

Choice and Control Risk enablement policy

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Partners in Care

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1. Introduction
 - 1.1 Risk is the inevitable consequence of people taking decisions about their lives and can never be completely removed. Risk is an aspect of all our lives and people have the right to live their lives to the full as long as that doesn't stop others from doing the same. This policy sets out the process by which Torbay and South Devon NHS Foundation Trust (hereafter referred to as the TSDFT) will work to ensure that people are safe but are also enabled to take risks as a part of living their life.
 - 1.2 This policy explains the general principles behind the risk assessment and enablement process and the responsibilities of those involved, including 'technical' information to support the use of the risk assessment tool.

2. Risk assessment

- 2.1 This "Risk assessment" process is a proactive tool that helps identify "hazards" (something with the potential to cause harm) and assess the "risk" (the likelihood that the hazard will be realised).

Risk Assessment is very simply the process of:

- Thinking about what harm might possibly arise from doing something
 - Looking at how we can make things as safe as possible
 - Looking at what we can do to support people
 - That we record risks and the decisions made
 - We review the risks
 - Then look at how we judge and evaluate risks
- 2.2 Risk assessment will look to ensure that people are safe and are not put into situations where they could be harmed, threatened or financially abused. There can be a delicate balance between risks that are a part of living a full life, and being placed at risk or in danger unnecessarily.
- ## 3. Aims of the Policy
- 3.1 TSDFT supports a 'personalised' approach to how we deliver support and care within Torbay. This means that we will ensure that everyone we work with will have choice and control over the services they receive and therefore how their needs are met. This will mean working in a strengths based way, acknowledging people's own skills and attributes.
 - 3.2 This policy has been written to support Trust staff to work with risk, and to have a logical process that helps us all understand and identify risk, to record it and work with it in an evidenced based way.
 - 3.3 At the centre of this risk assessment process is the "service user". To ensure that the service user gets the best advice/service TSDFT staff must understand what the service user wants, what strengths they have, how they want to live their

lives, what fears they might have, how they have managed in the past and who they would like to be involved in helping and supporting them now.

3.3 Where safeguarding concerns have been identified the Policy for the Protection of Adults at Risk from Abuse should be followed and its actions take precedence until the service user is discharged from this Safeguarding process (Care Act 2014).

4. Roles and Responsibilities

4.1 Key worker

The key worker will coordinate an assessment that will include the risk assessment.

4.2 Risk Enablement Panel

The Panel (see 6.16 for details of the panel composition) will meet where *significant risks* have been identified following an assessment. A meeting will be organised to discuss benefits and concerns and to formulate a plan.

4.3 Professional Lead, Zone and Service Manager:

The Professional Lead, Zone and/or Service Manager have the important role of ensuring that our staff feel supported, have sufficient information, guidance and advice in order to make professional judgements. The management structure should support good practice – even when this means making decisions that may involve risk.

4.4 Circle of Support

It is recognised that *some* people will have support, which could be friends or relatives; others might be people who are paid to offer support or who undertake this role as a volunteer. It is important that these supportive people are involved in the risk assessment process.

4.5 The Service User

The health/social care worker will work with the service user to ensure that the following two principles are understood.

- That undertaking the activity and therefore taking the risk will be beneficial and that this outweighs the possible harmful outcomes or
- That the risks will lead to harm which is not justified by any possible positive outcomes.

5. Risk Enablement

5.1 Risk will not be a significant feature for the majority of people and most people will manage their lives with no support from health or social care services. Others will need considerable support and help.

5.2 It is important that staff are clear about when they need to intervene and our responsibilities under the 2014 Care Act and when their involvement is unnecessary.

- 5.3 Potential risks need to be identified and therefore it is essential that service users are fully involved in the risk assessment process, or given every, and repeated, opportunity to be involved if they are not willing to engage. The aim is to develop a support plan which enables the identified risks to be managed but also support the individual in achieving their goals and outcomes.
- 5.4 Assessments need to help us understand the difficulties that people have but always recognising their strengths and aspirations.
- 5.5 People have a right to live without fear or harm: ensuring that they are not neglected, abused or exploited and this should be central to everyone's professional practice.
- 5.6 Safeguarding Adults is everyone's business. All assessments should consider potential vulnerability, neglect, abuse or exploitation (this policy should be read with the Policy for The Protection of adults at risk from abuse.)
- 6. Risk Assessment and Management
 - 6.1 The purpose of risk assessment is to evaluate the future potential of an event by using a five by five matrix and multiplying the consequence with the likelihood. The sum of these two (consequence x likelihood) multiplied together will give a risk score. The maximum risk score is 25.
 - 6.2 The bespoke risk tool (see Appendix 1) developed for this policy should be completed by the key worker for each new service user to provide a quick assessment that is meaningful and will provide an indication of the severity of the situation. Any other tools used by specialist services, which replace this risk tool, should be agreed with the assessor's supervisor/manager and the rationale explicitly justified and dutifully noted.
 - 6.3 There will be an element of subjectivity as people will make the assessments based upon their knowledge, experience and from discussions with the service user.
 - 6.4 The key worker will undertake (or coordinate) the risk assessment [see risk assessment tool in appendix 1]. This will provide a score and category for each risk area: Negligible, Minor, Moderate, High and Extreme.
 - 6.5 The risks are then 'rated' by multiplying one by another, the risk can be scored and a judgement made about the likelihood of occurrence and consequences'.

