**CPA Process Risk Assesment Guidance for Care Co-ordinators**

# Document Definition

## 

## Introduction

The Learning Diasabilities teams have set up the Care Programme Aprroach(CPA) process for people with learning disabilities who have a diagnosed mental health illness and/or complex and challenging needs. This document supports the CPA Process by clarifying our aprroach to risk providing the assessor with clear guidance to complete in our specified format using nationally recognised references i.e. the National Patient Safety Agency.

Our approach to risk within Wiltshire Learning Disability services incorporates and meets the needs of systems from within Health and Social Care. The risk assessment is a tool that is used by Care Coordinators as a comprehensive risk assessment and should be used to complement, not replace support providers responsibilities to undertake their own risk assessments.

## Glossary/Definitions

The following terms and acronyms are used within the document:

**Hazards:** A hazard is anything with the potential to cause harm such as chemicals in use in the workplace, manual handling, and sharps.

**Risk:** defined as the probability that a specific adverse event will occur in a specific time period or as a result of a specific situation. Risk is the combination of likelihood and consequence of a hazard being realised.

**Clinical Risk** is defined by the NPSA as the chance of an adverse outcome resulting from clinical investigation, treatment or patient care. Any event or near miss that could or did lead to unintended or unexpected harm to one or more patients. The patient(s) can be directly or indirectly affected by the incident, i.e. a medicine could be described as a hazard if it has the potential to cause harm. However, the risk of that harm may be very small, provided effective controls/measures are in place. If a patient could suffer harm as a result of taking the medicine, the chance of the harm occurring at a given consequence may be described as a clinical risk. If harm resulted from taking the medicine and the harm was not expected this would be a patient safety incident.

**Consequence:** Degree of harm or consequence

**Likelihood:** How likely it is that the adverse consequence described will occur.

**Control Measures:** The systems and processes agreed to reduce exposure to and/or minimise the risks of exposure to a particular hazard.

**Risk Management:** The assessment, analysis and management of risks. It is simply recognising which events (hazards) may lead to harm in the future and minimising their likelihood and consequence.

**Adverse event**: any event or circumstance leading to unintentional harm or suffering.

**Patient safety incident**: any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving healthcare. It is a specific type of adverse event.

**Corporate Governance**: is the method by which the CTPLD CPA Board identifies analyses and manages their significant risks and assesses the effectiveness of the internal control systems. The risks to be controlled range from business risks, financial risks, operational risks, information risks and compliance risks.

Health & Safety and Clinical risks have legal compliance requirements from the Health & Safety Executive (HSE), Care Quality Commission (CQC), Department of Health and NHS Litigation Authority (NHSLA).

**Risk Assessment Form:** This applies both to the paper based Risk Assessment Form that is appended to this procedure and the electronic risk assessment form that forms part of the Safeguard Risk Register System.

## Purpose of the Document

This document aims to standardise the process by which all risks are assessed and managed within the CTPLD CPA process.

## Scope

This process and guideance document applies to all staff and all risk assessments carried out with regards to the CTPLD CPA’s process and activities, staff and buildings under the control of the CTPLD CPA.

# Main Guidance

## What is Risk Assessment?



The principles of conducting a risk assessment are the same whether a health and safety hazard, a clinical hazard or a corporate governance hazard is being assessed.

A risk assessment is simply a careful examination of what, in the carrying out of employment, could cause harm, so that employees can weigh up whether they have taken enough precautions or should do more to prevent harm. Employees and others people who may be affected by their acts and omissions have a right to be protected from harm as described in the Health & Safety at Work Act. The Management of Health & Safety at Work Regulations requires risk assessment of all significant risks at work.

Risk assessment is a systematic process where judgements are made about the **consequence** of harm or loss that might arise from the activities of the CTPLD CPA, and the **likelihood** that harm will occur. The main purpose of risk assessment is to determine whether planned or existing control measures are adequate or need to be improved.

### Step 1 Identify the Hazards (what can go wrong)

To prevent harm it is important to understand not only what is likely to go wrong but also how and why it may go wrong. To identify hazards the “activity” should be considered within the context of the physical and emotional environment, the organisation and the staff who perform the activity. It should also consider things that have gone wrong in the past; such as near-miss incidents, the potential for human error; and the complexity of the task

The hazards must be identified and recorded in column 1 ‘What are the hazards’ of the CTPLD CPA Risk Assessment template (Appendix D) or directly onto the Safeguard Risk Register.

### Step 2 Decide who Might be Harmed and How (what can go wrong? who is exposed to the hazard?)

Each hazard must clearly identify who may be harmed. This means identifying groups of people (e.g. people working in the store room or passers-by).

