East London NHS
NHS Foundation Trust

Newham Talking Therapies

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Risk Management Policy

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1. *Risk Assessment*

Risk Assessment covers:

- Current Risk (in any of the below listed areas)
- Past risk behaviours
- Context or factors that might increase / decrease risk
- What would indicate increased risk has occurred
- Protective Factors
- Risk Plan

2. *Areas of Potential Risk:*

- Risk To Self
- Risk To Others
- Safeguarding Children
- Safeguarding Vulnerable Adults
- Risk from Others
- Risk Of Exploitation
- Risk Of Neglect

3. *Risk Management*

- Risk assessment is a standard component of every triage assessment and reviewed as part of routine clinical care at every appointment, in collaboration with the service user.
- Newham Talking Therapies operates a system, whereby a senior clinician (band 8 or above) either the staff members line manager of clinician of the day is available to discuss and coordinate any arising risk issues.

- Any high risk must be discussed with a senior clinician, but appropriate action must be taken without delay (e.g. police welfare check; ambulance and A&E).

- Any medium risk issues must be discussed with a senior clinician by the next working day. If this cannot be managed within primary care, service user is stepped-up to secondary care mental health (CMHT).

- Any other risk and safety concerns, where the patient presents with a known risk profile without any acute changes, should be discussed in weekly supervision.

- GPs, clinicians with previous knowledge of the patient, and other relevant services must be informed and involved when necessary in risk management and prevention.

- If a patient disengages from the service, every effort will be made to contact the patient on three separate occasions by telephone as well as by letter and the GP and other agencies involved in this patient's care will be informed within five working days.

- If, however, there is concern about a change in risk profile and the patient does not respond, the GP will be contacted within 48 hours as well as other involved care agencies, next of kin etc. A welfare-check by the police will be considered for high risk.

- Interface with secondary care mental health (CMHT), provided by East London NHS Foundation Trust.

  Any high risk referrals (see above), which are stepped up to the CMHT are, according to their protocol, triaged on the same day by their team and the initial response, according to need, ranges from same day assessments to contact within 7 days as per national guidelines. Non-urgent referrals to the CMHT are seen within 28 days as per national target.

