NHS Grampian

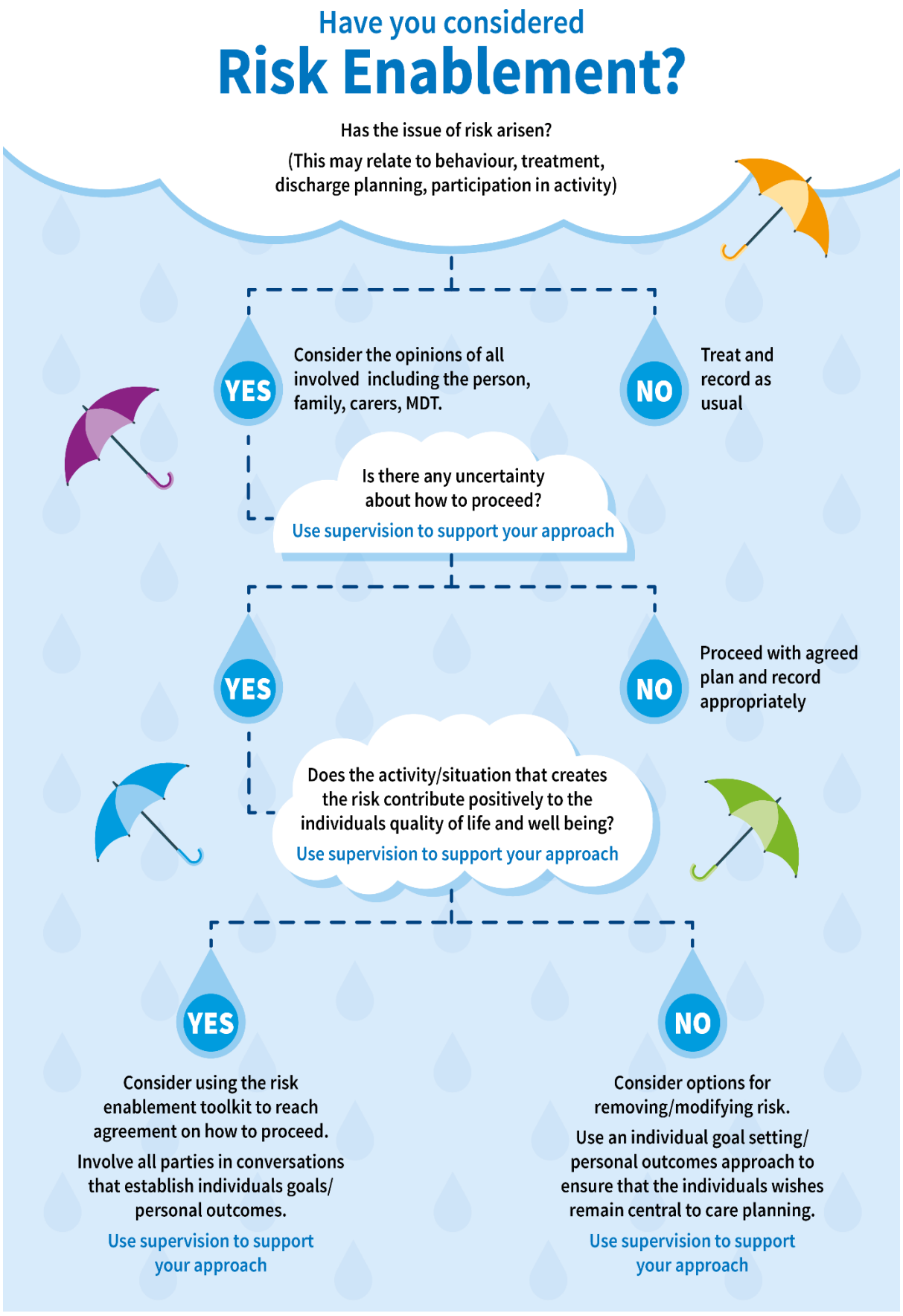
Risk Enablement Toolkit

June Gordon, Angela Pointon, Christine Steel, Janet Thompson

NHS Grampian in association with NHS Greater Glasgow and Clyde

Version 3.0

This document is also available in large print and other formats and languages, upon request: Please call NHS Grampian Corporate Communications on 01224 551116 or 01224 552245


Have you considered
Risk Enablement?
Has the issue of risk arisen?
(This may relate to behaviour, treatment, discharge planning, participation in activity)
YES
Consider the opinions of all involved including the person, family, carers, MDT.
NO
Treat and record as usual
Is there any uncertainty about how to proceed?
Use supervision to support your approach
YES
NO
Proceed with agreed plan and record appropriately
Does the activity/situation that creates the risk contribute positively to the individuals quality of life and well being?
Use supervision to support your approach
YES
Consider using the risk enablement toolkit to reach agreement on how to proceed.
Involve all parties in conversations that establish individuals goals/ personal outcomes.
Use supervision to support your approach
NO
Consider options for removing/modifying risk.
Use an individual goal setting/ personal outcomes approach to ensure that the individuals wishes remain central to care planning.
Use supervision to support your approach

CONTENTS

1. Introduction

This Risk Enablement Toolkit was developed from the former NHS Grampian Risk Enablement Framework for Dementia as part of an NHS Education Scotland (NES) Allied Health Professionals Careers Fellowship. The aim of this toolkit is to provide staff with resources to empower and enable their clients and colleagues to focus on personal outcomes when risk is present.

