

Safety Assessment & Formulation

Transforming our approach from risk to safety

High quality, compassionate care



Drivers for change

NICE Guidelines

Do not use risk assessment tools and scales to predict future suicide or to determine who should be offered treatment or discharged.

Do not use global risk stratification into low, medium or high to predict future suicide or to determine who should be offered treatment or discharged.

National Confidential Inquiry into Suicide and Safety in Mental health

84% of patients who died by suicide were viewed by clinicians as at low or no short-term risk.

Risk assessment tools should not focus on prediction.

Risk assessment is not a checklist.

Family and carers should be involved in the process.

Clinicians assessing risk should enquire about significant dates and anniversaries.

Suicide Prevention Strategy

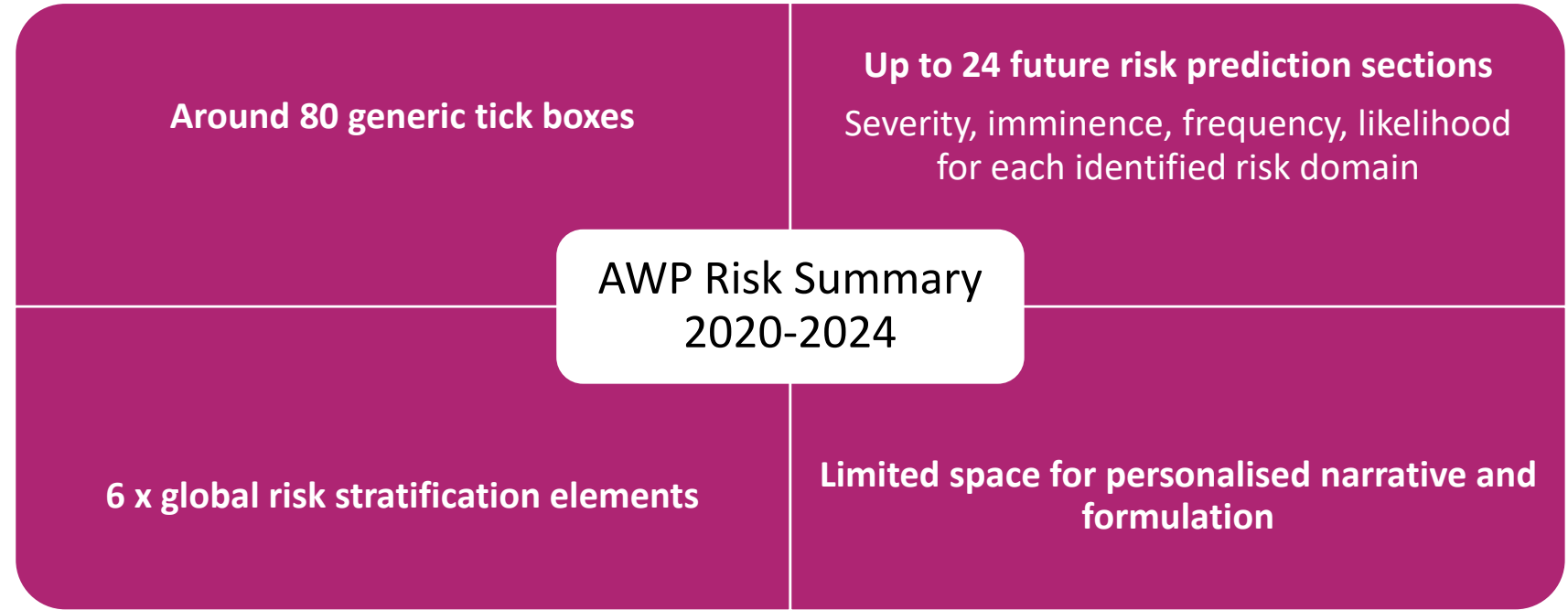
AWP will review its current approach, policy and systems in relation to risk assessment.

Audits & CQC

Concerns over quality of risk assessments following clinical audit and CQC feedback.

Our position

In 2022 at
publication of
NICE NG225



*“The tick boxes provide no clinical value”
“It makes me feel unsafe”
(Staff)*

*“If I’m not high risk I won’t get support”
“It labels people as risky, dangerous, not fit
for society” (Service Users)*

Staff Engagement

Clinician's comments extracted from staff survey (April 2022)

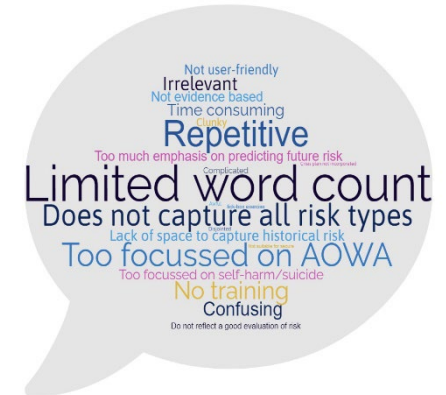
"Extremely poor assessment tool, to read through, to analyse previous risk history and to complete when carrying out new assessments."