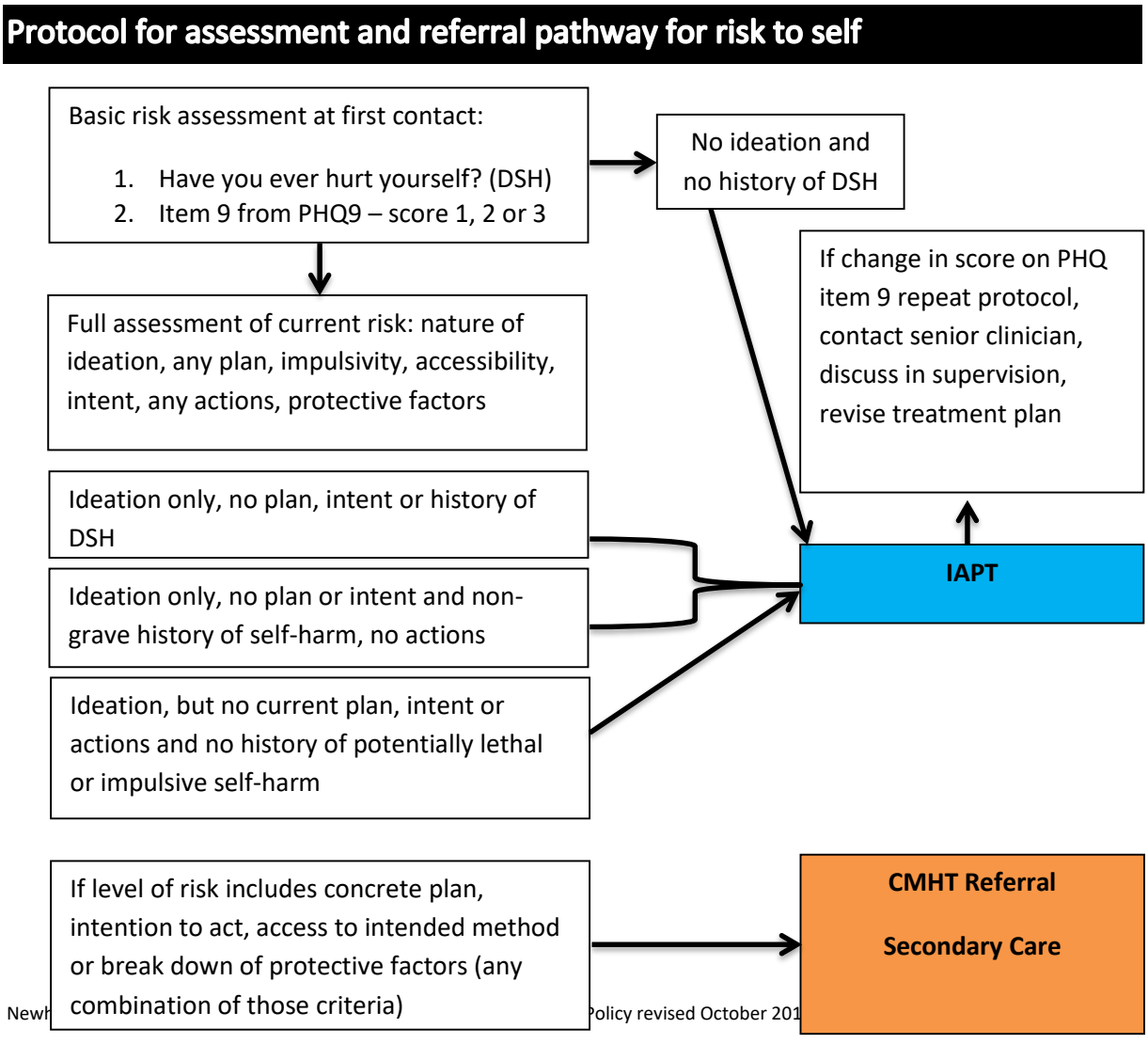
4. *Recording*

- Risk must always be recorded on IAPTus, using the Risk Management pro forma located under the Assessment tab/Summary - See protocol:

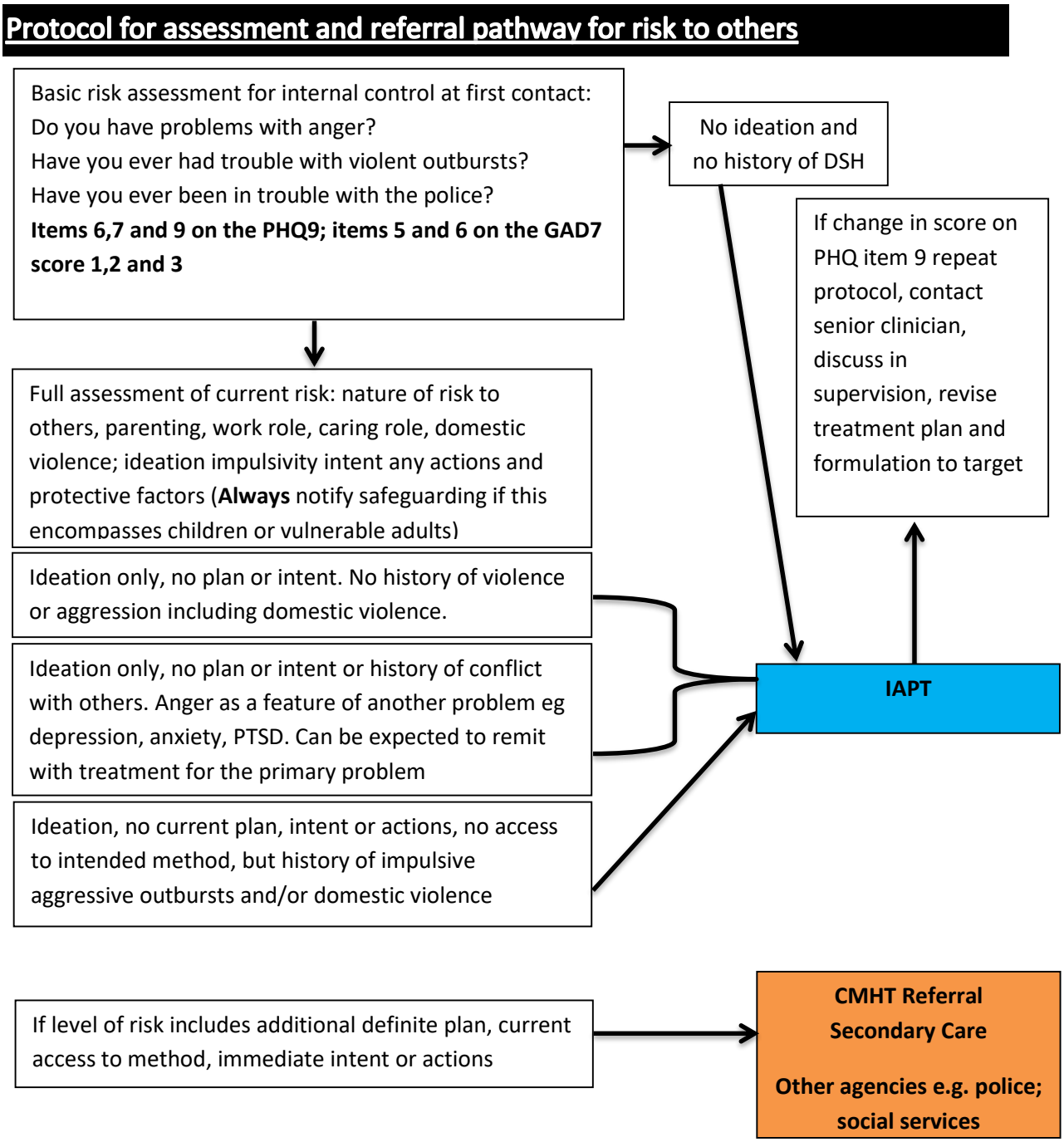
Risk tabs on iaptus.pdf

- Risk is routinely screened for by the use of standardised questionnaires (e.g. PHQ9; item 9) as well as additional screening questions. Where risk is identified, the clinician will also record a risk narrative on IAPTus, the electronic patient record system, to provide a context.
- All supervision forms must have risk on the standing agenda.
- Use the templates on IAPTus to inform or refer to GP or other services if needed.

5. *Diagram: Risk to self - assessment and pathway*



6. Diagram: Risk to other - assessment and pathway



7. DNA / Disengagement Protocol

Where the patient has engaged with the appointment booking process, and has been offered two appointments for triage or face to face assessment, and has not attended these then the case will be closed. The referrer is informed and the patient is invited to re-refer or request a re-referral in three months.

Where the patient has attended a triage or a face to face assessment and has been offered a treatment package, but has subsequently failed to engage in the treatment plan the case will be closed. The referrer is informed and the patient invited to re-refer or request a re-referral in three months.

Where a patient has attended for at least one therapy session they are deemed to have engaged with the service. If they have 2 subsequent DNAs their case will be closed. The referrer and patient are informed that they can re-refer or request a re-referral after a period of 3 months.

Following failure of engagement or disengagement the risk is reviewed based on available information and if the risk review highlights any areas of concern the GP is contacted, alongside attempting to contact the service user directly.

The discharge letter to the GP and the service user requests contact with the service if there are any concerns.

8. Safeguarding children

1. Clinicians are required to keep themselves up to date with the Trust's mandatory trainings in Safeguarding Children and relevant policies (currently, the Trust's Safeguarding and Promoting the Welfare of Children Policy, the London Child Protection Procedures, and the NPSA Rapid Response Report of May 2009).

2. Urgent concerns related to risks to children should be brought to immediate attention of a senior clinician, with the escalation procedure followed if required. **(I.e. on the same day by telephone or face to face not email).**

3. Concerns related to risks to children should always be brought to the supervisor within one week.

4. In the absence of a clinical lead or deputy, clinicians will discuss with senior clinician and then Named Professional for Safeguarding Children within the trust:

5. **Named Professional for Safeguarding Children**

Jan Pearson
Associate Director for Safeguarding
Trust Headquarters
9 Allie Street
Tower Hamlets
E1 8DE
Tel: 0208 522 8216
Mobile: 07891865051
Email: jan.pearson@eastlondon.nhs.uk

When contacting Jan, please make note of her preference as below:

- For non-urgent safeguarding children/child protection concerns, concerns will be raised via email.

- For urgent cases (*i.e.* that need a response that day) concerns will be raised by phone. An accompanying brief email would also be recommended.

6. Clinicians are also required to contact the local Safeguarding Children Assessment Team for advice:

Newham - Children's Triage Service
Tel: 020 3373 4600
Out of hours: 020 8552 9587
Fax: 020 8430 1003

Online referral form www.newham.gov.uk/triage or go to the Desktop Icon 'Triage Newham' 

You will need to create an account first. Register with your work address and telephone number. Please note that at the moment the system will not let you print or save your completed form for your records.

For information about the new Triage System in Newham please download
Newham Child Safeguarding Practice Guide
Newham CSC Triage Referral System - Your Questions Answered
Newham CSC Triage Single Point of Contact

7. As we are aware, we have to consider children in all aspects of our work. Clinicians need to obtain as much relevant information as possible about what the concern is, even if this is not being caused by the patient (e.g. depressed patient, their partner is attacking patient and their children). Acting on concerns about risks to children is absolutely obligatory irrespective of the view and wishes of adults involved.