Why use a Risk Enablement Toolkit?

Risk Enablement is a complex approach involving many individuals, often with differing viewpoints. It can be daunting for staff to suggest risk enablement; particularly if they are working in a team that is more risk averse or inexperienced in working with a personal outcomes approach.

The toolkit has levels that can be worked through depending on the complexity of the situation.

2. Background

2.1 What is Risk?

Risk is inevitable; it is part of daily life regardless of medical conditions, age, gender and social background. We all encounter a degree of risk within our everyday lives which we often accept, or in some cases, actively seek. Indeed, taking measured risks can contribute to quality of life.

Professionals can view risks which their service users intend to take, negatively and as a result, they may be apprehensive about enabling these risks for fear of repercussions. Such risks may be a consequence of everyday life, rather than risk taking behaviours. When a situation which creates risk also contributes towards the individual's quality of life and wellbeing, removing these risks can have a detrimental effect. In some instances, this may result in additional risks, challenges or distressing behaviours, for example if the individual becomes depressed or frustrated. In these cases, it is advisable to enable continuation of the risk and consider how it may be modified or reduced. Practitioners may also encounter risks which pose an unacceptable danger, where failure to intervene to modify the risk would be neglectful.

The toolkit is designed to assist staff to measure risk in the context of quality of life, use a personal outcomes approach to ensure that the individual is at the centre of the decision-making process and make multi-partner decisions accordingly.

Risk enablement or positive risk taking ***"Involves balancing the positive benefits gained from taking risks against the negative effects of attempting to remove the risk altogether"*** [1].

It also ***"entails considering how the harmful aspects (of risk) can be minimised and the positive therapeutic aspects enhanced"*** [2].

Risk or Hazard?

A risk is not the same as a hazard. Hazards are situations which could cause harm. They may have existed for a period without an adverse event occurring. A risk is the likelihood of an adverse event occurring as a result of that hazard combined with a measure of the severity of that event.

Often, hazards are identified as risks and removed prematurely, without a significant risk being present. An example of this is disconnecting an individual's cooker and providing care for frozen meals because of concerns that the individual may burn items while cooking when there is no evidence that this has ever occurred. If the individual found pleasure or meaning in the activity of cooking, preventing the activity may cause frustration, loss of a meaningful role, depression or anger. However, if a full assessment had been completed and a discussion held with the individual regarding what is important to them, the outcome may have been very different.

Not all risks can be predicted. It is important not to intervene and remove hazards which are very unlikely to cause risk when they make a significant contribution to the individual's quality of life.

Risk in Context

Scotland's Active and Independent Living Programme (AILP) [3] is a framework for health professionals to work in partnership with people in Scotland to help those people live healthy, active and independent lives. Key components of AILP are the importance of maintaining independence in the context of maintaining function and preventing decline which in turn has an impact of reducing dependency upon services. Once decline has occurred and services are introduced, it is challenging for individuals to regain their independence. A risk averse approach to healthcare encourages a decline in function and independence and often entails the introduction of services which are then likely to become permanent.

2.2 A Personal Outcomes Approach

A personal outcomes approach should be the foundation of all interactions which health and social care professionals undertake when working with individuals. Using a personal outcomes approach involves having early, meaningful conversations to find out what is important to each individual and establish what they want the outcome of their treatment or therapy to be.

This means ***"working with the person to identify what is important to them or what they want to achieve, and then working backwards to identify how to get there"*** [4]. This will be different for every individual and should form the basis