"It genuinely makes me feel unsafe in terms of my documentation of risk information."

"Formulation of risk seems to be about attribution of blame when things go wrong, rather than about indicating appropriate management."

"I think its important to hold a space to recognise the traumatic nature associated with this aspect of our work and ensure staff feel supported in talking about and dealing with suicide."

"More training will be great, but it won't be effective unless we are given a new risk document to work with."



Themes identified from initial engagement with service users

- Aware
- Involved
- Purpose
- Questions and conversation
- Context around historical risk incidents
- Proactive approach around significant dates

Language is important

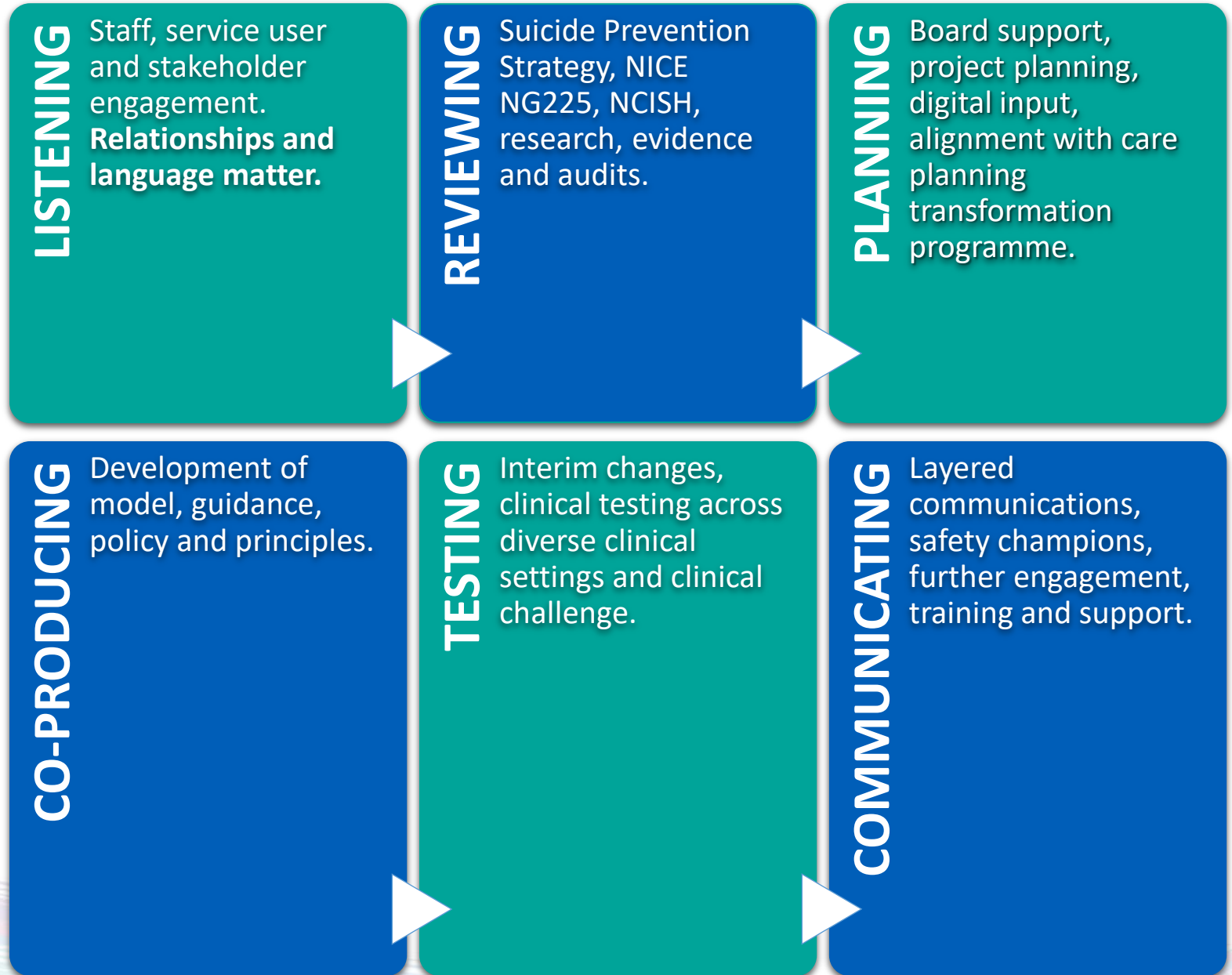
Our service users told us that the term 'risk assessment' felt **stigmatising, not collaborative** and **uncaring**.

