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Mental Health Clinical Board
RISK REFERENCE PANEL

Introduction and Aim

To provide a process by which senior staff can be brought together across the Mental Health Clinical Board (MHCB) with the aim of supporting clinical teams to coherently and collaboratively formulate and deliver risk management plans around the needs of service users with multiple mental health needs who present with particularly complex risks to themselves or others.

Objectives (see section 4)

- Advice on and/or consideration of care plans for service users with multiple mental health needs who present with particularly complex risks to themselves or others.
- Promotion of good practice when considering and documenting risk together with assistance to staff on how to evidence their decision making.
- Provide a mechanism by which well-documented calculated risk management plans can receive in depth and wide-ranging analysis, so that individual staff and teams can feel more supported as they tackle complex casework.
- Identification of trends and patterns together with supervision and training needs – to be fed back in writing to the Clinical Board Quality and Safety Group for consideration.

Scope

Clinical cases and requests from within Secondary Care services within the MENTAL HEALTH CLINICAL BOARD

Equality Impact Assessment	*An Equality Health Impact Assessment has been completed – please see attachment*
Health Impact Assessment	*An Equality Health Impact Assessment has been completed – please see attachment*
Documents to read alongside this Procedure	

Approved by	*Mental Health QSE Forum*

Accountable Executive or Clinical Board Director	*Mental Health Clinical Board*
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Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.

Summary of reviews/amendments

Version Number	**Date of Review Approved**	**Date Published**	**Summary of Amendments**
04	*27/01/2023*	*TBA*	*Replaces all previous documents related to Complex Case Forum*
05	26/04/2024	*TBA*	Changes to core membership Changes to frequency of meetings Changes to administration duties

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1.0 Introduction

1.1 Multidisciplinary team (MDT) plans for complex cases are currently formulated and subject to MDT review within community and inpatient settings. For many service users in secondary mental health services this is adequate to provide an effective package of care. However, complex cases often motivate teams and workers to further seek advice and help. When a person repeatedly uses high levels of emergency services or repeatedly accesses acute inpatient care it is easy to disempower that individual by dismissing them as attention seeking or manipulative. This is typically not the case, and It is very important that clinicians are supported to not make assumptions about a function of particular behaviours without understanding both the function of the risk behaviour(s) and the service user themselves.

1.2 As such, for some service users with complex mental health needs, who often present with considerable risk and repeated crisis behaviour(s), teams can struggle to formulate a coherent risk assessment and management plan, and integrate this with the ongoing clinical management of a service user. For some service users (e.g. with a diagnosis of severe emotionally unstable personality disorder), if risk management is taken out of the context of clinical management, it may promote defensive practice, and run the risk of escalating the service user's risk to themselves in the longer term.

1.3 Following on from MDT work across secondary mental health services, and even with additional consultation from specialist Tier 3 mental health services such as SHED and Cynnwys, there are still occasions when an expert forum, to consider the risk and clinical management plans for highly complex challenging cases, is necessary.

2.0 Scope

2.1 The Risk Reference Panel (RRP) will usually only discuss service users currently managed within MHCB. This includes, but is not limited to, service users who are currently managed within CMHTs and inpatient wards (acute, rehab and low secure). The RRP will

also accept requests (note - the panel prefers the word request as opposed to referrals and this document uses the term throughout) for service users in psychiatric liaison who are not known to secondary mental health services, but who present with complex needs (personality disorder, high use of emergency services, repeated self-harm and suicidality and repeated police involvement). There is no upper age cut off, and so appropriate requests are welcomed from Mental Health Services for Older People (MHSOP) Directorate.