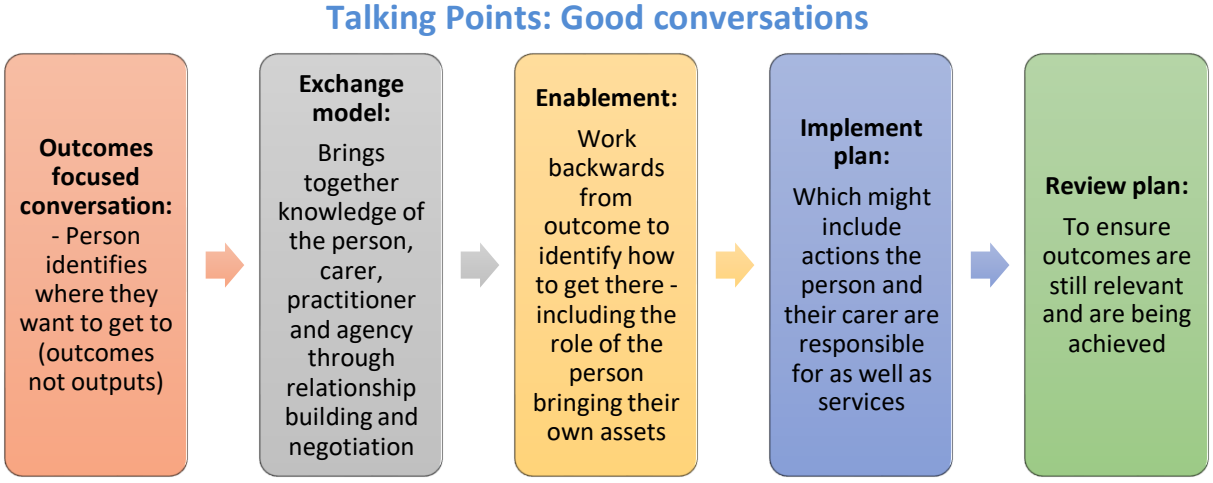
for their treatment or discharge planning. Too often these conversations do not occur or occur too late.

Use of a personal outcomes approach is embedded in current health and social care policy (Appendix 6). It encourages professionals to focus on what is important to the individual, what they would like to achieve and how this can be done. It ***"involves everyone working together to achieve the best possible impact on the individual's life"*** [5].

"Talking Points" is a personal outcomes approach developed in Scotland by the Joint Improvement Team which could be utilised in situations where risk enablement is appropriate. It is described as a *"user and carer led approach to identifying personal outcomes that informs the design and review of care and support services"* [6].

2.3 Background Policy

The key components of the "Talking Points" approach, which should be included in these discussions are:



Adapted from Joint Improvement Team Talking Points Summary Briefing [4]

The Scottish Government's "Practicing Realistic Medicine"[7] focuses on the importance of shared decision making within healthcare: *"Through shared decision making we must get better at determining what matters most to*

patients. Practising Realistic Medicine requires care that is co-produced in partnership with the people receiving it: person-centred, holistic care". While the focus of the document is on medics, the importance of a whole team approach in attempting to understand the wishes of the individual is integral. This approach is crucial in explaining the risks and benefits of treatment but is equally valuable when considering treatment or discharge planning which incorporates an element of risk. Having meaningful conversations with individuals about their wishes should be the norm, including when the individual is viewed as lacking capacity: *"Clinicians serve patients best when we frame treatment and care options in terms of the values and goals that patients and their families articulate"* [7].

2.4 Why is Risk Enablement Important?

When risk is present, removal of risk often becomes the focus for professionals. However, in most situations, full responsibility for the risk is not held by professionals. Service-users are entitled to have ownership of their own lives and make decisions based on what is important for them.

Traditionally, there has been a view that healthcare professionals are the experts and their opinions have held more weight than those of their service users. Indeed, this opinion is often held by the public who may feel that they cannot contribute to decision making or challenge the information given to them. Focusing on outcomes can support a shift from traditionally risk averse practices and encourage true collaboration between service-users and professionals. This requires a balanced approach to risk, whereby reasonable risk-taking can be negotiated and agreed as part of the outcomes assessment process. Whilst there is also still a need to manage risk in some circumstances, organisations need to have a clear mandate, to support the shift in practice [8].

Often, fear and anxiety created by risks to individuals can lead to defensive, risk avoidant practice which does not support a personal outcomes approach.

Where possible, risk assessment should not be the sole responsibility of one team member. It is important to gain the opinions of all individuals involved in the situation. Perception of risk changes according to many factors, including clinical and personal experience, culture and the attitudes of others. Discussing

the situation with others can be helpful in achieving a balanced view of the situation.

The assessment of risk should be based on factual information wherever possible. The use of standardised assessments and tools which gather objective information is encouraged e.g. use of a Telecare system to gather factual information about how often an event occurs would be preferable to speculating about the frequency. This would give valuable information about how likely an event is to occur. If a risk is occurring daily, it is of much more concern than a one-off event. The context of any previous events must also be considered. For instance, if an event occurred during a period of illness the likelihood of it recurring may be low.

Assessment must regard psycho-social wellbeing as well as physical safety [9]. This includes considering the consequences of removing an activity from the individual e.g. if going for a walk is an important activity for the individual, being unable to do so may cause frustration or agitation, social isolation and decline in mobility and fitness. These consequences may outweigh the risks associated with the activity of walking.