		Consequences				
		0	1	2	3	4
Likelihood	1					
	2					
	3					
	4					
	5					

1 - 3	4 - 8	9 - 10	10 - 20	20 - 25
All risks can be contained within the Support Plan	Risks can be managed but will require either further assessment or monitoring	Discuss risk within the team consider further assessment and input	Discuss risks with manager immediately. Consider Risk Enablement Meeting	Act immediately Consider 999 call, ambulance and/or Police

6.6 Any risk assessment must include these key elements.

- The individual's history
- The individual's own view of risks
- Strengths and/or vulnerability. What support is available?
- The nature and extent of any risk
- The impact of potential Harm. Including the impact in terms of loss of independence
- Anticipated future: What influences will increase risk? What influences will decrease risk?

6.7 Understanding and managing risk involves recognising that situations can change very quickly as can the nature of the risk. There will need to be consideration to how things might have been in the past, how this relates to the present and how environmental factors might influence the situation.

6.11 The Risk assessment tool is not a substitute for professional judgement and experience and should be an informed decision using the worker's knowledge, skill and expertise. It is a process that involves considering the dangers and risks that individual's face, recording these and considering where the responsibility will appropriately lie.

6.8 The risk assessment will need to be a part of, and link in, to the multi-disciplinary assessment so that the process can be understood as a part of the individual's story, and should highlight their strengths and resources as well as their needs and difficulties. Questions like "What has worked well in the past?" or "How have you managed this before?" are important. The three conversation model can also be utilised.

6.9 The initial risk assessment should.

- Demonstrate the involvement of the person being assessed and their carer/support networks
- Identify risk(s)
- An indication of the level of severity of these
- Highlight where further assessment is needed

6.10 At this point it will be clear whether or not further risk assessment is required. The Support Plan should make explicit reference to the key findings from the risk assessment and any plans or services that will address the identified risks.

6.11 Positive Risk Management should include:

- Working with the Service User to identify what is likely to work.
- Paying attention to the views of carers and others around the service user when deciding a plan of action.
- Weighing up the potential benefits and harms of choosing one action over another.
- Being willing to take a decision that involves an element of risk because the potential positive benefits outweigh the risk.
- Being clear to all involved about the potential benefits and the potential risks.
- Developing plans and actions that support the positive potentials and priorities stated by the Service User, and minimise the risks to the Service User or others.
- Ensuring that the Service User, carer and others who might be affected are fully informed of the decision, the reasons for it and the associated plans.
- Using available resources and support to achieve a balance between a focus on achieving the desired outcomes and minimising the potential harmful outcome.

6.12 Level 3. Risk Enablement Panel, will meet where *significant risks* have been identified following an assessment. The meeting will be chaired by a professional lead within the zone or team, or they will identify the most appropriate person to chair. Membership will include all those involved in supporting the individual, (If applicable) the person's Carer and most importantly the service user themselves.

There are a series of decisions that the meeting could reach which could include:

- That undertaking the activity and therefore taking the risk will be beneficial and that this outweighs the possible harmful outcomes
- That the risks will lead to harm which is not justified by the possible positive outcomes.

6.13 Recording the Assessment: Information recorded must be.

- Timely
- Evidence based – i.e. reflect evidence and not hearsay,
- Clear and concise and
- Non-judgemental

6.14 Outcomes

- Low risks, will require an initial assessment only and will be managed via a support plan, through the process of review and ongoing contact with the service user and (if applicable) the carer.
- High risks will need urgent action (to ensure safety) and multi-disciplinary input.
- Moderate risk might well present the greatest danger as there will be the potential to either over react or minimise the issues resulting in choice and control being taken away or potentially serious risks being underestimated.

6.15

Where there are concerns about risk of **violence**, potential risk to staff or the public, it is important that consideration for a 'marker' to be added on PARIS and other patient record systems and that a violent Patient Marker Panel Form should be completed and forwarded to the Trust Local Security Management Specialist/Head of Safety, Security Emergency Planning Team (SSEP). In all cases a lone worker risk assessment form should be completed on the patients PARIS record.

6.16

Any concern about abuse or exploitation will require immediate referral through the safeguarding process

Torbay - Safeguarding Single Point of Contact.

TEL: 01803 219888 or Email: safeguarding.alertstct@nhs.net

Devon – CARE DIRECT

TEL: 0845 1551007 or Email: csc.caredirect@devon.gov.uk

6.17 The potential for self harm and suicide will need to be considered as a part of the assessment.

6.18 Any potential risk to Children must immediately be reported to The Multi Agency Safeguarding Hub (MASH) based in Torbay Council children's services on 01803 208100.

7 Risk and Safeguarding Adults

7.1 It is important that this policy is read in conjunction with the policies and procedures covering safeguarding adults. This policy should not contradict these policies. It is essential that any suspected safeguarding issue follows the process and procedures outlined within these Safeguarding Policies.

7.2 Increasingly we will find ourselves working with people who are being or suspected of being abused, exploited or neglected. Risk assessment will play a key role in this area of work in ascertaining the level of risk, providing important information to Strategy Meetings or Case Conferences and in informing the ongoing work to keep the individual safe.

7.3 Safeguarding will need to be considered when any of the following are suspected or evident.

- Physical abuse
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Self-Neglect and acts of omission
- Discriminatory abuse
- Institutional abuse,
- Neglect
- Modern slavery
- Radicalisation

7.4 Safeguarding Adults at risk must always be at the forefront of our practice. All risk assessments must consider potential abuse, neglect or exploitation. In assessing for safeguarding the following factors need to be considered: -

- The vulnerability of the individual
- The nature and extent of the abuse
- The length of time it has been occurring
- The impact on the individual, and.
- The risk of repeated or increasingly serious acts involving this or other vulnerable adults.

7.5 The role of the 'Investigator' will include assessing risk, their task is therefore one of gaining evidence and information, and ensuring that the individual is safe.

