workshop using Structured Professional Judgment to formulate and manage risk followed by 5 yearly workshop training updates. This is a face to face training, using 2 risk scenarios to ensure staff have a deeper understanding of why risk management is important, principles of risk management planning and is achieved using expert trainers providing a summary of current evidence around risk management with 2 clinical scenarios for participants to use as examples.

Training Standards –

1. Foundation training – Those who have completed the Learnpro module will have an understanding of the basic principles of risk assessment and management, including understanding their key responsibilities for risk assessment and management in GGC as set out in this policy.
2. Specialist Training – Those completing this half day training will have an enhanced understanding of the principles of risk management which includes learning from considering 2 risk scenarios, facilitated by expert trainers.
3. Risk trainers – will have attended a 'train the trainers' half day session covering how to deliver the risk training and discussing key issues to highlight in the training.
4. Risk training will be subject to ongoing quality assurance including an annual review of participant feedback forms and five yearly a further literature review will be carried out to ensure the training content reflects best practice in risk management.

* Must be completed by all registered nurses and AHP staff, all clinical psychology and psychotherapy staff, all training grade medical staff, all social care staff working in mental health teams and career grade medical staff and consultants working within mental health services including staff bank.

7) Principles of Clinical Risk Management

Clinical risk management is an essential part of clinical care. The purpose is to improve outcomes for service users.

Clinical risk assessment can be defined as a part of clinical care in which the link between the presence of certain risk factors, aspects of a service user's behaviour and adverse outcomes are explicitly identified and acknowledged by clinicians.

Clinical risk management is a process in which clinicians, service users and carers work towards a realistic, shared view of risk and then decide together how best to manage it.

Structured Professional Judgment describes a 4 step approach to an 'individual formulation of risk'

- a. The presence of 'historical risk factors' indicate a general propensity for suicide, violence and other risk outcomes and should influence the urgency and intensity of interventions to address 'current risk factors'
- b. 'Current risk factors' are those which are more likely to change or be amenable to change. Attempts to modify these are the focus of treatment and risk management strategies
- c. Anticipate particular situations or sets of circumstances where the service user may be at special risk (and which may inform treatment/ management strategies)
- d. Consider whether any protective factors are operating which reduce the level of risk (and which may inform treatment/management strategies)

Gaining an understanding of the specific factors which may precipitate, perpetuate or reduce the likelihood of risk behaviour for an individual enables 'sensible contingency planning'. Clinicians establish causal pathways in order to anticipate future risk scenarios and targets for preventive intervention.

8) NHS GGC Clinical Risk Assessment Framework for Teams ('CRAFT') - Appendix A

The 'CRAFT' is 'structured documentation' intended to support and encourage a best clinical practice model of care associated with improved outcomes for service users. It prompts users to think through current and historical risks in a structured manner which allows development of a risk management plan in collaboration with service users, family and carers.

Clinical Risk Assessment Framework for Teams (CRAFT)

When is this review taking place?

- Intake to MHS
- Transition of care
- Emergency presentation
- MDT Meeting - inpatient
- MDT Meeting – CPA
- MDT Meeting – joint working
- Risk increasing
- Risk decreasing
- Other, please state:

Risk Assessment

What do the clinical team, service user and family/carer think the key risks are at the moment, please describe these in detail? It is not possible to provide an exhaustive list but examples of key risks to consider are suicide / self-harm / violence / neglect / vulnerable to abuse/gender based violence/falls/cognitive deficits/online harms/alcohol/ and substance misuse?)

What historical risk factors are there that it is important to be aware of? Again, please describe this in detail, where possible giving dates e.g. a history of self-harming by taking paracetamol overdose in 2021

What are the obstacles to risk management/what risks can't be changed?

What factors are present that reduce risk?

Risk Management

Under what circumstances are risks likely to increase (This information must be shared with service user/family/carers)?

What is the clinical team going to do about it -

- a) In the next few days/between now and next appointment?
- b) In the next few months?

Are there any other considerations for risk management e.g. Child protection or Adult Support and Protection referral, use of the Mental Health Act or Adults with Incapacity Act?

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What should the service user/family/carers do if risky situations emerge (consider both during working hours and out of hours, again this information must be shared with service user/family/carer)?

Have all relevant professionals been informed of the risk management plan (GP, Social work etc.)?