Clarke and Mantle[9] write of risk management in promoting person-centred dementia care. While the paper is dementia focussed, the principles contained within are applicable across a wide range of health and social care settings:

- Assessment of risk must include "psycho-social and emotional wellbeing as well as physical safety"

- "We need to think not so much about protecting someone and avoiding risks, but getting to know what risks are reasonable (and important) to enable someone to take, in order for them to achieve a sense of achievement and purpose in their lives"

- "Repositioning risk as a necessary part of quality of life"

2.5 Capacity and Consent

Often, the issue of mental capacity is raised when considering risk, particularly when the individual is making a choice which is viewed as unwise by

professionals. However, as individuals we all have different perceptions of risk and will be willing to accept certain risks if they allow us to remain independent or continue to engage in a valuable activity.

In situations where an individual has been assessed as lacking capacity related to the situation where risk occurs, this does not mean that their previous and current wishes should be disregarded. Efforts should be made to establish what they have previously expressed in relation to the risk. This may include speaking with family, friends or carers with the consent of the individual. If the individual is continuing to express these wishes, then efforts should be made to balance their choice with the risk. While it may not always be possible to fully achieve what individuals wish, by using creative problem solving, a solution that is acceptable to all may be achieved.

Hospice UK [10] state *"while we have a duty of care to protect patients from harm, if a patient's mental capacity is intact, they have the right to make their own choices, even if these place them at risk. For example, a patient may choose to walk to the toilet independently even if they are at high risk of falling, a patient may choose to be discharged home even if there is a high risk of them failing to cope, a patient may choose to eat and drink even if there is a high risk that they will aspirate. Taking risks represents a way for people to exert choice and control over the things important to them. It also represents a way for patients to challenge their limitations and come to terms with losses of function or independence".*

2.6 Support and Supervision

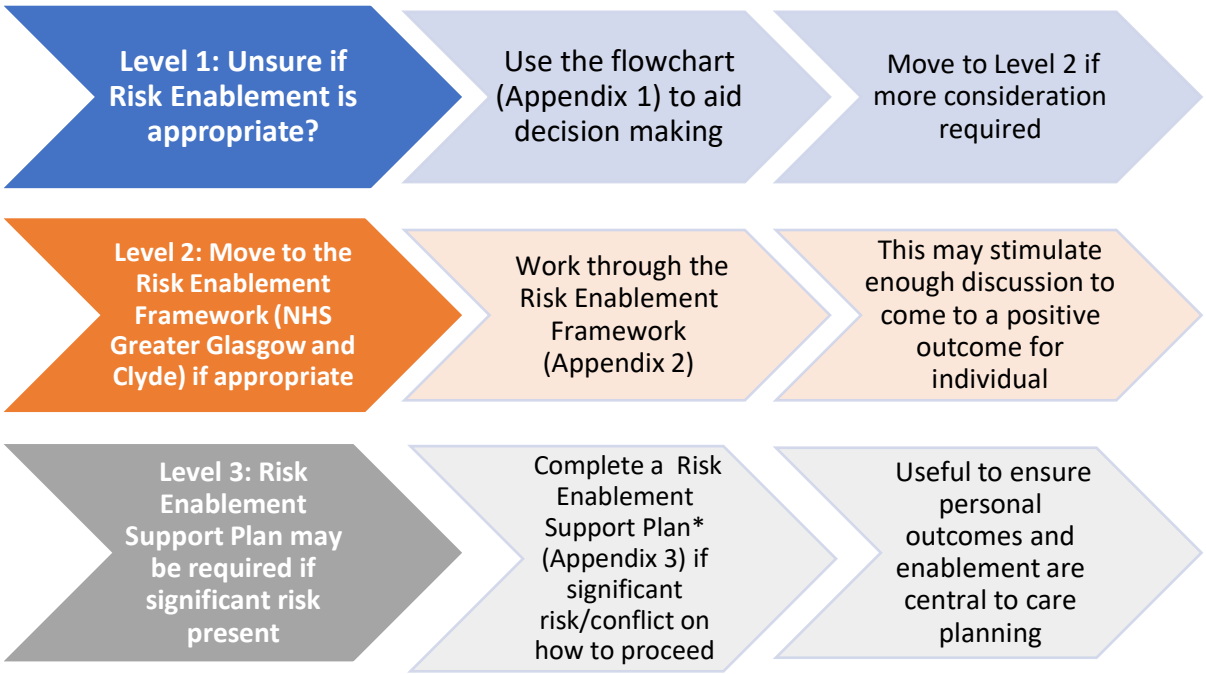
Support and Supervision are essential to ensure that staff feel competent and supported to work within a risk enabling approach and to ensure governance. Supervisors must have a sound understanding of the principles and process of risk enablement in order to guide their supervisees.