2.2 A complex case is defined as: -

(a) Where the service user presents with:

- Complex and/or multiple mental health needs
- Significant risks to self and/or others, and where risks are typically unremitting
- Repeated crises typically leading to repeat admissions and/or crisis team involvement, and/or where there is frequent contact with the police

(b) Where, from a service perspective:

- There is documented evidence of MDT discussion and/or multi-agency strategy meeting(s) – this criterion does not apply to requests from psychiatric liaison nursing).
- Where there is evidence that contingency plans and usual management/therapeutic plans have not proved effective
- Where the identified service user challenges services and existing resources
- Where there is documentary evidence that the service providing care has been in liaison with appropriate specialist Tier 3 services and there is evidence that management plans continue to struggle to be effective in managing service user needs/risks

2.3 The terms of reference for the RRP can be found in Appendix 1.

2.4 The Risk Reference Panel (RRP) provides a space for a responsible clinical team to discuss and take advice from a collected group of mental health professionals. In doing so, the requesting team is likely to ensure the fullest consideration of the risk issues in question. The RRP (and by the extension the MHCB as sponsor) cannot assume clinical

responsibility for the care of patients discussed; clinical responsibility remains with the clinical team. This will ensure that the RRP retains its independence from both Directorate and Clinical Board. Any relevant clinician may be invited, but it is recognised that some clinicians hold dual roles (such as a Clinical Director) so it would need to be made explicit in the meeting that those clinicians are attending in their capacity as clinician only, and not as a senior member of any management structure.

2.5 A Risk Reference Panel is likely to differ from "usual" Professional's Meetings where the matter to be discussed is outside of normal experience or capabilities of the professionals involved, in terms of the clinical area being discussed or the level of risk and/or complexity.

2.6 A Risk Reference Panel may usefully operate as an independent peer group, to support clinical staff when asking for "next steps" of a Funding Panel, for example to be sure that all options have been considered when asking for high-cost placements.

3.0 Aims

3.1 A central aim of the Risk Reference Panel is to bring together senior staff, with the goal of ensuring that risk management plans are coherently and collaboratively formulated and delivered to support the individual needs of service users with highly complex needs and risk profiles.

3.2 A clinical risk management plan comprises a documented plan that includes a set of action plans to manage the risk of harm and a date for review. The plan should include a summary of all risks identified, formulations of the situations in which identified risks may occur, and actions to be taken by practitioners and the service user in response to crisis. It will document where calculated positive risk taking is being included as part of the plan, the rationale for this and how this aspect of the plan will be managed. The plan in addition

should describe any signals of an increase in risk to others or self that may indicate that the plan needs to be reviewed.

4.0 Objectives

4.1 This panel will provide the following:

- Advice on and/or consideration of care plans for service users with multiple mental health needs who present with particularly complex risks to themselves or others. This panel recognises there may not be a unified view within the MDT, and professional difference should be made clear. However, the RRP should not be considered as arbiter if there is open dispute within a presenting team.
- Promotion of good practice when considering and documenting risk together with assistance to staff on how to evidence their decision making. This is particularly important for cases where taking calculated risks, and where there needs to be careful consideration of a risk/benefit analysis.
- Provide a mechanism by which well-documented calculated risk management plans can receive in depth and wide-ranging analysis, so that individual staff and teams can feel more supported as they tackle complex casework.

- Identification of trends and patterns together with supervision and training needs – to be fed back in writing to the Clinical Board Quality and Safety Group for consideration.

5.0 Responsibilities

5.1 A service user considered to meet eligibility for a request will be identified within the MDT and discussed within that team. This discussion must include the Integrated Team Manager/Ward Manager. The exception to this is for service users who are referred from the Psychiatric Liaison nursing service where this process is not applicable. The request will then be completed by the care coordinator and/or Responsible Clinician and forwarded to the RRP administrator.

5.2 The RRP is aware that there are legal restrictions on sharing service user information between services and across agencies. As such any information sharing around service users referred to the RRP is in line with the UHB's information governance policies and procedures. With this in mind it has been agreed by the RRP that sharing information with other individuals, teams and services (on a need to know basis, taking account of confidentiality and consent) remains an essential element of risk management and supports seamless and effective care. The service user will usually be informed of the request to the RRP and the risk assessment and risk management planning process will have been undertaken in collaboration with them, and shared openly. If, for any reason the service user has not been made aware, the rationale should appear clearly in the case notes.