Once it has been identified **who** might be harmed, it must then be identified **how** they might be harmed i.e. what type of injury or ill health may occur (e.g. cut, skin tear, musculo skeletal injury, burn).

This information, once identified, must be recorded in column 2 ‘Who might be harmed and how’ of the CTPLD CPA Risk Assessment template (Appendix D) or directly onto the Safeguard Risk Register.

### Step 3 Evaluate the Risks (how bad? how often?) and Decide on the Precautions (is there a need for further action?)

It is important that the existing control measures in place to manage the risks identified (and prevent the harm) are outlined and considered as part of the risk evaluation process. The evaluation must therefore take into account those existing controls in the assessment of the risks as it aims to measure residual risk not the unmanaged risk.

Existing control measures (things already being done to prevent harm) must be documented in column 3 ‘What are you doing already’ of the CTPLD CPA Risk Assessment template (Appendix D) or directly onto the Safeguard Risk Register.

Evaluation of risk should result in a score. The CTPLD CPA uses the NPSA Risk Matrix (see 3.4) to provide guidance and to ensure scores are assessed with some consistency.

The overall risk score is equal to the likelihood (how often) X consequence (how harmful).

Assessment of these risks should be documented in columns 4 ‘consequence’ 5 ‘likelihood’ and 6 ‘risk rating’ of the CTPLD CPA Risk Assessment Template (Appendix D) or directly onto the Safeguard Risk Register.

The Management of Health & Safety at Work Regulations requires employers to do everything reasonably practicable to protect staff and others from harm. So once an evaluation of residual risk has been completed there should be a review asking– is there more that can be done to reduce the risks further and/or is this risk managed adequately?

Where further action is required they must be documented in column 7’ What further action is necessary’, 8 ‘Action by whom’, 9 ‘Action by when’ or directly onto the Safeguard Risk Register.

### Step 4 Record Findings, Proposed Actions Lead Person Responsible and Date of Completion

It needs to be shown that:

* A thorough check was made to identify all the hazards and treat all the significant risks;
* The precautions are reasonable and the remaining risk is acceptable;
* The solutions are realistic, sustainable and effective;

There is no expectation that all risks can be eliminated and it may be reasonable to accept some degree of preventable risk, if the benefits to be gained outweigh the risk. The CTPLD CPA’s tolerance for ‘accepted’ risk is set out in the Risk Management Strategy [Ref 1].

Where further actions are identified as necessary and agreed the risk assessment must show actions have been completed and signed off. Once further actions have been completed the risk assessment should be completed again and rescored taking into account the additional control measures in place.

This is to be documented on the CTPLD CPA Risk Assessment form (Appendix D) or directly onto the Safeguard Risk Register.

### Step 5 Review Your Assessment and Update if Necessary

Risk assessments and existing control measures currently in place must be reviewed annually and

* When risks have changed
* Controls no longer reflect risk
* After an incident, accident or near miss
* When there’s a change to work equipment or working practice
* Where an audit or inspection has highlighted issues
* If there is a change in local policy
* When national guidance and/or legislation requires it

## Risk Matrix

The CTPLD CPA Process has adopted the NPSA risk assessment matrix.

### Instructions for Use

* Define the risk under one of the ‘domains’ set within the risk assessment. The NPSA Consequence Score table can be used as a guide to scoring risk in each individual case.

# Determine the Consequence score(s) (S) for the potential adverse outcome(s) relevant to the risk being evaluated.

# Determine the likelihood score(s) (L) for those adverse outcomes.

* 4 Calculate the risk score by multiplying the consequence by the likelihood: S (Consequence) x L (likelihood) = R (risk score)

# Identify the level at which the risk will be managed in the CTPLD CPA process, based on the roles and responsibilities laid out in the Risk Management Strategy. If the risk scores 8 or above (‘high’) this must be added to the Safeguard Risk Register System by a trained user, if it contains staff or patient confidential information then this will need to be sent anonomised.

## Consequence Score

When undertaking a risk assessment the consequence or how bad the risk being assessed is, must be measured. Consequence is defined as the outcome or the potential outcome of an event. Clearly, there may be more than one consequence of a single event.

The below table is to be used to identify what the consequence score will be if the risk is realized (actually happens). The most appropriate domain for the identified risk from the left hand side of the table is to be selected. The columns in same row are to be progressed through to assess the consequence of the risk on the scale of 1 to 5 to determine the consequence score, which is the number given at the top of the column.