Discussions and advice given within supervision surrounding risk must be recorded within supervision records and patient documentation. In addition, it is good practice to record any informal discussions which occur.

3. How to use this toolkit

This toolkit aims to provide staff with tools to empower and enable their clients and colleagues to focus on personal outcomes when risk is present.

The toolkit has 3 levels that can be worked through depending on the complexity of the situation:

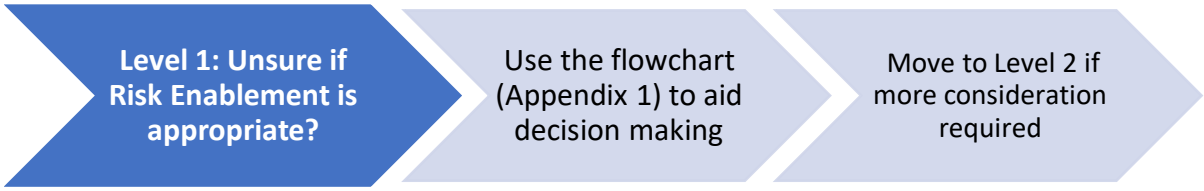


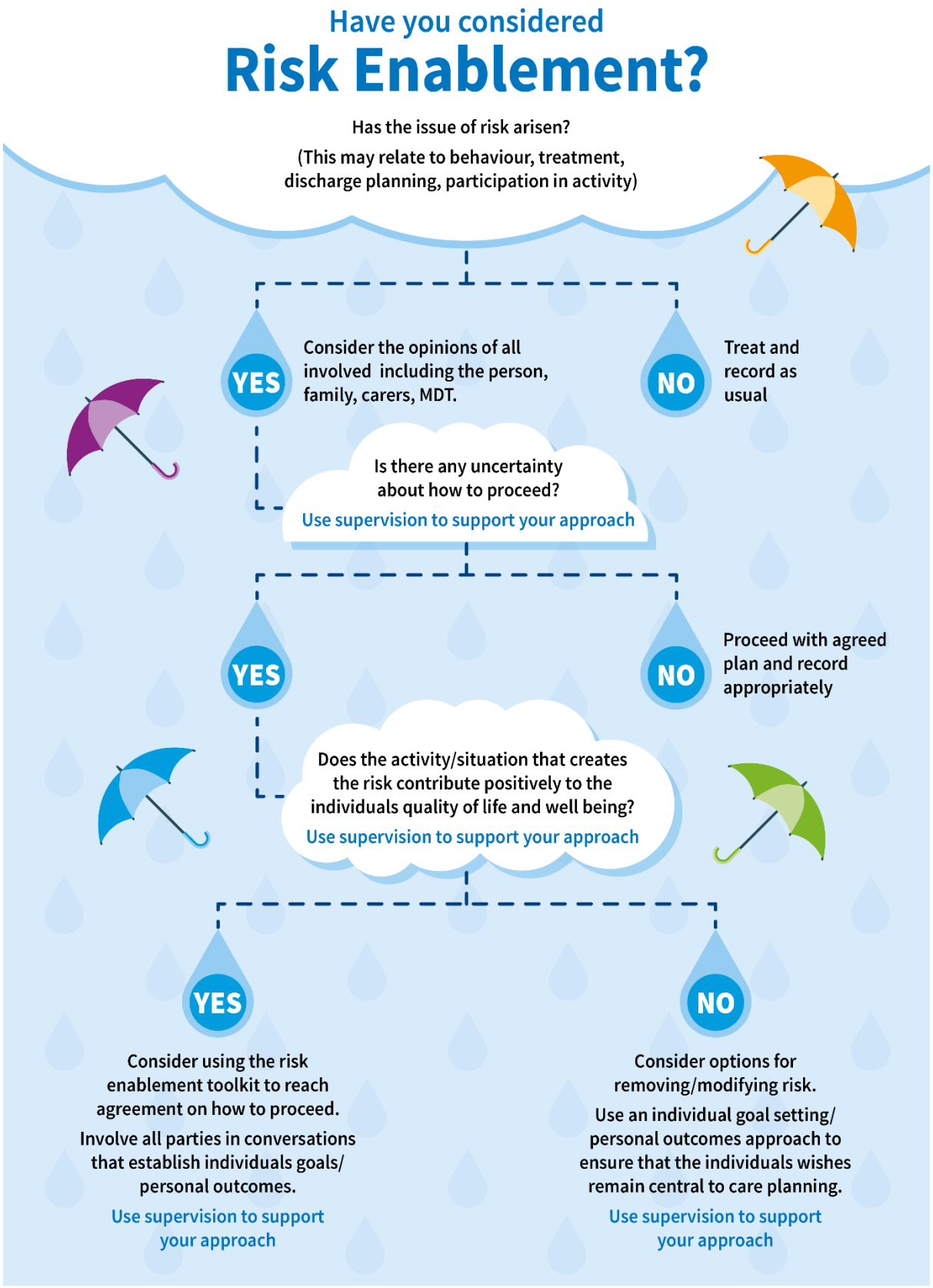
* Refer to the guidelines for completion of the Risk Enablement Support Plan (Appendix 4) to facilitate appropriate documentation.

