

Risk Assessment without stratification, a New Risk Assessment Template within SABP

So what do the NICE Guidelines say?

- ▶ Do not use risk assessment tools and scales to predict future suicide or repetition of self-harm.
- ▶ Do not use global risk stratification into low, medium or high risk to predict future suicide or repetition of self-harm.
- ▶ Mental health professionals should undertake a [risk formulation](#) as part of every psychosocial assessment.

Risk assessment steering group

- ▶ Workstream 1- Existing review of risk assessment tools used in UK
- ▶ Workstream 2- Design a new risk assessment template.
- ▶ Workstream 3- Digital (system1 template design)
- ▶ Workstream 4- Training group
- ▶ Workstream 5- Pilot of new template
- ▶ Workstream 6 -Implementation of live template across trust

Pilot teams

Team	Training date	Pilot start	Pilot finish date
LD West	Oct 12th	Oct 30th	Jan 22nd 2024
Spenser ward	Oct 20th	Oct 23rd	Jan 22nd 2024
HTT NW	Oct 23rd	Oct 30th	Jan 22nd 2024
Elmbridge CMHRS	Oct 23rd	Oct 30th	Jan 22nd 2024
Elmbridge GPIMHS	Oct 23rd	Nov 6 th	Jan 22 nd 2024
School based needs	Oct 26th	Oct 30th	Jan 22nd 2024
Stars	Oct 26th	Oct 30th	Jan 22nd 2024
Youth Counselling	Oct 26th	Nov 6th	Jan 22nd 2024

Changes made during pilot

Team	Problem	Solution	Resolved
HTT NW	Unable to see old risk history on tab journal	Ability to open tab journal added to risk assessment (two windows)	Completed
New Spenser	Dementia doesn't fit into 5 ps formulation	Specialist risk assessment based on PCRAF to be developed	Partially completed, still 1 st form required
New Spenser	Team name instead of initials would be helpful	Possible change to front sheet to show team from referral of last risk completed	Not completed, currently being worked though by digital
Elmbridge CMHRS	Enable save for future editing	Decided against due to current issues with saved for future editing risk assessments not being completed	Change declined
LD West	Difficulty including physical health in assessment	Bespoke physical health in LD risk assessment added to specialist RA section	Awaiting LD team to give details. With RH for team discussion.
Elmbridge CMHRS	No box to state risk plan has been given to patient	Box added to risk assessment "Risk assessment printout shared with to patient"	Completed
CYPS	Loss of PIMHS Assessment	PIMHS added to specialist section.	Completed
Multi	"What Keeps me stuck" is not clear and needs changing	What Keeps me stuck changed to "what maintains the risk"	Completed
CYPS Stars?	No box to confirm risk plan given to carers	Box to be added to tick to confirm carers have been given risk plan. same as patient one.	Not completed with digital for coding
CYPS youth counselling	Letter does not allow CYPS safety plan	Letter to allow CYPS safety plan	Completed code changed

Formulating Risk from Assessment

- ▶ 5 Ps of risk formulation model:
 - ▶ Problem/ **What is the risk**
 - ▶ Predisposing /**Historical risk**
 - ▶ Precipitating/ **Triggers**
 - ▶ Perpetuating/ **What's maintaining the risk**
 - ▶ **Protective**
- ▶ Risk reduction plan

We use these to develop a risk *formulation*

Risk Assessment Overview

All Risk Assessments

 Launch view

To update the Risk Assessment, right click on the entry and select "Copy Previous Value"

To create a new/blank Risk Assessment click:  Risk Assessment


— Data recorded in Dementia Risk Assessment & Plan —

 To create a Risk Assessment Letter click:  Risk Assessment Printout

Risk Assessment given to:


Patient: Carer:

 To create a Word copy of latest Risk Assessment click:

 Risk Assessment Printout

Safety Plan

 CYPS Only S...

 My Safety Plan

 Launch view

— Data recorded in CYPs My Safety Plan —

The CYPs My Safety Plan template has no information to show. Double click

— Data recorded in My Safety Plan —

The My Safety Plan template has no information to show. Double click here to

 To create a 'Safety Plan Letter' click:  Safety Plan Letter

Create Specialist Risk Assessment



Current And Historical Risk Factors

Triggers And Perpetuating Factors

Protective Factors And Risk Reduction Plan

1. What are the current risks/problems:

Empty text area for inputting current risks/problems.