8 Risk and Falls

8.1 The risk of people falling must be taken seriously and should be part of the risk assessment. If there is evidence that the individual has fallen, or there is a potential risk of falls, staff should use the appropriate falls risk assessment tool. Staff should also be aware of the Falls Pathway process.

9 Risk and the Law

9.1 This policy has been developed to facilitate managing and, where appropriate, taking risk however taking risks can itself be risky. Fear of breaking the law can understandably influence how far it seems reasonable to support a person in managing risk. It is therefore worth looking at some basic legal principles.

- Our legal system is concerned with concepts of negligence, abuse and reasonably foreseeable harm
- Informed choice includes the option to choose 'unwisely'

- Decisions made on behalf of people who lack capacity must be made in their Best Interests and with the least restriction
- The human rights of people must underpin the actions and decisions of all public authorities

9.2 “Sharing information with Consent” (taken from Staff Code)

Staff should ensure that consent to share personal sensitive information has been given explicitly. Sensitive information will only be released if its disclosure is deemed critical to the case by the appropriate health/social care professional and explicit consent has been given to release for that purpose.

10 Duty of Care

10.1 “A duty of care is an obligation placed on an individual requiring that they exercise a reasonable standard of care while doing something (or possibly omitting to do something) that could foreseeably harm others” (2)

10.2 All staff involved in risk management must be capable of demonstrating sensitivity and competence in relation to diversity in race, faith, age, gender, disability and sexual orientation and any other protected characteristics.

11. The Mental Capacity Act

11.1 Enshrined in the Mental Capacity Act (2005) is the principle that people must be assumed to have capacity unless it is established that they do not. The act makes it very clear that people with capacity may make what some people would consider to be ‘unwise decisions’. Making an ‘unwise decision’ does therefore not indicate a lack of capacity or indicate an inability to understand and make judgements and decisions, even if practitioners and carers’ views are at odds with them.

11.2 The Mental Capacity act (2005) outlines five core principles:

- A person must be assumed to have capacity unless it is shown that they lack capacity.
- All practicable and reasonable steps must be taken to help and encourage people to make decisions.
- A person is not to be treated as unable to make a decision just because they make an unwise decision.
- Decisions made for a person without capacity must be in their best interests.
- Anything done for the person who lacks capacity must be the least restrictive option.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual’s right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

- 11.3 "An individual who has the mental capacity to make a decision, and chooses voluntarily to live with a level of risk, is entitled to do so. The law will treat that person as having consented to the risk and so there will be no breach of the duty of care by professionals or public authorities". (4)
- 11.4 All ICO Trust workers should be aware of TSDFT's Mental Capacity Policy; this risk policy complements the Capacity act and this policy.
- 11.5 Risk management is balance between rights and risks, the rights of the individual and the rights of those around them.
- 11.6 In summary all risk assessment must be based on.
- A presumption of capacity - every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless assessment has proved otherwise.
 - The right for individuals to be supported to make their own decisions – people must be given all appropriate help before anyone concludes that they cannot make their own decisions.
 - If an individual is deemed to have capacity they must retain the right to make what might be seen as eccentric or unwise decisions.
 - Best interests – anything done for or on behalf of people without capacity must be in their best interests.
 - Least restrictive intervention – anything done for or on behalf of people without capacity should be the least restrictive of their basic rights and freedoms.

12. Risk and The Care Act (2014)

The Care Act is a broad ranging and multifaceted piece of legislation. Please consult the relevant advice on TSDFT website. In general, however, there are some key principles to bear in mind when managing risk:

- The Well-being Principle .TSDFT must promote 'well-being' when carrying out any of its functions.
- The ethos of The Care Act is a genuine interaction with people, putting them at the centre of the process.

At the heart of the reformed system will be an assessment and planning process that is a genuine conversation about people's needs for care and support and how meeting these can help them achieve the outcomes most important to them.

(8)

The approach required by The Care Act (2014) is congruent with this policy, which emphasises personal choice and control throughout.

13. Risk and Social Care funding

13.1 This policy should be read in conjunction with TSDFT's policy Choice Cost and Risk (5) and with 'Choice and Control, Fair Access to Care Services' (6)

13.2 All referrals for Social Care funding will need to include a risk assessment. Funding from the Social Care budget is dependent on National Eligibility Criteria.

It is important that we spend our money supporting those people whose needs most seriously affect their independence. **National Eligibility Criteria** are the rules we use to make sure this happens.

13.3 The National Eligibility Criteria is about getting the most appropriate support to meet people's needs. It is also about making sure that we provide support to those who need it the most.

13.4 In order to assess someone under National Eligibility Criteria we need to understand the difficulties that they face and how this affects them in their lives.

13.5 "Where a local authority is paying for care and support, it remains accountable for ensuring that the individual's needs are appropriately met. If, however, following appropriate risk management procedures and full discussion with the individual and other members of a joint team, it believes that the care plan is inappropriate, the local authority has both the right and the responsibility not to sign off that care plan" (7).

14 Reviews

Where risk has been identified we will need to review the case more frequently, dependent upon the individual's needs. We will look to working with the service user and their carer or circle of support to ensure that they receive appropriate support and that risks are being managed in the least restrictive way.

15. References

1. Staff Code of Confidentiality – see TSDFT Policies and procedures
2. Independence, Choice and Control DH. 07
3. Mental Capacity Act Policy, – see TSDFT Policies and procedures
4. ibid
5. Choice, Cost and Risk – see TSDFT Policies and procedures
6. Choice and Control Fair Access to Care Services - see TSDFT Policies and procedures
7. Independence, Choice and Control DH. 07
8. The Care Act (Care and Support Statutory Guidance) 2014

Choice and Control Risk Enablement Risk Assessment Tool

Name of Service user

Name of Worker undertaking the assessment.....