APPENDIX 1:

Level 1

Flowchart to aid decision making in relation to Risk Enablement

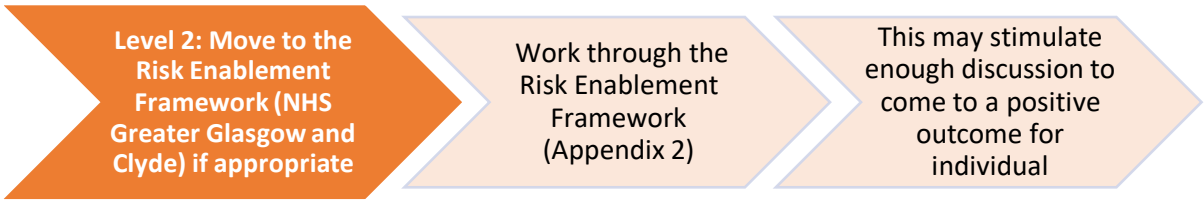



Have you considered
Risk Enablement?
Has the issue of risk arisen?
(This may relate to behaviour, treatment, discharge planning, participation in activity)
YES
Consider the opinions of all involved including the person, family, carers, MDT.
NO
Treat and record as usual
Is there any uncertainty about how to proceed?
Use supervision to support your approach
YES
NO
Proceed with agreed plan and record appropriately
Does the activity/situation that creates the risk contribute positively to the individuals quality of life and well being?
Use supervision to support your approach
YES
Consider using the risk enablement toolkit to reach agreement on how to proceed.
Involve all parties in conversations that establish individuals goals/ personal outcomes.
Use supervision to support your approach
NO
Consider options for removing/modifying risk.
Use an individual goal setting/ personal outcomes approach to ensure that the individuals wishes remain central to care planning.
Use supervision to support your approach

APPENDIX 2:

Level 2

NHS Greater Glasgow and Clyde "The Enablement Framework"



Step 1:
Understand the person and their unique context

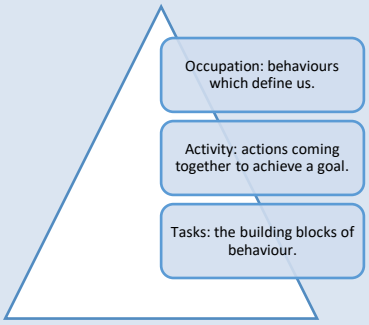
Use a personal outcomes approach to identify what is important to them and what they want to achieve.

Be curious!

Can they tell you? Find ways of optimising communication to ensure the process is person-centred:

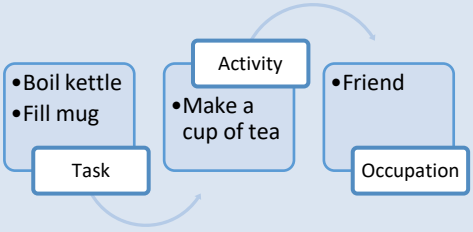
- Do they have a "Getting to Know Me" or similar document?
- Consider using "Talking Points"
- Are all the right people engaged in the process?

Ensure you are capturing the value of the behaviours identified. To do so, try shifting the focus from tasks and activities to occupations.



Something as simple as making a cup of tea brings the potential of scalding, spilling/slipping yet the benefits friendships bring make it a critical activity to maintain quality of life.

Can it be supported or adapted?



Step 2:
Identify key risks and impacts.

Work with the person to examine potential risks. Tools such as a HEAT map (below) can support a balanced approach.

Severity			
	Medium	High	High
	Low	Medium	High
	Low	Low	Medium
	Likelihood		

Support a culture of risk enablement:

- Research has shown our own culture and values play a key role in shaping our attitude and approach to risk enablement.
- Use a personal outcomes approach to work together and ensure decision making is shared.
- Take time to acknowledge your own feelings and the feelings of others. Supervision is critical to supporting risk enablement.

Step 3:
Risk enablement, management & planning.