Prompts/risk factors to be considered:

!! CYPS

!! LD

!! Working Age

!! Older Adults

!! Risk to Others

2. What are the predisposing factors/historical risks?

Empty text area for inputting predisposing factors/historical risks.

Prompts/risk factors to be considered:

!! CYPS

!! LD

!! Working Age

!! Older Adults

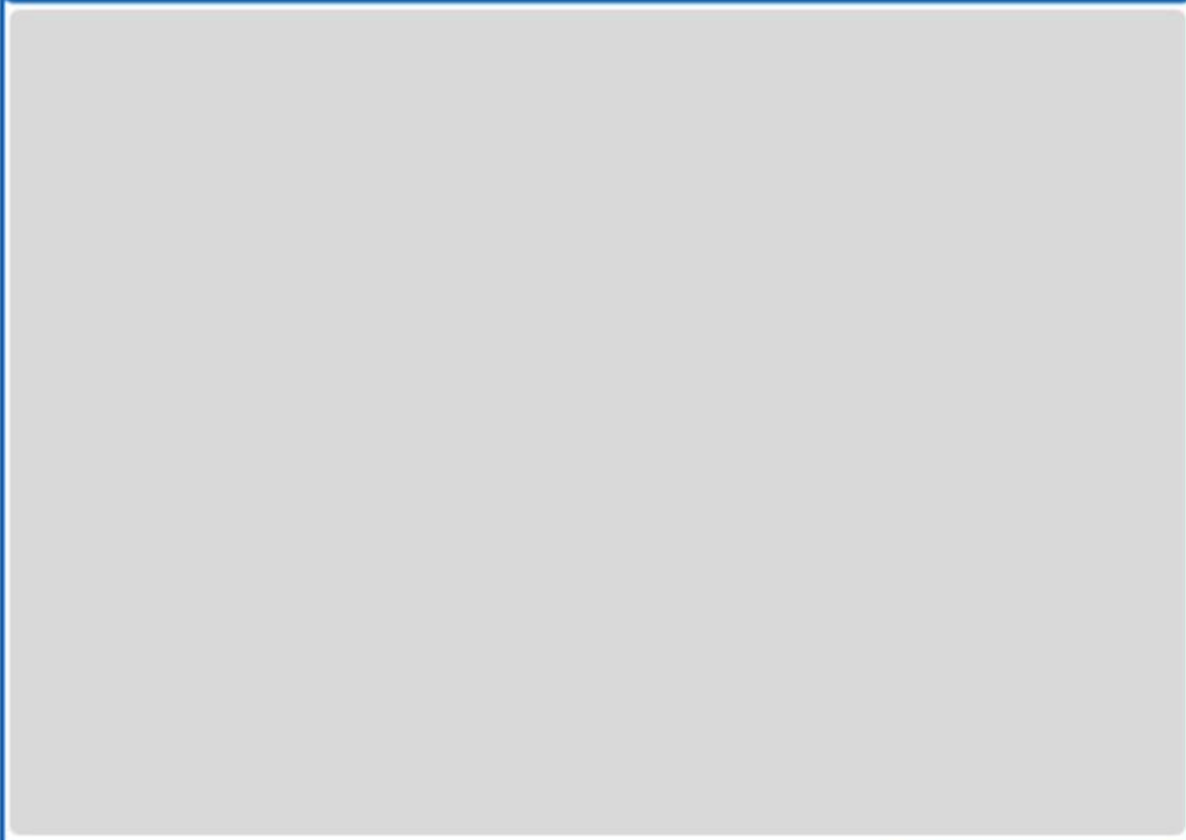
!! Risk to Others

Current And Historical Risk Factors

Triggers And Perpetuating Factors

Protective Factors And Risk Reduction Plan

3. What are the triggers?



Prompts/risk factors to be considered:

!! Risk to Others

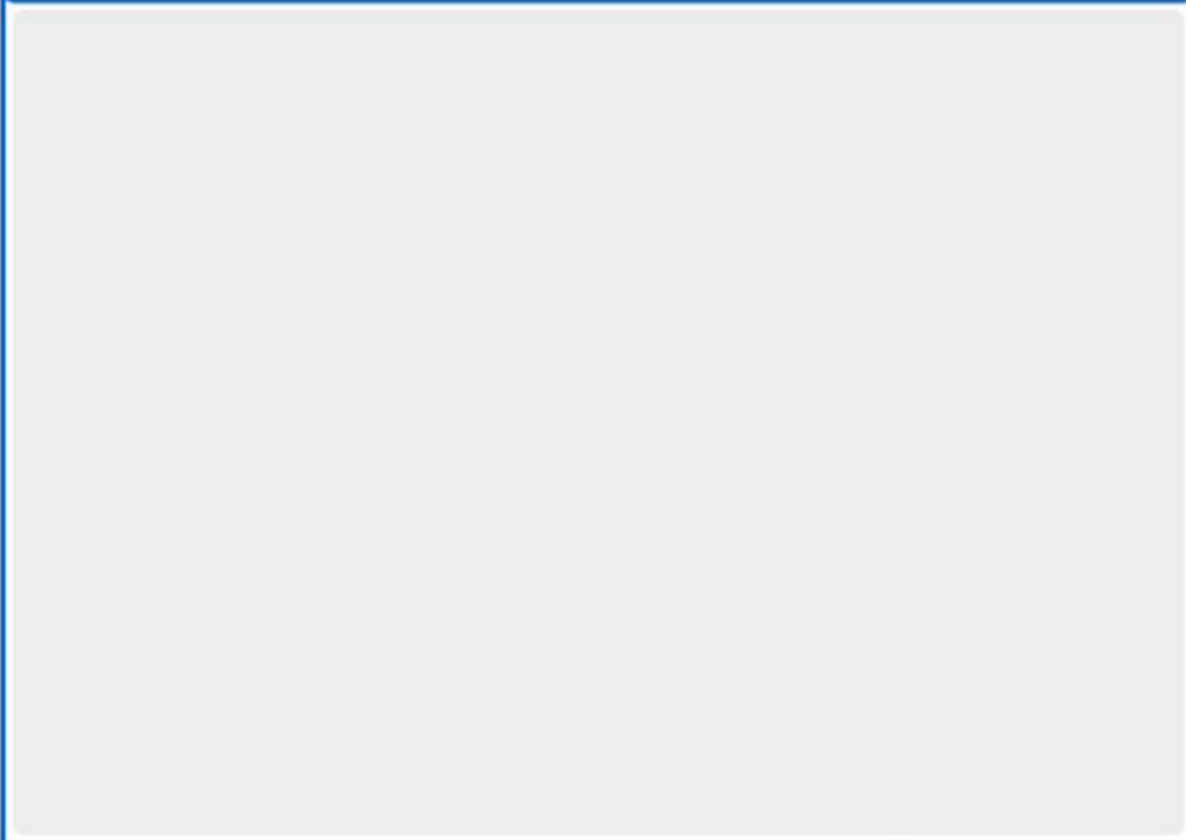
!! CYPS

!! LD

!! Working Age

!! Older Adults

4. What is maintaining the risk?



Prompts/risk factors to be considered:

!! Risk to Others

!! CYPS

!! LD

!! Working Age

!! Older Adults

Risk Assessment

Current And Historical Risk Factors

Triggers And Perpetuating Factors

Protective Factors And Risk Reduction Plan

5. What are the person's protective factors?

Prompts/risk factors to be considered:

!! Risk to Others

6. Risk Reduction Plan

Prompts to be considered:

Triggers

Developing a formulation of risk in OA

Triggers

- When do things become difficult for you/ the person you are supporting?
- If there have been similar issues in the past, what may have triggered those? / Previous health interventions
- Are there certain times, dates, anniversaries, and/or changes that are important?
- Have you suffered abuse or had criticism or rejection from others?
- Are services not understanding your needs or the needs of someone you love?
- Are relationship problems troubling you?
- Has there been a recent loss (death), illness or health difficulty (pain)?