Date of Assessment

NHS Number	
PARIS identifier	

NAME:	NHS/PARIS No.:
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1. RISK FROM OTHERS
(Safeguarding issues. e.g. abuse, exploitation)

Negligible	Minimal	Moderate	High	Extreme
There is no evidence of previous exploitation and the individual is able to keep themselves safe.	Risks are present, but are balanced by the individual's ability to manage these. They have a network of support. Carer and service users are comfortable with the level of risk. Situation is relatively stable.	Evidence of probable risk. Unstable or frequent changes in the situation, they need the services and/or professional input, carer/service user conflict etc. Concerns for independence. The individual's ability to manage the risks they face is limited.	Evidence of actual serious risk (current or recent) others. Safeguarding issues. Unstable situation. Vulnerable, with very little support, very few coping strategies. Carer unable to continue. Major threat (S) to the independence. The need is now.	Imminent danger. Requiring immediate action. The situation requires a blue light service. Consequences of doing nothing are extremely serious.

Safeguarding / Risks	Past			Present		
	YES	NO	Don't Know	YES	NO	Don't Know
Concerns about psychological abuse						
Financial or material abuse						
Neglect and acts of omission						
Discriminatory abuse						
Institutional abuse, neglect and poor professional practice						
Religious or spiritual persecution						
Culturally isolated situation						

Strengths, skills and support

Concerns	LIKELIHOOD	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><th style="padding: 2px;">0</th><th style="padding: 2px;">1</th><th style="padding: 2px;">2</th><th style="padding: 2px;">3</th><th style="padding: 2px;">4</th><th style="padding: 2px;">5</th></tr> <tr><td style="padding: 2px;">1</td><td style="background-color: #00FF00;"></td><td style="background-color: #00FF00;"></td><td style="background-color: #00FF00;"></td><td style="background-color: #FFFF00;"></td><td style="background-color: #FFFF00;"></td></tr> <tr><td style="padding: 2px;">2</td><td style="background-color: #00FF00;"></td><td style="background-color: #FFFF00;"></td><td style="background-color: #FFFF00;"></td><td style="background-color: #FFA500;"></td><td style="background-color: #FFA500;"></td></tr> <tr><td style="padding: 2px;">3</td><td style="background-color: #00FF00;"></td><td style="background-color: #FFFF00;"></td><td style="background-color: #FFA500;"></td><td style="background-color: #FF0000;"></td><td style="background-color: #FF0000;"></td></tr> <tr><td style="padding: 2px;">4</td><td style="background-color: #FFFF00;"></td><td style="background-color: #FFFF00;"></td><td style="background-color: #FFA500;"></td><td style="background-color: #FF0000;"></td><td style="background-color: #FF0000;"></td></tr> <tr><td style="padding: 2px;">5</td><td style="background-color: #FFFF00;"></td><td style="background-color: #FFA500;"></td><td style="background-color: #FF0000;"></td><td style="background-color: #FF0000;"></td><td style="background-color: #0000FF;"></td></tr> <tr><td colspan="6" style="background-color: #cccccc; text-align: center; padding: 5px;">CONSEQUENCES</td></tr> </table>	0	1	2	3	4	5	1						2						3						4						5						CONSEQUENCES						SCORE
0	1	2	3	4	5																																								
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5																																													
CONSEQUENCES																																													

NAME:	NHS/PARIS No.:
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2. Risk of Self harm and Suicide

Negligible	Minimal	Moderate	High	Extreme
<p>No history of self harm or suicidal thoughts.</p> <p>No current thoughts.</p> <p>No concerns re: self harm.</p>	<p>The individual has occasionally talked about suicide, but as far as can be established has never indicated that this might be an option that they may consider.</p>	<p>The individual has frequent suicidal thoughts.</p> <p>Has he/she made special arrangements to give away prized possessions?</p> <p>Does the person take life-threatening risks or display poor impulse control?</p>	<p>There have been suicide attempts by the person or significant others in his or her life.</p> <p>They have a detailed, feasible plan.</p> <p>Currently experiencing severe psychological distress.</p>	<p>The individual has engaged in a serious act of self harm.</p> <p>He/she is unconscious or injured. You must dial 999 and request an ambulance</p>

Suicide	Past			Present		
	YES	No	Don't Know	YES	No	Don't Know
Current or previous attempts on their life						
Expressing high levels of distress						
Helplessness or hopelessness						
Family history of suicide						
Major psychiatric diagnosis						
Recently separated / widowed / divorced/bereaved						
Expressing suicidal ideas, plans						
Significant life events eg. unemployed/retired						
Misuse of drugs and / or alcohol						
Major recent life event						
Subject to cyber bullying						

Strengths, skills and support

Concerns	0	1	2	3	4	5
	1					
	2					
	3					
	4					
	5					
SCORE						

NAME:	NHS/PARIS No.:
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3. Self Neglect

Negligible	Minimal	Moderate	High	Extreme
<p>There are no significant issues re: self neglect, individual is linked into his/her community and able to undertake activities of daily living.</p> <p>(eg. shopping, cooking, cleaning etc.)</p>	<p>There are examples of their not coping with some aspects of daily living. These can be managed with minimal support.</p> <p>Service user has a number of skills however some areas will need further support in others.</p>	<p>Occasional episodes of self neglect that give cause for some concern.</p> <p>There are areas where the service user will need support in managing self care tasks.</p> <p>Issues around their ability to manage personal finances.</p>	<p>There are serious concerns about the individual's ability to manage.</p> <p>Concern for their wellbeing and independence.</p> <p>There is clear evidence of neglect, their health is being affected.</p>	<p>There are very serious current concerns. The individual's health, wellbeing and independence are currently at risk to the extent that the situation will need to be addressed immediately.</p>