Create a plan which reflects the best fit for the individual. Aim to reach agreement between the person and all key people involved but

remember that not all risks can be managed or mitigated

Take a rights-based approach to ensure that the person is at the centre of any decisions being made:

Participation
Accountability
Non-discrimination
Empowerment
Legality

! ASK

Is this the ***least restrictive option****?*

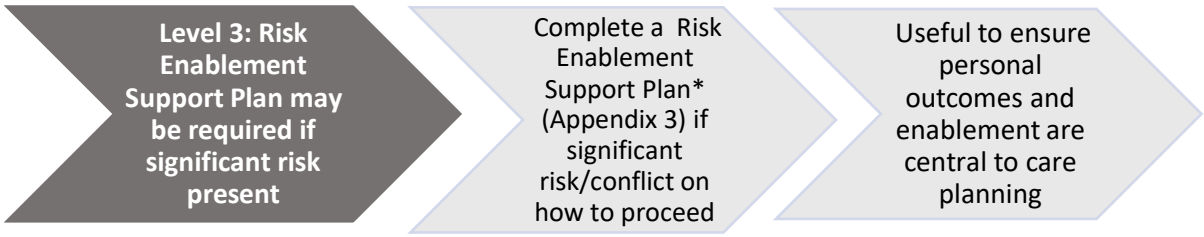
Step 4: Review

Risk can and will change over time. Revisit plans regularly by setting review dates.

APPENDIX 3:

Level 3

Risk Enablement Support Plan



Risk Enablement Support Plan

Name:	Date of birth:	CHI:

Ward/Home/Setting:
Names of all parties involved in decision making:

Brief background to medical/social situation

What are the individual's stated personal outcomes?

Are there risks associated with these personal outcomes? Please describe, including the results of multi-disciplinary assessments to date.

Risk	Heat map level	Solutions (partial or complete)	Barriers to these solutions	Protective factors
Example: *Mr B will be unable to walk safely around his property due to clutter*	*Amber*	*Home visit as an in-patient to identify safety risks Support offered to seek support with de-cluttering and repair of property*	*Mr B has declined these solutions and has capacity to do so*	*Relatives can monitor situation*

Agreed Action	Who Is Responsible?	Target Date for Completion

Signed by individual or legal representative:	
Date:	

APPENDIX 4:

Guidelines for Completion of Risk Enablement Support Plan

1. Complete patient demographic data (Name/date of birth/CHI)
2. Complete details of current location of individual (e.g. ward name or number, home, community resource, outpatient clinic)
3. List the names of all who have been involved in discussions and have contributed to this plan. The individual and next of kin (where applicable) are expected to be on this list.
4. Give a brief background to the current situation. Details regarding the risk are not required here. This section may include information such as date and reason for admission, current care package, treatment/therapy received.
5. There are many tools available which support staff to have conversations with the individual regarding their personal outcomes. The most important thing is that attempts are made to identify what is important to the individual and what they hope to achieve. This may be done through a meaningful conversation, active listening, use of Talking Points, 'What Matters to Me', use of Talking Mats or other visual communication aids and liaising with family and friends. Personal outcomes can be recorded in either the first or third person. Examples of a personal outcome include:
   "I want to be able to go out for lunch with my friend"
   "I want to be able to shower independently"
   "John would like to return home, mobilising with two sticks"
   "Elizabeth would like to have her tube feed overnight to give her freedom during the day"

6. Record the risks associated with the personal outcomes. The aim is for this information to be factual and objective (e.g. standardised assessments where possible, facts and figures rather than speculation). The frequency and severity of any previous adverse events associated with the individuals stated outcome should be recorded (this will be used to inform the use of the Heat Map rating system (Appendix 5) in the next step). The risks of not achieving the personal outcomes should

also be recorded here. These may include psycho-social risks in addition to risks to physical health or safety. If there are several risks, it may be helpful to number these in order to cross reference them within the next section.

7. For each individual risk, agree the level identified upon the heat map and document this. Consider all solutions which may partially or completely remove this risk, think creatively! The next box allows recording of any barriers to this solution. It is also useful to document any protective factors which are already in place (e.g. care package, telecare, assistive equipment).

APPENDIX 5: Heat Map

Modified Personal Risk Portfolio ('Heat Map')

Adapted from Manthorpe and Moriarty 2010

Contribution of the activity/situation to the individual's quality of life				
High	Minimal changes necessary	Use available safety enhancements. Advanced planning to seek and introduce alternatives that are more meaningful and lower risk	Encourage, promote and utilise all available safety enhancements to maximise safety. Commence planning for future	Stop and/or remove activity immediately. Then seek alternatives with lower risk
Medium	Minimal changes necessary	Encourage and promote use of all available safety enhancements	**Modify the activity or seek alternatives that deliver the personal benefit with lower risk**	
Low	Allow the activity to continue or seek alternatives that will be more meaningful	Encourage and promote use of all available safety enhancements	Activity is not of benefit/value to the individual. Stop and Seek alternatives	
	Low	**Medium**	**High**	**Unacceptable**

Risk of harm to the individual
(either caused by the activity or by removing the activity)

Key

Stop/remove activity
Modify activity
Continue activity with safety enhancements
Continue activity