5.3 With regard to the above, the consent to share documentation on PARIS is available to requesting staff and with the consent of service users other agencies e.g. the police, housing etc, can be documented. The request form to the RRP also includes a section asking requesters to clarify if both the service user is aware of the request and that their consent to share information has been sought beforehand.

5.4 The core attendees are described below, but further relevant clinical representation maybe sought from any relevant team and service – as is appropriate for high risk service users. Only when an appropriate invite has been accepted should identifiable information be shared with the invitee.

5.5 The right to confidentiality may be breached where there is an overriding public interest e.g. child protection & investigation and punishment of serious crime, or serious harm to others. Again, a record should be made in case notes.

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Cardiff and Vale University Health Board

5.6 The request will be received by the RRP administrator. The request will be distributed to the core RRP panel members for discussion at the next panel meeting. The decision will then be made either to:

a) Close (as inappropriate for the panel)

b) Gather further information

c) Put forward as awaiting a panel meeting (this action creates a waiting list), along with identification of key professionals who will be invited along to an RRP meeting.

d) the chair, or co-chair, will work with the administrator if there are any difficulties / delays with the above

5.7 Accepted requests will be allocated on a "first come first served" basis unless overwhelming need/risk is identified that indicates higher priority.

5.8 Core composition of the Risk Reference Panel includes:

- Consultant nurse for complex clinical risk
- Crisis, Community and Inpatient Senior Nurses
- Consultant Psychiatrist for Forensic Mental Health
- Psychology Lead for Adult Mental Health
- Complex Commissioning Care Team representative
- Consultant Psychiatrist for Rehabilitation and Recovery
- Consultant Psychiatrist for Adult Community Services
- Consultant Psychologist for the Specialist Personality Disorder Service
- Substance Misuse Services Senior Nurse Manager or representative
- Consultant Clinical psychologist and Head of Service for MHSOP
- Further representation upon invite

5.9 If a representative is to attend in the place of a core member, it is the responsibility of the core member to ensure the representative is fully-briefed, and able to contribute to the discussions.

5.10 Co-opted membership may include (but not limited to the following):

- Clinical Lead for the SHED Service or representative
- Clinical Lead for the Perinatal Service or representative
- South Wales Police Advisor for Mental Health or representative
- Housing colleagues
- Third sector colleagues
- Therapies representation
- Local Authority representation
- Mental Health Services for Older People
- Complex Care and Commissioning representation

The RRP explicitly does not describe a role for the MHCB leadership/management, to emphasise the panel's advisory role. MHCB representation can be sought by the panel, in extenuating circumstances. These extenuating circumstances cannot be explicitly described, as the appropriateness of any request for management attendance will be decided by the Clinical Board on a case-by-case basis. It is likely that this will only be agreed when it is clear that the Clinical Board could add to or assist the conversation.

5.11 To facilitate informed discussion and decision making around risk and management possibilities, it is vital that the membership of the RRP has access to a chronology of risk behaviours prior to the relevant panel meeting. Compiling the risk chronology is the responsibility of the requester and should be completed and sent to the administrator responsible for the co-ordination of the Panel two weeks prior to the date of the scheduled panel meeting so that it can be circulated to the core membership.

5.12 The meeting, on Teams, will be recorded for the purposes of minute-taking. The AMH Directorate has arranged for the minutes to be taken by the administration staff of the

referring team. Following the RRP the minutes of the meeting will be circulated to all involved by the RRP administrator. In addition, an Outcome Form (Appendix 3) for each patient will be prepared by the Chair and circulated by the RRP administrator. Following agreement each Outcome Form will be uploaded onto PARIS by the RRP Chair or administrator.