	Past			Present		
	YES	NO	Don't Know	YES	NO	Don't Know
Periods of neglect						
Failing to drink properly						
Lack of positive social contacts						
Unable to shop for self						
Failing to eat properly						
Insufficient / inappropriate clothing						
Difficulty managing physical health						
Difficulty maintaining hygiene						
Living in adequate accommodation						
Experiencing financial difficulties						
Lacking basic amenities (water/heat/light)						
Difficulty communicating needs						

Strengths, skills and support

Concerns	0	1	2	3	4	5
	1					
	2					
	3					
	4					
	5					
SCORE						

NAME: _____ **NHS/PARIS No.:** _____

4. Risk to Others (Aggression and Violence)

Negligible	Minimal	Moderate	High	Extreme
<p>No history of violence or aggression.</p> <p>No current risk or concern Re: violence or aggression</p>	<p>Moderate levels of anger or frustration expressed in the past.</p> <p>Occasional frustration or anger expressed.</p>	<p>There are documented episodes where this individual has lost their temper and has been verbally aggressive but this has never escalated to a physical attack.</p> <p>Is able to control these outbursts unless under the influence of alcohol or drugs</p>	<p>Recent incidents of violence or aggression. Is well known to the Police/Trust Security Management Service re: anger management issues.</p> <p>Known 'trigger' points or recent stressful events.</p> <p>Unpredictable behaviour.</p> <p>Increased concerns associated with alcohol/substance misuse.</p> <p>History of use of weapons.</p> <p>History of sexual violence.</p>	<p>Current aggressive or violent behaviour.</p> <p>Unpredictable behaviour and mood.</p> <p>'Trigger' points or recent stressful events.</p> <p>Recently use of substances or alcohol. Not to be seen alone. Contact Police and Trust security manager.</p>
<p>Where there are concerns about risk of violence, potential risk to staff or the public, it is important that consideration for a 'marker' to be added on PARIS and other patient record systems and that a violent Patient Marker Panel Form should be completed and forwarded to the Trust Local Security Management Specialist/Head of Safety, Security Emergency Planning Team (SSEP). In all cases a lone worker risk assessment form should be completed on the patients PARIS record.</p>				

	Past			Present		
	Yes	No	Don't know	Yes	No	Don't know
Use of weapons/possession of weapons						
Arson (deliberate fire-setting only)						
Signs of anger and frustration						
Sexually inappropriate behaviour						
Known personal trigger factors						
Preoccupation with violent fantasy						
Expressing intent to harm others						
Dangerous impulsive acts						

Denial of previous dangerous acts																																																		
Strengths, skills and support																																																		
Concerns								<table border="1"> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>1</td> <td style="background-color: #00FF00;"></td> <td style="background-color: #00FF00;"></td> <td style="background-color: #00FF00;"></td> <td style="background-color: #FFFF00;"></td> <td style="background-color: #FFFF00;"></td> </tr> <tr> <td>2</td> <td style="background-color: #00FF00;"></td> <td style="background-color: #FFFF00;"></td> <td style="background-color: #FFFF00;"></td> <td style="background-color: #FFFF00;"></td> <td style="background-color: #FFA500;"></td> </tr> <tr> <td>3</td> <td style="background-color: #00FF00;"></td> <td style="background-color: #FFFF00;"></td> <td style="background-color: #FFA500;"></td> <td style="background-color: #FFA500;"></td> <td style="background-color: #FF0000;"></td> </tr> <tr> <td>4</td> <td style="background-color: #FFFF00;"></td> <td style="background-color: #FFFF00;"></td> <td style="background-color: #FFA500;"></td> <td style="background-color: #FF0000;"></td> <td style="background-color: #FF0000;"></td> </tr> <tr> <td>5</td> <td style="background-color: #FFFF00;"></td> <td style="background-color: #FFA500;"></td> <td style="background-color: #FF0000;"></td> <td style="background-color: #FF0000;"></td> <td style="background-color: #0000FF;"></td> </tr> </table>					0	1	2	3	4	5	1						2						3						4						5						SCORE	
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5. Risk to Children: “All Trust staff have a duty to protect children from harm” Children Act 2004																																																		
Negligible		Minimal		Moderate		High		Extreme																																										
There are no indicators that cause concern regarding this service user and their contact with children.		Previous history that indicates a low level of concern is appropriate. Infrequent contact with children. Able to establish appropriate relationships. Good levels of support available.		Conditions which may affect parenting ability include. <ul style="list-style-type: none"> Episodes of self harm Drug/alcohol misuse Domestic violence Serious medical/life threatening illness which may result in an impaired ability to parent adequately Liaise with Childcare named nurse.		Will have frequent contact with children, and. there is a previous history of neglectful or abusive behaviour and/or Poor anger/temper control and/or Association with people who will clearly present a risk to children. Current evidence of abuse or neglect.		Evidence of recent abuse, neglect to children. Immediate action must be taken																																										
Is your suspicion raised? Trust your judgement! Follow Child Protection procedures				Past			Present																																											
				Yes	No	Don't know	Yes	No	Don't know																																									
Previous concerns re: child care																																																		
Children present but explanation give rise to concern (would expect them to be in school) is this a private fostering arrangement																																																		
Child care services involved																																																		
Good standard of parenting																																																		
Associates with individuals who might place child at risk																																																		
Use of alcohol or other substances lead to behaviour that gives rise to concern																																																		
Unable to promote appropriate boundaries																																																		