They told us they want to be aware of and involved in conversations around their individual safety issues and concerns.

They told us that risk stratification (i.e. using terms like 'low risk') made them feel invalidated and unheard.

New safety assessment and formulation

Pre-implementation activity



Principles of new approach

1

Safety assessments and associated safety plans should focus on individual needs and identify situations and circumstances in which a person's safety might be compromised and associated risks elevated, and what might mitigate potential harm at those times

2

Global risk stratification into low, medium or high should not be used to predict future suicide or to determine who should be offered treatment or discharged

3

Safety assessment and formulation is achieved through a clinical conversation, characterised by compassion, curiosity and collaboration

4

Safety is not a number, and a safety assessment is not a checklist

5

Families and carers should have as much involvement as possible

The components of new patient safety event log

Date

Calendar

Risk category

Drop down list: harm to self, harm to others, harm from others, accident, other

Location

Drop down list: own home, public place, AWP community base, AWP inpatient (communal area), AWP inpatient (bedroom area), AWP inpatient (out of area), general/acute hospital, care/nursing home, other (specify in context)

Risk incident

Free text

Trigger/context

Free text

Once entries are made to patient safety event log, they are then **viewable in a chronological list/table format** to aid formulation.

The components of new safety assessment and formulation

Safety Assessment and Formulation

In this section you should focus on individual needs and identify situations and circumstances in which a person's safety might be compromised and risk elevated. The formulation should be a collaborative process with the person and their family (where appropriate). It would typically include historical factors, current safety issues, future or anticipated safety concerns and existing strengths and resources. You should also summarise any concerns of the person's family/support network, as well as what support they need to help keep the person safe. [{hyperlink to further guidance and resources}](#)

Summary of known history/patient safety events

In this section you should summarise the person's pre-disposing factors and known risk history, including context triggers and outcomes of past patient safety events

Summary of current patient safety concerns, including the person's own views

In this section you should summarise any current patient safety issues, including current problems, triggers and include the person's own views

Protective factors or circumstances. Factors or circumstances making harm less likely

In this section you should summarise mitigating factors or circumstances that make harm less likely

Summary of future safety concerns

In this section you should identify any situations and circumstances in which a person's safety might be compromised and risks elevated

Carer/family/parent view

In this section you should summarise what the carer, family or parent is concerned about and detail what support they need

Other fields in safety assessment form: MCA/DoLS, domestic abuse and link to DASH, FGM, safeguarding children, harm to others, MAPPA, HCR-20, drug and alcohol, pregnancy

Safety assessment and formulation

Qualitative feedback

Safety and safety assessments are vastly preferable to risk and risk assessments – the latter feeling punitive, labelling people as ‘risky’, ‘dangerous’, ‘not fit for wider society’ (service user)

“The removal of ‘high, medium and low’ is hugely beneficial in all sorts of ways”
(Service User)

The Trust had rolled out a new risk assessment tool, known as the ‘safety assessment’. Staff had received training on this new format and described it positively (CQC)

“I am in favour of ‘safety’ because its positive and empowering”
(Service User)

“From an inpatient perspective, safety assessments have been a very welcome change. They are patient focussed and encourage collaborative working. We have found that patients have felt actively involved in discussing risk, what they find helpful and how they can be supported to feel safe”
(Ward Manager)

“It’s the first time it feels like we are planning for my safety, rather than predicting my failure”
(Service User)

Safety assessment and formulation

Audit results

Audit Questions	Percentage Compliance
Were all known patient safety events entered into the patient safety event log?	
Is there evidence that the service user was involved in the LAST recorded safety assessment process (i.e. is the assessment individualised and include the persons own views)?	
Is there evidence of carer/family involvement in the LAST completed safety assessment process?	
Is the most recent Safety Assessment form up to date following any indication of changes to known risks, new information, or change in presentation that occurred within the specified audit time period for your team type?	
Are all current identified safety issues and concerns reflected in personal safety plan within the PWP?	

Closing Reflections