5.13 The RRP will keep the MHCB Quality and Safety Group appraised of the work and outcomes of the panel.

6.0 Resources

6.1 No dedicated information sharing protocol is required for the Cardiff UHB RRP to cover the exchange of information between representatives of health, social services, the local police, probation, and housing for the purposes of dealing with service users that have been assessed as having complex needs and who present with high risk(s).

6.2 All request forms, minutes and outcome forms are stored on the associated Risk Reference Panel OneDrive folder.

7.0 Training

7.1 Awareness raising via the dissemination of leaflets at Appendix 4, and discussion at Directorate and Clinical Board QSE meetings.

8.0 Implementation

8.1 The panel will meet monthly, dates to be agreed in advance to ensure attendance.

9.0 Appendices

Appendix 1 – Terms of Reference

MENTAL HEALTH CLINICAL BOARD
RISK REFERENCE PANEL

TERMS OF REFERENCE

1. PURPOSE

1.1. To provide a process by which senior staff can be brought together across the Mental Health Clinical Board (MHCB) with the aim of supporting teams to coherently and collaboratively formulate and deliver risk management plans around the needs of service users with multiple mental health needs who present with particularly complex risks to themselves or others.

1.2. To consolidate the views of different services involved across the MHCB, and where consent to share information has been obtained from the service user to involve the views of other agencies involved in the wider system of care, promoting a shared approach to the management and/or therapeutic focus.

1.3. To promote good practice when considering and documenting risk together with the rationale for any decision made with respect to ongoing care management.

1.4. To provide a process by which well documented calculated risk management plans can receive fullest MHCB analysis, so that individual staff and teams can feel more supported as they tackle complex casework.

1.5. To support the identification of trends and patterns in the needs of service users with highly complex needs and risk profiles, together with supervision and training needs of staff – to be fed back into the MHCB Quality and Safety Group for consideration by the organisation.

1.6. To inform service development around meeting the clinical needs of service users with multiple mental health needs and complex needs who challenge services and existing resources - to be fed back into the MHCB Quality and Safety Group for consideration by the organisation.

2. MEMBERSHIP

Core membership of the RRP will include:

- Consultant nurse for clinical risk
- Crisis, Community and Inpatient Senior Nurses
- Consultant Psychiatrist for Forensic Services
- Psychology Lead for Adult Mental Health
- Complex Commissioning Care Team representative
- Crisis and Liaison Services representative
- Consultant Psychiatrist for Rehabilitation and Recovery
- Consultant Psychiatrist for Adult Community Services
- Consultant Psychologist for the Specialist Personality Disorder Service
- Substance Misuse Services Senior Nurse Manager or representative
- Consultant Clinical psychologist and Head of Service for MHSOP

2.1 **Co-opted membership may include:**

- Clinical Lead for the SHED Service or representative
- South Wales Police Advisor for Mental Health or representative
- Housing colleagues
- Third sector colleagues
- Therapies representation
- Local Authority representation

2.3 If a representative is to attend in the place of a core member, it is the responsibility of the core member to ensure the representative is fully briefed, and able to contribute to the discussions.

2.4 At least 4 members of more than one profession from the core group of the RRP must be present for the meeting to be quorate.

3. ACCOUNTABILITY

3.1. The RRP is accountable to the Mental Health Quality & Safety Group, who in turn are responsible to the Mental Health Clinical Board.

3.2. The Executive Director of Nursing and nominated deputies will have full access to workings of the Risk Reference Panel cases in order to execute the role as lead for patient safety and quality in the Health Board.

3.3. The RRP will ensure that any information sharing around service users is in line with the UHB's information governance policies and procedures.

3.4. Minutes will be taken at each meeting by the administrative staff of the referring team and the RRP will ensure that the minutes of meetings are collectively agreed by those attending. Individual service user Outcome Forms will be available to the requesting team and entered into the service users' record on the PARIS electronic patient record by the RRP Chair or administrator once agreed by the attendees. These will be added to Attached Documents.