Strengths, skills and support

Concerns

Discuss with Named Nurse Safeguarding Children for TSDFT–
01803 546557 or 07825027627 or Named Doctor for Torbay or
OOH Duty Consultant at Torbay Hospital- **01803 614567**
Refer to Torbay Children’s Services - **01803 208100**
Out of Hours/Emergency Duty Service - **0845 0568 032.**

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6. Physical

Negligible	Minimal	Moderate	High	Extreme
No Concerns re physical health. Consider FACS eligibility.	Service user is not registered disabled or in receipt of Disability Living Allowance (DLA). However, there are some mobility issues that might affect ability to undertake some tasks Is occasionally unsteady – see Falls	Service user has occasional mobility problems and additionally may require daily help and supervision with personal care, meal preparation etc. This loss of physical function may lead to a degree of psychological distress. Concerns: tissue viability.	Service user is registered disabled. Major difficulties with mobility. Needs assistance several times a day with cleaning, dressing, cooking etc etc. Service user's condition can make them vulnerable from unscrupulous individuals.	Service user found unconscious - Blue light assistance should be sought immediately

	Past			Present		
	Yes	No	Don't know	Yes	No	Don't know
Sensory impairment						
Cognitive impairment						
Is home environment suitable?						
Mobility inside the home						
Mobility outside the home						
Risk of accidental injury						
Communication difficulties						
Driving (risks)						

Strengths, skills and support																																											
Concerns	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <th style="padding: 2px;">0</th> <th style="padding: 2px;">1</th> <th style="padding: 2px;">2</th> <th style="padding: 2px;">3</th> <th style="padding: 2px;">4</th> <th style="padding: 2px;">5</th> </tr> <tr> <td style="padding: 2px;">1</td> <td style="padding: 2px; background-color: #00FF00;"></td> <td style="padding: 2px; background-color: #00FF00;"></td> <td style="padding: 2px; background-color: #00FF00;"></td> <td style="padding: 2px; background-color: #FFFF00;"></td> <td style="padding: 2px; background-color: #FFFF00;"></td> </tr> <tr> <td style="padding: 2px;">2</td> <td style="padding: 2px; background-color: #00FF00;"></td> <td style="padding: 2px; background-color: #FFFF00;"></td> <td style="padding: 2px; background-color: #FFFF00;"></td> <td style="padding: 2px; background-color: #FFFF00;"></td> <td style="padding: 2px; background-color: #FFA500;"></td> </tr> <tr> <td style="padding: 2px;">3</td> <td style="padding: 2px; background-color: #00FF00;"></td> <td style="padding: 2px; background-color: #FFFF00;"></td> <td style="padding: 2px; background-color: #FFA500;"></td> <td style="padding: 2px; background-color: #FFA500;"></td> <td style="padding: 2px; background-color: #FF0000;"></td> </tr> <tr> <td style="padding: 2px;">4</td> <td style="padding: 2px; background-color: #FFFF00;"></td> <td style="padding: 2px; background-color: #FFFF00;"></td> <td style="padding: 2px; background-color: #FFA500;"></td> <td style="padding: 2px; background-color: #FF0000;"></td> <td style="padding: 2px; background-color: #FF0000;"></td> </tr> <tr> <td style="padding: 2px;">5</td> <td style="padding: 2px; background-color: #FFFF00;"></td> <td style="padding: 2px; background-color: #FFA500;"></td> <td style="padding: 2px; background-color: #FF0000;"></td> <td style="padding: 2px; background-color: #FF0000;"></td> <td style="padding: 2px; background-color: #0000FF;"></td> </tr> <tr> <td colspan="6" style="text-align: right; padding: 5px;">SCORE</td> </tr> </table>	0	1	2	3	4	5	1						2						3						4						5						SCORE					
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7. Risk of Wandering

Negligible	Minimal	Moderate	High	Extreme
There are no concerns associated with wandering.	There are minimal concerns that can be managed by the individual and their carer.	There are some concerns about the person wandering. There have not been any serious incidents. The situation can be managed with the support within the Support Plan. The individual is potentially at risk but the situation can currently be managed.	Recent history and/or reports of wandering and/or observable evidence of wandering, these place the individual at risk. The situation is unpredictable and cannot easily be managed within the support plan. Further help and support will be required.	There are serious and immediate concerns. The individual has been wandering and this behaviour places them at risk. The situation requires immediate action.

	Past			Present		
	Yes	No	Don't know	Yes	No	Don't know
History of wandering						
Confused as to whereabouts						
Concerns about road safety						
Able to understand traffic and safety						
Able to use public transport						
Accommodation is close to a busy road						

Strengths, skills and support

Concerns

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8. Risk of Falls

Negligible	Minimal	Moderate	High	Extreme
Falls are not an issue.	No significant issues, but situation may require monitoring.	Some evidence of falls in the recent past. Might require further assessment. (NB. Use or refer for FRAT assessment)	Evidence of falls and potential serious harm. Immediate action and further assessment required.	Immediate action required to ensure safety

Concern about falls?	
Yes	Falls risk will require a Fall Risk Assessment to be undertaken.
No	

Strengths, skills and support

Concerns

0	1	2	3	4	5

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9. Memory and Cognition

Negligible	Minimal	Moderate	High	Extreme
No memory or cognitive issues.	Some concern, these will need monitoring but do not present any risks immediately. Occasional memory lapses, forgetfulness or confusion.	There are concerns about memory and/or cognition. However these are managed through the support available. And/or there are some concerns and these will need further assessment, monitoring or support. Consider the need for further assessment and diagnosis.	Behaviour causes concern; there are frequent risks of injury and/or neglect. The situation will require high levels of support. Circle of support has broken down or has not yet been established.	Cognitive impairment is such that risk to self and/or others is high and/or there is imminent likelihood of injury.