8. Clinicians refer to http://elftintranet/misc/scripts/dl_dms.asp?id=6A2DB804-8DA5-469F-8057-586FFB92369F for guidelines for identification of children, recording of children's details (as per CPA Template requirements) and assessment of risk. Points/ information to consider and document include:

    1. Children's first name and surname
    2. Children's Date of birth or Age or Estimated Date of Delivery (EDD - in case of pregnancy)
    3. Children's Gender
    4. Children's Relationship to service user
    5. Where children live
    6. Where children go to school
    7. Have you consider parenting support needs?

8. Your Risk Assessment should include an assessment of any current or potential risk to children (related or unrelated).
9. If parental delusional beliefs about children are identified on the risk assessment, a referral should be made to Children's Social Care (CSC).
10. If any risks to children are identified on the risk assessment, a referral should be made to Children's Social Care (CSC).
11. If parenting support and childcare needs have been identified, document your intervention/action.
12. If risk to children has been identified, ensure that you document this in your Risk Management Plan.
13. Include information about who will look after the children in case of emergency.
14. List all children's worker being involved. e.g. social worker, parental mental health worker, health visitor, teacher, CAMHS, YOT etc.
15. If a young carer (i.e. under 18) has been identified, provide your comments and assessment of needs.
16. If a young carer (i.e. under 18) has been identified, specify whether they have agreed to a carer's assessment.
17. If a young carer has been identified, consider a Child in Need Assessment by Children's Social Care.
18. If it is found that a case is already open to Children's Social Care and a new referral is, therefore, not needed, staff must ensure that

9. Safeguarding adults

1. Clinicians are required to keep themselves up to date with the Trust's required trainings in Safeguarding adults and relevant policies (currently, the Trust's Safeguarding Vulnerable Adults – Guidance for Trust Staff).

Safeguarding Vulnerable Adults_Gu

2. Clinicians are reminded to bring any issues related to safeguarding adults to regular weekly clinical supervision.

3. Urgent concerns related to safeguarding adults should be brought to immediate attention of a clinical lead or deputy (i.e. on the same day by telephone or face to face not email).

4. In the absence of a clinical lead or deputy, clinicians will discuss with senior therapist and then Named Professional for Safeguarding adults. Details are as below:

   Safeguarding Adults & Domestic Abuse - Corporate Lead
   East London NHS Foundation Trust
   22 Commercial Street
   London E1 6LP
   Tel: 020 7655 4240
   Mobile: 07944 454363
   Email: Janet.boorman@eastlondon.nhs.uk

5. For urgent cases, a 999 A&E or police response may be required. For domestic abuse there is a 24 hour free helpline for all women 0808 2000 247.

6. For further advice clinicians will contact the local authority;

   Newham - 24 hour Safeguarding helpline on 020 3373 0440 and/or complete this form on line via the LBN website:- https://achieve.newham.gov.uk/default.aspx/RenderForm/?F.Name=rJ467xxrpuA

7. A Datix report will be completed in most cases.

8. If the person is known to CMHT, clinicians will contact/inform the care co-ordinator.

10. Domestic Abuse

1. Clinicians to contact local support service for advice:

   Newham One-Stop Shop for Reporting Domestic Abuse: 0845 451 2547
   Sam Riddich, Service Programme Manager, Tel: 020 3373 1422
   Satbinder Sanghera, Senior Manager, Mobile: 07747 460612

   Newham:
   http://www.newham.gov.uk/Documents/Community%20and%20Living/NewhamDomesticandSexualViolenceDeliveryPlan20132016.pdf

2. Clinicians may find the attached Support Services for people suffering domestic abuse a valuable resource to locate appropriate services for your clients. However, these services are deemed to change on a regular basis due to funding issues.

Indicators of:

Risk of Exploitation:

- Recent abuse or victimisation
- Recent or current pregnancy
- Specific vulnerability
- Females in specific cultural groups

Risk of neglect:

- Nutrition
- Hygiene
- Budgeting
- Self-care

Alcohol/substance misuse:

- Daily drinking
- Drinking over 14 units per week
- Binge drinking
- Other people saying that the patient has a “drink” problem
- Using non-prescription drugs
- Being “hooked” on prescription drugs
- Other people objecting to the patient’s use of drugs, or seeing it as a problem
- Drug or alcohol use as the main presenting problem