3.5. The RRP will ensure that feedback regarding incidental learning, recommendations and significant service gaps related to meeting the needs of service users with complex needs and risk profiles will be fed back to the appropriate Quality and Safety group.

3.6. All attendee at the meeting will be treated with dignity and respect.

3.7. All attendees will be listened to and heard.

3.8. Expertise and experience is recognised and valued; differing points of view and experiences are accepted.

4. ORGANISATION

4.1. Meetings are chaired by a representative from within the RRP, for an agreed period of time. A nominated deputy should be chosen at the same time.

4.2. The RRP will normally meet every month and aims to discuss two cases at each meeting.

4.3. The meeting should be recorded ONLY to aid the most appropriate written record.

4.4. The core group prefers the vehicle of Teams meetings, but where the decision is made to meet face to face, these are normally held at Hafan Y Coed Hospital, but may be scheduled at other venues depending upon availability of the meeting space.

4.5. The Terms of Reference will be reviewed on an annual basis.

4.6. Any request to the RRP should be agreed by the relevant multidisciplinary team (MDT) level by the requesting team. The exception to this is for service users who are referred from the Psychiatric Liaison nursing service. A request form needs to be completed and forwarded to the administrative staff assigned to the RRP by the care coordinator and/or relevant professionals.

4.7. Accepted requests will be allocated on a "first come first served" basis unless overwhelming need/risk is identified that indicates higher priority

4.8. The care co-ordinator and Responsible Clinician are expected to attend the RRP meeting. The identity of these clinicians should be made clear on the request.

4.9. Requesting staff will present the relevant clinical issues and goals of the service user to the meeting so that all attending can collaboratively formulate a picture of the service user's needs and risks and agree upon any recommendations that may assist with ongoing care and management. The RRP prefers the SBAR format for case presentations to avoid overly descriptive narratives which can leave limited time for discussion.

4.10. Following the RRP meeting the minutes of the meeting will be circulated to all involved. In addition, an Outcome Form of the meeting will be prepared and circulated. Following agreement by those present the Outcome Form will be uploaded onto PARIS.

4.11. The requesting teams remain clinically responsible for the service user throughout the consultation process and have responsibility for implementation of any agreed action plans that are agreed as part of the RRP.

Appendix 2 – Request Form

MHCB RISK REFERENCE PANEL Request Form

THE REQUEST FOR CONSULTATION FORM – PLEASE COMPLETE SUFFICIENT DETAIL FOR THE Risk Reference Panel TO PROCESS THE REQUEST

WHEN COMPLETE, PLEASE EMAIL TO MHRisk.ReferencePanel.Cav@wales.nhs.uk

NAME:		**ADDRESS:**

DOB:			
PARIS ID			
RRP Request date:		**Care Coordinator:**	
		Responsible Clinician:	

REFERRER DETAILS (Must be Responsible Clinician or Care Coordinator)			
Name:		**Area/Base**	
Tel:			
Role:			

Has this case been discussed within an MDT forum prior to this request?
YES / NO
The referring team will be asked to present a 15-20 minute presentation of the service user in an SBAR format. Whilst the nature and details of this is up to the referring clinicians – information on the following would be helpful

- What are the team hoping with be the goals or outcome of the risk reference panel meeting?

- @ Background psychosocial information such as relevant family history (including any history of losses, or exposure to adverse childhood events, psychological trauma at any age, and the quality of early relationships with family

- Mental health history, and current situation. This could include details of interventions, medication and a summary of any specialist assessments or opinions that have already been undertaken.

- A chronology of risk behaviours, along with current presenting risks. It would also be helpful to provide a summary of up to date crisis management plans

- What in the team's view is making it difficult to manage the client's risk behaviours?

- Current care and treatment plan

NOTE: The Risk Reference Panel (RRP) provides a space for a responsible clinical team to discuss and take advice from a collected group of mental health professionals. In doing so, the referring team, is likely to ensure the fullest consideration of the risk issues in question.