Scoring should take into account existing control measures so should be a score of residual risk not scored as an uncontrolled risk (unless of course there are no control measures in place).

|  | **Consequence score and examples of descriptors** | | | | |
| --- | --- | --- | --- | --- | --- |
| **Description** | **1** | **2** | **3** | **4** | **5** |
| **Domains** | **Negligible** | **Minor** | **Moderate** | **Major** | **Catastrophic** |
| **Impact on the safety of patients, staff or public (physical/psychological harm)** | Minimal injury requiring no/minimal intervention or treatment.  No time off work | Minor injury or illness, requiring minor intervention  Requiring time off work for >3 days  Increase in length of hospital stay by 1-3 days | Moderate injury requiring professional intervention  Requiring time off work for 4-14 days  Increase in length of hospital stay by 4-15 days  RIDDOR/agency reportable incident  An event which impacts on a small number of patients | Major injury leading to long-term incapacity/disability  Requiring time off work for >14 days  Increase in length of hospital stay by >15 days  Mismanagement of patient care with long-term effects | Incident leading to death  Multiple permanent injuries or irreversible health effects    An event which impacts on a large number of patients |
| **Quality/complaints/audit** | Peripheral element of treatment or service suboptimal  Informal complaint/inquiry | Overall treatment or service suboptimal  Formal complaint (stage 1)  Local resolution  Single failure to meet internal standards  Minor implications for patient safety if unresolved  Reduced performance rating if unresolved | Treatment or service has significantly reduced effectiveness  Formal complaint (stage 2) complaint  Local resolution (with potential to go to independent review)  Repeated failure to meet internal standards  Major patient safety implications if findings are not acted on | Non-compliance with national standards with significant risk to patients if unresolved  Multiple complaints/ independent review  Low performance rating  Critical report | Totally unacceptable level or quality of treatment/service  Gross failure of patient safety if findings not acted on  Inquest/ombudsman inquiry  Gross failure to meet national standards |
| **Human resources/ organisational development/staffing/ competence** | Short-term low staffing level that temporarily reduces service quality (< 1 day) | Low staffing level that reduces the service quality | Late delivery of key objective/ service due to lack of staff  Unsafe staffing level or competence (>1 day)  Low staff morale  Poor staff attendance for mandatory/key training | Uncertain delivery of key objective/service due to lack of staff  Unsafe staffing level or competence (>5 days)  Loss of key staff  Very low staff morale  No staff attending mandatory/ key training | Non-delivery of key objective/service due to lack of staff  Ongoing unsafe staffing levels or competence  Loss of several key staff  No staff attending mandatory training /key training on an ongoing basis |
| **Statutory duty/ inspections** | No or minimal impact or breach of guidance/ statutory duty | Breach of statutory legislation  Reduced performance rating if unresolved | Single breach in statutory duty  Challenging external recommendations/ improvement notice | Enforcement action  Multiple breaches in statutory duty  Improvement notices  Low performance rating  Critical report | Multiple breaches in statutory duty  Prosecution  Complete systems change required  Zero performance rating  Severely critical report |
| **Adverse publicity/ reputation** | Rumours  Potential for public concern | Local media coverage –  short-term reduction in public confidence  Elements of public expectation not being met | Local media coverage –  long-term reduction in public confidence | National media coverage with <3 days service well below reasonable public expectation | National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House)  Total loss of public confidence |
| **Business objectives/ projects** | Insignificant cost increase/ schedule slippage | <5 per cent over project budget  Schedule slippage | 5–10 per cent over project budget  Schedule slippage | Non-compliance with national 10–25 per cent over project budget  Schedule slippage  Key objectives not met | Incident leading >25 per cent over project budget  Schedule slippage  Key objectives not met |
| **Finance including claims** | Small loss Risk of claim remote | Loss of 0.1–0.25 per cent of budget  Claim less than £10,000 | Loss of 0.25–0.5 per cent of budget  Claim(s) between £10,000 and £100,000 | Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget  Claim(s) between £100,000 and £1 million  Purchasers failing to pay on time | Non-delivery of key objective/ Loss of >1 per cent of budget  Failure to meet specification/ slippage  Loss of contract / payment by results  Claim(s) >£1 million |
| **Service/business interruption Environmental impact** | Loss/interruption of >1 hour  Minimal or no impact on the environment | Loss/interruption of >8 hours    Minor impact on environment | Loss/interruption of >1 day  Moderate impact on environment | Loss/interruption of >1 week  Major impact on environment | Permanent loss of service or facility  Catastrophic impact on environment |

## Likelihood Score (L)

The below table is to be used to identify how likely it is for the risk to happen at the level of consequence identified and to identify what the likelihood of the consequence occurring is.

The frequency-based score is appropriate in most circumstances and is easier to identify. It must be used whenever it is possible to identify a frequency.