Appendix 6: Current Health and Social Care Policy and Personal Outcomes

Policy	Reference to outcomes
Scotland	
Quality strategy (2010)	Use of Talking Points identified as supportive of person centred ambition.
Reshaping care for older people (2010)	Promoting outcomes focussed assessments and care plans an explicit objective.
Self directed support strategy (2010) and bill (2012)	Outcomes focussed assessment identified as foundation for self-directed support.
Carers strategy (2010)	Improving rates of outcomes focussed carers assessments explicit objective of policy.
Dementia Strategy (2010)	Outcomes focussed approaches identified as supporting personalisation and rights of people with dementia, particularly in context of post diagnostic support.
SWIA Performance Inspection Model (2009)	Outcomes for people who use services identified as integral to effective delivery and performance monitoring.
England	
Living Well With Dementia: A National Dementia Strategy (2009)	Focus on improving health and social care outcomes for people with dementia and their carers, with emphasis on the role of commissioning.
Recognised, Valued and Supported: Next Steps for the Carers Strategy (2010)	Sets out the strategic vision and outcomes for carers.
Transparency in Outcomes: A Framework for Quality in Adult Social Care (2011/12)	Sets out the plans for measuring outcomes in adult social care in England.
Healthy Lives Healthy People Strategy for Public Health (2011)	Focus on local innovation, partnership with industry and personalisation to deliver the best outcomes and help build the Big Society.
Wales	
Fulfilled Lives Supportive Communities Commissioning Framework (2008)	Focus on outcome focussed and collaborative commissioning.
Sustainable Social Services in Wales (2011)	Focus on professional practice based on relationships and outcomes.
Carers Strategy for Wales Action Plan (2007)	Focus on improved outcomes for carers in Wales.
Strategy for Older People in Wales (2008-13)	An holistic and strengths based approach to supporting older people and recognising their contribution to society.

Glossary

Hazard	A situation which could cause harm
Heat Map	A tool to assist with measuring the level of risk present (Appendix 5)
Personal Outcomes	Personal outcomes are the goals or desired outcomes that an individual wishes to achieve from their contact with health and social care professionals. These should be actively sought from the individual at an early opportunity and achieving these should be the focus of the healthcare professionals who are involved. For more information see: https://personaloutcomescollaboration.org/ http://www.jitscotland.org.uk/action-areas/personal-outcomes/
Risk	The likelihood of an adverse event occurring as a result of that hazard combined with a measure of the severity of that event
Risk Enablement	An approach which considers the positive contribution made by risk and balances this against the potential negative consequences of the risk occurring. It is a person-centred approach whereby the individual's wishes are the basis for any decision making and involves balancing individual choice and risk
Talking Points	An approach to facilitate the identification of personal outcomes: http://www.jitscotland.org.uk/resource/talking-points-personal-outcomes-approach-practical-guide/

References

1. Joseph Rowntree Foundation at: https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/Positive-risk-taking-dementia-summary.pdf (accessed 26th April 2019).

2. Gallagher A (2013) *Risk assessment: enabler or barrier?* British Journal of Occupational Therapy, 76(7), 337-339.

3. Scottish Government, *Scotland's Active and Independent Living Programme (AILP)* at: https://www.gov.scot/publications/allied-health-professions-co-creating-wellbeing-people-scotland-active-independent/pages/4/ (accessed 26th April 2019).

4. Joint Improvement Team at: https://lx.iriss.org.uk/sites/default/files/resources/talking_points_-_summary_briefing_-_21_june_2012.pdf (accessed 26th April 2019).

5. Joint Improvement Team at: http://www.jitscotland.org.uk/action-areas/personal-outcomes/ (accessed 26th April 2019).

6. Joint Improvement Team at: http://www.ccpscotland.org/wp-content/uploads/2014/01/practical-guide-3-5-12.pdf (accessed 26th April 2019).

7. Scottish Government's *Practicing Realistic Medicine 2018* at: https://www.gov.scot/publications/practising-realistic-medicine/ (accessed 26th April 2019).

8. Personal Outcomes Network at: https://personaloutcomes.files.wordpress.com/2014/03/personal-outcomes-values-and-principles-paper-may16.pdf (accessed 26th April 2019).

9. Clarke, C & Mantle, R (2016) *Using risk management to promote person-centred dementia care.* Nursing Standard, Vol 30, no 28, pp. 41-46.

10. Hospice UK *Rehabilitative Palliative Care Checklist* at https://www.hospiceuk.org/what-we-offer/clinical-and-care-support/rehabilitative-palliative-care/resources-for-rehabilitative-palliative-care (accessed 29th April 2019).

11. Manthorpe, J and Moriarty, J (2010) *Nothing Ventured, Nothing Gained: Risk Guidance for People with Dementia.* London: Department of Health at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215960/dh_121493.pdf (accessed 29th April 2019).