N.B. The RRP (and by the extension the MHCB as sponsor) does not assume clinical responsibility for the care of patients discussed, clinical responsibility remains with the clinical team.

What, in your opinion, makes this a suitable case for the Risk Reference Panel?			
If it is not agreed that this case will be discussed at a forthcoming Risk Reference Panel what is your next step?			
What are you hoping will be the outcome(s) / goals of this request? .			
Is the service user aware of the request?	YES / NO	YES / NO	
Has the person consented and signed the consent to share form?	YES / NO	YES / NO	
If not, why not?			
Have the following been completed on PARIS (please delete as appropriate)?			
Form 1a (overview assessment)	YES	NO	If YES, date of completion:
Form 4 (risk assessment)	YES	NO	If YES, date of completion:
Form 2a (consent to info share)	YES	NO	If YES, date of completion:
Care and Treatment Plan	YES	NO	If YES, date of completion:
Form 3 Review Record	YES	NO	If YES, date of completion:
Section 117 aftercare	YES	NO	If YES, date when applied:
Primary Diagnosis			
Agencies involved in current care – provide details of all providing intervention(s)			

Does the team consider that there are any unmet needs?			
Please list all acute inpatient admissions, crisis team assessments or episodes of home treatment over the past two years?			
Please list all admissions to General Hospital and/or attendance at A&E over past 2 years (if multiple please provide a detailed summary of usual presenting difficulties/behaviours)			
Please list S136 assessments/PPN's and/or presentations to the Police over past two years (if multiple please provide a detailed summary of usual presenting difficulties/behaviours)			
Has the person any substance misuse difficulties?	**Yes- (please identify the primary difficulty**)	No	Unknown
Please provide a chronology of risk behaviours here:			

In order to facilitate informed discussion and decision making around risk and management possibilities it is vital the membership of the Risk Reference Panel have access to a chronology of risk behaviours prior to the relevant panel meeting.

It has been agreed that compiling the risk chronology is the responsibility of the referrer and should be completed and sent to the panel administrator by email: MHRisk.ReferencePanel.Cav@wales.nhs.uk at least **two weeks** prior to the date of the scheduled panel meeting so that it can be circulated to Panel Members.

You will be informed of the next steps for this request within two weeks of submission.

Appendix 3 – Outcome Form

Mental Health
Clinical Board

Risk Reference Panel – OUTCOME FORM

CLIENT DETAILS			
Name:		**Address:**	
DOB:			
PARIS ID			
Request date:		**Care Coordinator:**	
		Responsible Clinician:	

REQUESTER DETAILS (Must be Responsible Clinician or Care Coordinator)			
Name:		**Area/Base**	
Tel:			
Role:			

Date of Meeting:
Panel Members Present:
Important: **The Risk Reference Panel (RRP) provides a space for a responsible clinical team to discuss and take advice from a collected group of mental health professionals. In doing so, the referring team, is likely to ensure the fullest consideration of the risk issues in question.** **N.B. The RRP (and by the extension the MHCB as sponsor) cannot assume clinical responsibility for the care of patients discussed, clinical responsibility remains with the clinical team.**
Discussion

Conclusion
Recommendations 1.

Appendix 4 – Leaflet

- Requests will be completed by the care co-ordinator &/or Responsible Clinician and forwarded to MHRisk.ReferencePanel.Cav@wales.nhs.uk
- Wherever possible the service user is to be informed of the request to the RRP, & this information logged on the request form along with the service users consent to share if there are other agencies outside of health and social services where collaborative formulation & risk management would be highly beneficial

- When requests are received they will be reviewed by the RRP team. The RRP administrator will subsequently advise referrers about the date of the expected panel meeting & /or any further information that may be required.