- Is there the threat of losing your job? / change in day placement/ key worker/ place of residence/ transition/ support package/ ending.

- Has something unexpected happened?
- Has your ability to cope with the change in your physical health been affected?
- Has there been increased isolation or loneliness?
- Has your ability to access support changed?
- Concerns regarding someone else – parents, friend, child, someone you live with.
- Have you been given all opportunities to discuss/ communicating you pain/ concerns?

- Are you under stress at the moment?
- Are you having financial difficulties
- When did the problems start?
- When and where do the problems appear?
- Who are you with when the problem is around?
- What makes the problem worse / what makes it better?
- Has there been a change in your physical health?
- Are you in pain?
- Has there been a change in function (e.g. mobility, housebound)
- Has there been falls?

Safety Plan

1. Warning signs

2. Coping strategies

Things I can do to take my mind off problems without contacting another person

3. People and social settings that can provide a distraction

4. People and professionals whom I can ask for help during a crisis

5. Making the environment safer (plan for Lethal means safety)

Event Details

Information

Print

Suspend

Ok

Cancel

Show Incomplete Fields

Specialist Risk Assessments

Falls Risk Assessment



Falls Risk Assessm...



Launch view

HCR20



Launch view

MUST



MUST Tool



Launch view

SANSI



SANSI Nutritional As...



Launch view

PIMHS



PIMHS Risk Assess...



Launch view

Waterlow



Waterlow Assessm...



Launch view

Dementia Risk Assessment



Dementia Risk Asse...



Launch view

Attach Paper Risk Assessments



Attach and view do...



When uploading Specialist Risk Assessments, please attach a document and select "Specialist Risk Assessment" as the file type



Previous Page

View All Specialist Risk Assessments



Launch view

Data recorded in Falls Risk Assessment 2

The Falls Risk Assessment 2 template has no information to show. Double click

All FOLS HCR20 V3 Step 2 & 3 - Risk Management Factors questionnaire

Data recorded in MUST Tool 5

The MUST Tool template has no information to show. Double click here to

Data recorded in PHC - SANSI Nutritional Assessment Tool

The SANSI Nutritional Assessment Tool template has no information to show.

All PIMHS Risk Assessment questionnaire entries

Data recorded in Waterlow Assessment Calculator

The Waterlow Assessment Calculator template has no information to show.

Data recorded in Dementia Risk Assessment & Plan

The Dementia Risk Assessment & Plan template has no information to show.

What our pilot staff said:

Easy to use,
straightforward
in terms of
finding it and
filling it in.

i feel it
flows well

Easy to
use.

I believe the '5P's' template
allows a natural flow in
building a shared
formulation with the client,
gains greater insight to their
past, current and potential
risk and what the trigger
are.

I find that the new risk
assessment tool is
much more adaptable
to different presenting
risks and presentations.

The new risk assessment
provides a much more
accurate formulation of risk
and no longer feels like a "tick
box" exercise. It forces the
clinician to give thought into
the factors influencing the risk
as well as identifying how to
manage this risk. Overall, it
allows for a much more
meaningful assessment.

I do like that the new template
prompts us to think of all areas in
the child's life, areas I may not have
considered or remembered before.
However, it does take much longer
to complete

Evaluation

- ▶ The new risk assessment template went live on 22nd January 2024. The change occurred at 9am in the morning and was digitally successful with no digital issues reported with accesses the form.
- ▶ Within system1 a feedback form was developed. There have been just 30 feedback forms completed across the organisation, all of which have been addressed either from the digital team or a consultant nurse involved in the implementation and training of the risk assessment.
- ▶ Digital colleagues have fed back that the template will be easier to maintain and simplified for reporting of KPIs

Conclusion

- It appears there is variance between the risk assessments reviewed, either being completed to high standard or completed to a poor standard.
- From the evaluation it appears that teams who were part of the pilot generally have risk assessments of a higher standard.
- This may be due to familiarisation with the new template or increased support during the pilot which has aided quality of risk assessments.
- The trust should also consider future proofing the risk assessment by creating **integration between dialog plus and care planning**. Further risk assessment **workshops should be set up as BAU by senior clinicians within services**.