Scoring must take into account existing control measures so should be a score of residual risk not scored as an uncontrolled risk (unless of course there are no control measures in place.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Likelihood score** | **1** | **2** | **3** | **4** | **5** |
| **Description** | **Rare** | **Unlikely** | **Possible** | **Likely** | **Almost certain** |
| **Frequency**  How often might it/does it happen | This will probably never happen/recur | Do not expect it to happen/recur but it is possible it may do so | Might happen or recur occasionally | Will probably happen/recur but it is not a persisting issue | Will undoubtedly happen/recur - possibly frequently |
| **Probability**  Will it happen or not? | <0.1% | 0.1-1% | 1-10% | 10-50% | >50% |

Risk Scoring

**Risk = Consequence x Likelihood (C x L)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Likelihood** | | | | |
|  | **1** | **2** | **3** | **4** | **5** |
| **Consequence** | **Rare** | **Unlikely** | **Possible** | **Likely** | **Almost certain** |
| **5 Catastrophic** | 5 | 10 | 15 | 20 | 25 |
| **4 Major** | 4 | 8 | 12 | 16 | 20 |
| **3 Moderate** | 3 | 6 | 9 | 12 | 15 |
| **2 Minor** | 2 | 4 | 6 | 8 | 10 |
| **1 Negligible** | 1 | 2 | 3 | 4 | 5 |

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

|  |  |
| --- | --- |
| 1 - 3 | Low risk |
| 4 - 6 | Moderate risk |
| 8 - 12 | High risk |
| 15 - 25 | Extreme risk |

## Recording Risks

All identified risks must be collated and logged by the CPA Care Co-ordinator. Risk Assessments must be documented on a CTPLD CPA process Risk Assessment template.

Due to the unified CTPLD there are two approaches to reporting risks

**Health Process:**

If the risk scores 8 or above ‘high’ this must be added to the Safeguard Risk Register System by a trained user, if it contains staff or patient confidential information then this will need to be sent anonomised. These are to be kept in the patient notes.

If a risk at 8 or above is identified and the person identifying is not authorised to use the Safeguard Risk Register System they must report this to their Line Manager for action. Risks added to the Safeguard Risk Register do not need a separate paper based Risk Assessment Form.

All risks that score 15 ‘Extreme level risks’ or more once confirmed by Directorate Management will form part of the Trust’s 15+ Risk Register that is reviewed by Executive Committee and Trust Board. Also, be forwarded to the appropriate Head of Service for Learning Disabilities in Wiltshire

**Social Care Process:**

If the risk scores 8 ‘high or medium risks’ should be reported to the Operational Performance & Risk Management Group, along with a recovery plan.

Scores of 15+ ‘Extreme level risks’ where progress is unacceptable will be referred to the Strategic Performance and Risk Management Board.

# Example - Risk Assessment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Current** | **Severity**  **(1-5)** | **Likelihood**  **(1-5)** | **Risk Score (severity x likelihood)** |
| **Act with suicidal intent** | Yes –  threatening to harm with knives  Previous –  paracetamol overdose,  put head through window | 5  5  4 | 2  1  2 | 10  (Current needs up lining to management)  5  8 |
| **Self injury or harm** | Yes –  headbutting walls regularly  Previous –  thumping walls, doors with fists | 4  3 | 3  3 | 12  9 |
| **Suicidal ideation** | No |  |  |  |
| **Self neglect** | Yes – if not supported fully i.e. poor personal care skills | 2 | 4 | 8 |
| **Problems with alcohol or substance misuse** | No.  Previous – found on many occasions by staff inebriated on visits | 3 | 4 | 12  (previous does not need uplining to management) |
| **Other** | No |  |  |  |
| **What current plans are in place to manage these risks?** | | | | |
| **Supervision of knife use during cooking sessions**  **Knives locked away after use**  **Medication administered by trained staff, medication in secure cabinet**  **Staff trained in Positive behaviour management**  **Staff support during personal care to insure hygiene standars met**  **Alcohol not allowed on premises. Staff to monitor for signs of alcohol intake i.e. behaviour changes, smell of breath** | | | | |
| **What future actions are needed to mitigate risk?** | | | | |
| **Risk** | **Action to mitigate** | | **Who** | **When** |
| Use of knives | Staff to stay with user until activity finished  To look at alternative ways of food preparation and chopping | | House manager | End Oct 2014 |
| Head butting walls | Staff to carry cushion when agitation level rises to insert between head and wall | | Support staff | ongoing |
| Poor personal hygiene | Staff to fully support during personal care and to monitor skin for signs of infection.  Staff to support the use of topicls for skin in case of infection  Staff to report any changes tp management | | Support staff  Support staff  Support staff | Ongoing  Ongoing  Ongoing |
|  |  | |  |  |