- Accepted requests will be allocated on a 'first come first served' basis unless overwhelming need/risk is identified by the RRP that indicates higher priority

- In order to facilitate informed discussion & decision making around risk & management possibilities it is vital that **referrers compile a chronology of risk behaviours prior to the relevant RRP meeting**. Completed risk chronologies should be sent to MHRisk.ReferencePanel.Cav@wales.nhs.uk at least **2 weeks** prior to the date of the scheduled panel meeting so that it can be circulated to Panel Members.

How often does the RRP meet?

- The RRP meets every other month on a Thursday between 2pm and 4pm, primarily on Teams or at Hafan Y Coed (Seminar Room).

What will happen at the meeting?

- The allocated Care Co-ordinator and Responsible Clinician for the referred service user should attend to jointly discuss the presenting challenges, and with the panel, think through risk and management possibilities. It is also helpful if Service / Ward Managers and other key members are invited by the Care Coordinator, to the meeting

- Minutes will be taken of the meeting and circulated afterwards to all involved. In addition, a service user specific Outcome Form will be prepared and circulated. Following agreement, by those present in the meeting, the Outcome Form will be uploaded onto PARIS

Who do I contact for more information?

MHRisk.ReferencePanel.Cav@wales.nhs.uk

Mental Health Clinical Board

Risk Reference Panel

The Risk Reference Panel (RRP) is a meeting held monthly, attended by senior clinical staff across the Cardiff and the Vale UHB's mental health services, but with emphasis on working age services.

The RRP provides an opportunity for teams in secondary mental health services to refer in service users with highly complex needs who present significant challenges to services and typically require a high level of resources to manage the risks they present to themselves or others.

The RRP is <u>an advisory group</u> and will meet with referrers and relevant clinical staff with the aim of ensuring that risk management plans are coherently and collaboratively formulated and delivered to support the individual needs of service users with highly complex needs and risk profiles

Who should be considered for the RRP?

a) Service users who:

- Have complex and/or multiple mental health needs.
- Present with significant risks to themselves and/or others and where risks are typically unremitting
- Present with repeated crises typically leading to repeat admissions and/or crisis service involvement, and/or where there is frequent contact with the Police.

b) AND where from a service perspective

- There is documented evidence of MDT discussion and/or a multi-agency strategy meeting
- Where there is evidence that contingency plans and usual management /therapeutic plans have not proved fully effective
- Where the identified service user challenges services and existing resources
- Where there is evidence the service providing care has liaised with the appropriate specialist service and the subsequent management plans have not fully proven fully effective in managing the service user's needs and risks

What does the RRP offer?

- Advice on and/or consideration of care plans for service users with multiple mental health needs who present with particularly complex risks to themselves or others. The panel recognises there may not be a unified view within the presenting MDT but the RRP should not be considered an arbiter if there is open dispute within a team.
- Promotion of good practice in considering and documenting risk together with assistance to staff on how to evidence their decision making. This is particularly important for cases where taking calculated risks, and where there needs to be careful consideration of a risk/benefit analysis.
- Provide a mechanism by which well-documented calculated risk management plans can receive in depth and wide-ranging analysis, so that individual staff and teams can feel more supported as they tackle complex casework.
- Identification of trends and patterns together with supervision and training needs – to be fed back in writing to the MHCB Q&S group

Core membership of the Risk Reference Panel includes:

- Consultant nurse for complex clinical risk
- Crisis, Community and Inpatient Senior Nurses
- Psychology Lead for Adult Mental Health
- Complex Commissioning Care Team
- Consultant Forensic Psychiatry
- Crisis and Liaison Services representative
- Consultant Psychiatrist for Rehabilitation and Recovery, Adult Community Mental Health Services or representative
- Consultant Psychologist for the Specialist Personality Disorder Service/
- Substance Misuse Services Senior Nurse Manager or representative
- MHSOP representative

Further representation upon invite as necessary

What happens next?

- A complex case should be identified within the MDT and this discussion **must** include the Team Manager or Ward Manager.
- A request should be completed via an electronic request form, ensuring that all fields are completed fully. These forms have been circulated to all teams