	Past			Present																																						
	Yes	No	Don't know	Yes	No	Don't know																																				
Current diagnosis																																										
Identified Learning Disability (has been assessed by specialist team).																																										
Good short term memory																																										
Able to manage with prompts or support.																																										
Able to manage own finances																																										
Risks associated with memory																																										
Strengths, skills and support																																										
Concerns																																										
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10. Medication

Negligible	Minimal	Moderate	High	Extreme
The individual is not taking any prescribed medication.	Is taking prescription medication, there is minimal risk to the individual or others from missing this medication on a short term basis.	Occasionally forgets to take medication, some problems with reading or understanding the labels and instructions for medication. Some difficulty in managing medication - ordering, storing etc. A level of specialist medication. Need to be reminded or supervised in taking medication. Requires regular pain relief. Some risk of overdose	Requires support with all aspects of their medication. Cannot manage medication without support. Risk of overdose. Medication administered by 'specialized technique' (definition determined by CQC). Chaotic approach to medication. Potential to be abused through medication (over provided or withheld)	Concerns about medication are serious and the risk is imminent. Welfare, health and independence are at risk due to medication issues. (Eg. unconscious) DO YOU NEED TO telephone 999 for a blue light service?

	Past			Present		
	Yes	No	Don't know	Yes	No	Don't know
Needs regular pain relief						
Regularly forgets to take medication						
Has medication administered by 'specialized technique' (definition determined by CQC)						
Can not remove medication from package/container						
Needs help to order and collect prescriptions						
Has problems reading the medicines label (e.g. visually impaired or illiterate)						
Needs help to apply medication. e.g. eye drops/cream/inhaler						
Regularly runs out of medication						
Risk of taking too much medication						
Needs assistance in storing medication or there is evidence of over stocking medicines						
Difficulty understanding what medicines are for.						
Needs regular pain relief						

Strengths/Support	Concerns	<table border="1"> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>1</td> <td style="background-color: #00FF00;"></td> <td style="background-color: #00FF00;"></td> <td style="background-color: #00FF00;"></td> <td style="background-color: #FFFF00;"></td> <td style="background-color: #FFFF00;"></td> </tr> <tr> <td>2</td> <td style="background-color: #00FF00;"></td> <td style="background-color: #FFFF00;"></td> <td style="background-color: #FFFF00;"></td> <td style="background-color: #FFFF00;"></td> <td style="background-color: #FFA500;"></td> </tr> <tr> <td>3</td> <td style="background-color: #00FF00;"></td> <td style="background-color: #FFFF00;"></td> <td style="background-color: #FFA500;"></td> <td style="background-color: #FFA500;"></td> <td style="background-color: #FF0000;"></td> </tr> <tr> <td>4</td> <td style="background-color: #FFFF00;"></td> <td style="background-color: #FFFF00;"></td> <td style="background-color: #FFA500;"></td> <td style="background-color: #FF0000;"></td> <td style="background-color: #FF0000;"></td> </tr> <tr> <td>5</td> <td style="background-color: #FFFF00;"></td> <td style="background-color: #FFA500;"></td> <td style="background-color: #FF0000;"></td> <td style="background-color: #FF0000;"></td> <td style="background-color: #0000FF;"></td> </tr> </table>						0	1	2	3	4	5	1						2						3						4						5					
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11. Risk of Homelessness

Negligible	Minimal	Moderate	High	Extreme
Housing and accommodation are secure.	Accommodation needs to be monitored, but no immediate issues	Some instability, issues might include. Difficulties in access, difficulties with paying rent, problems with neighbours or landlord.	Imminent risk of losing current accommodation, inappropriate accommodation, urgent adaptations required, rent arrears, breakdown in relationships resulting in risk of homelessness. Contact Torbay Homeless Department, within 28 days of potential threatened homelessness, they will start prevention work and will make a homeless assessment.	Immediate action required. Contact the Homelessness Department

	Past			Present		
	Yes	No	Don't know	Yes	No	Don't know
Current accommodation unsuitable						
Problems managing rent or mortgage,						
Behaviour that might put a tenancy at risk						
Need for support with tasks associated with tenancy or mortgage						
Dispute with neighbours						
Dispute with landlord						
Isolation						
Problems with access						
Accommodation needs adaptation						
Accommodation is substandard or hazardous.						
Health risks (damp, cold etc)						

Strengths, skills and support

Concerns	0	1	2	3	4	5
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12. Challenges to Service

Negligible	Minimal	Moderate	High	Extreme
No current concern	Some history, however, currently minimal challenges to staff, and services. Able to discuss concerns and to make needs known.	History of challenging behaviour and/or unreasonable contact with services. Currently contained within the care plan. Evidence of self control and open to negotiation.	Current concerns about aggressive, abusive or inappropriate behaviour. The individual has poor impulse control and/or makes multiple and unreasonable contact with services.	Current and serious concern re: violence or aggression towards staff, this might include - threats, inappropriate sexual behaviour, aggression or emotionally abusive behaviour.

	Past			Present		
	Yes	No	Don't know	Yes	No	Don't know
Frequent calls to multiple agencies/services						
Challenges many aspects of support plan						
Complaints and issues raised are difficult to resolve						
Role for an advocate?						
Need for constant reassurance						
Inappropriate calls to emergency services						
Multiple requests for change of key worker or other staff						

Strengths, skills and support

Concerns	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">0</td> <td style="padding: 2px 5px;">1</td> <td style="padding: 2px 5px;">2</td> <td style="padding: 2px 5px;">3</td> <td style="padding: 2px 5px;">4</td> <td style="padding: 2px 5px;">5</td> </tr> <tr> <td style="padding: 2px 5px;">1</td> <td style="background-color: #00FF00; padding: 2px 5px;"></td> <td style="background-color: #00FF00; padding: 2px 5px;"></td> <td style="background-color: #00FF00; padding: 2px 5px;"></td> <td style="background-color: #FFFF00; padding: 2px 5px;"></td> <td style="background-color: #FFFF00; padding: 2px 5px;"></td> </tr> <tr> <td style="padding: 2px 5px;">2</td> <td style="background-color: #00FF00; padding: 2px 5px;"></td> <td style="background-color: #FFFF00; padding: 2px 5px;"></td> <td style="background-color: #FFFF00; padding: 2px 5px;"></td> <td style="background-color: #FFFF00; padding: 2px 5px;"></td> <td style="background-color: #FFA500; padding: 2px 5px;"></td> </tr> <tr> <td style="padding: 2px 5px;">3</td> <td style="background-color: #00FF00; padding: 2px 5px;"></td> <td style="background-color: #FFFF00; padding: 2px 5px;"></td> <td style="background-color: #FFA500; padding: 2px 5px;"></td> <td style="background-color: #FFA500; padding: 2px 5px;"></td> <td style="background-color: #FF0000; padding: 2px 5px;"></td> </tr> <tr> <td style="padding: 2px 5px;">4</td> <td style="background-color: #FFFF00; padding: 2px 5px;"></td> <td style="background-color: #FFFF00; padding: 2px 5px;"></td> <td style="background-color: #FFA500; padding: 2px 5px;"></td> <td style="background-color: #FF0000; padding: 2px 5px;"></td> <td style="background-color: #FF0000; padding: 2px 5px;"></td> </tr> <tr> <td style="padding: 2px 5px;">5</td> <td style="background-color: #FFFF00; padding: 2px 5px;"></td> <td style="background-color: #FFA500; padding: 2px 5px;"></td> <td style="background-color: #FF0000; padding: 2px 5px;"></td> <td style="background-color: #FF0000; padding: 2px 5px;"></td> <td style="background-color: #0000FF; padding: 2px 5px;"></td> </tr> </table> <p style="text-align: right; margin-top: 5px;">SCORE</p>	0	1	2	3	4	5	1						2						3						4						5					
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PART TWO: Where significant risks have been identified

Name:

Date:

	Relevant History	
	Summary of Concerns	
		Contingency arrangements
Risk		

Risk		
Risk		

Signed
 Person undertaking the assessment _____ Date _____

Lead/Manager _____ Date _____
 Continuation Sheet

		Contingency arrangements
Risk		

Risk		
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Risk Enablement Panel

Membership

- Service User
- A Zone Manager
- The appropriate Head of Profession
- Professional Lead(s) or Senior Practitioner (of other disciplines to ensure multi-discipline approach)
- Other specialist workers – could include legal advice.
- Key Worker
- Admin support to take minutes

Paperwork

Risk Assessments – Levels 1 and 2.
Panel form (see below).

Risk Enablement Panel
Record Form

Date:

Panel Members:

Chair:

Paperwork

Level 1 Assessment form _____yes/no

Level 2 Assessment form _____yes/no

Discussion

Outcome/Decision

Review Date:

Signature of Chair:
Date:

Minute takers name:

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Rapid (E)quality Impact Assessment (EqIA) (for use when writing policies)

Policy Title (and number)		Version and Date	
Policy Author			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
Who may be affected by this document?			
Patients/ Service Users	<input type="checkbox"/>	Staff	<input type="checkbox"/>
Other, please state...		<input type="checkbox"/>	
Could the policy treat people from protected groups less favorably than the general population?			
<i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>			
Age	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual Orientation		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Religion/Belief (non)		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Marriage/ Civil Partnership		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.			
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language ⁵ used throughout?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible ⁶ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centred care?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
EXTERNAL FACTORS			
Is the policy a result of national legislation which cannot be modified in any way?			Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			
Who was consulted when drafting this policy?			
Patients/ Service Users	<input type="checkbox"/>	Trade Unions	<input type="checkbox"/>
Protected Groups (including Trust Equality Groups)		<input type="checkbox"/>	
Staff	<input type="checkbox"/>	General Public	<input type="checkbox"/>
Other, please state...		<input type="checkbox"/>	
What were the recommendations/suggestions?			
Does this document require a service redesign or substantial amendments to an existing process? <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
ACTION PLAN: Please list all actions identified to address any impacts			
Action	Person responsible	Completion date	
AUTHORISATION:			
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
Name of person completing the form		Signature	
Validated by (line manager)		Signature	

Please contact the Equalities team for guidance:

For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pdf.sdht@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation.

- ¹ Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user
- ² Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them
- ³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge
- ⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated
- ⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives
- ⁶ Consider both physical access to services and how information/ communication is available in an accessible format
- ⁷ Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

Clinical and Non-Clinical Policies – New Data Protection Regulation (NDPR)

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU New Data Protection Regulation (NDPR) in mind and therefore provides the reader with assurance of effective information governance practice.

NDPR intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy.

Furthermore, NDPR requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data. The most effective way of being open is through data mapping. Data mapping for NDPR was initially undertaken in November 2017 and must be completed on a triannual (every 3 years) basis to maintain compliance. This policy supports the data mapping requirement of the NDPR.

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdf@nhs.net,
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [GDPR](#) page on ICON.