Avon and Wiltshire Mental Health Partnership NHS Trust

CPA and Risk Policy

Board library reference	Document author	Assured by	Review cycle
P032	Head of Nursing – Community	Quality and Standards Committee	3 years

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Contents

1. Introduction

Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) will ensure that service users experience safe effective care and treatment. That provides appropriate support to meet their needs and protect their rights (care and welfare of people who use services CQC Regulation 9; Outcome 4).

The Care Programme Approach (CPA) is the national term used derived from Department of Health Policy guidance and legislation to define a multi-agency framework that supports and coordinates effective mental health care. This is to ensure efficiency and well managed risks in supporting the outcomes of both personal and clinical Recovery. The framework is applied to care of Service Users with severe mental health problems in secondary mental health care services. This personalised approach to mental health care actively promotes Service User involvement and engagement with emphasis on strong communication between multiagency and shared providers in meeting the Service user's needs. Supporting Service Users to engage and undertake an active role in the process. This value is at the heart of AWP approach and its aim of reducing distress, promoting social inclusion thus improving outcomes for Service Users and their families across all domains.

There are 2 levels to the CPA framework.

(New) CPA (formally known as Enhanced) is the level for Service Users with multiple and complex needs and or require their care needs from a range of provider's and multiple agency involvement. This group is likely to be at higher risk and present a greater risk of disengagement from services.

Non CPA (formally known as standard) provides support for individuals receiving care from one agency and who are largely able to self-manage their mental health problem.

When deciding what level of CPA for this group a default position should be considered for ***(New) CPA*** unless assessment of need and risk shows otherwise. ***Non CPA*** (formally known as standard) provides support for individuals receiving care from one agency and who are largely able to self-manage their mental health problem.

2. Policy Statement

CPA is supported through the adoption of the processes described throughout this policy, and through completion of Trust approved forms or the use of RiO, the electronic record. The RiO Clinical Manual outlines the standards for documentation for use with both paper and electronic forms AWP will support people and their families to build a meaningful and satisfying life, as defined by the person themselves, whether or not there are ongoing symptoms or problems, through applying the principles of Recovery and Social Inclusion. This is to ensure that service users receive high quality care based on the range approaches in meeting needs and wherever possible provide choice over their care plan, CPA meetings should be arranged and conducted in active partnership with other agencies working with the service user, and the service user and carer.

3. Purpose or aim

The purpose of the policy is to support staff in the effective implementation of the Care Programme Approach (CPA).

4. Scope

The CPA is the principle framework for providing services to people referred to AWP. AWP will ensure that services are also provided under Non CPA for those people that do not have 'complex' needs and/or where risk assessment indicates a less than significant risk to self or others (DH, 2008).

CPA is underpinned by standardised Procedures for Adult and Older Peoples' Mental Health, and where co-existing problems exist for people with a Learning Disability and / or Substance Misuse. Any person with a person-centred plan or health action plan will be incorporated under CPA.

CPA will operate in all inpatient and community settings and will require good communication with all local organisations, and where people reside in out of Trust placements.

CPA underpins the delivery of care for individuals with mental health difficulties involved in the criminal justice system, in line with the recommendations of The Bradley Report

CPA delivery will be supported in AWP through adherence to clear and robust supervision arrangements as outlined in the Trust supervision policy.

CPA will involve reviewing/re-allocating the Care Cluster, as this demonstrates the changing needs and therefore supports treatment/care plan options

AWP is committed to the fair treatment of all, regardless of their age, disability, gender, sexual orientation, race, ethnicity and religious beliefs.

CPA is a protecting framework for Vulnerable adults – unsettled accommodation significant impairment of a function due to risk mental illness Self-Neglect

Full details of practice guidance and Procedures are accessible via hyperlinks within this document and on the CPA pages of Ourspace.

5. Policy description

5.1 Service Users and Carers

AWP staff will recognise and act upon the expertise that service users and carers bring from living with the challenges of mental distress. The family relatives and carers views need to be considered and involved in the care in the management of risks.

AWP will adopt a shared approach (CSIP, 2008) to ensure that service users and their carers have the opportunity to be actively involved in how they should be treated.

Practitioners will use strengths based approaches that embrace individual aspirations, coping strategies and resiliencies, as well as identifying needs and challenges to promote and support recovery.

Practitioners will work in partnership with service users their relatives and carers to plan and review care. We expect that this will usually involve all parties meeting together. However at times it may be beneficial for the service user and carer to meet a practitioner separately.

The Trust CPA leaflet should be given to every service user who is subject to CPA. This outlines what they can expect from the service and ways to have involvement, including information on how to make a complaint (PALS).

Wherever possible the service user should receive a copy of their care plan and it should be recorded in the Service Users clinical records RiO that this has happened.

5.2 Referrals and Triage

All referrals to AWP are subject to an initial screening by being triaged by an appropriately qualified health care professional.

Referrals which meet the service criteria will be forwarded to the appropriate team who will undertake an assessment.

Referrals not requiring assessment will be returned to the referrer with referral outcome decision and recommendations for further signposting and interventions

All referrals that are accepted will be assessed, completing the electronic record, to determine whether a service is warranted and, if so, whether CPA or Non CPA is appropriate. A Care Cluster will be allocated by the third contact or at the point of transfer into mainstream secondary services, whichever comes sooner

Whether CPA or Non CPA is agreed, the principles and values underpinning CPA will apply; these comprise assessment, planning, intervention and a review with a named practitioner responsible for coordinating their care.

In these instances, where a carer is identified they will be offered a carer's assessment and subsequent plan to meet their needs. See Triangle of Care The details of the carer must be recorded onto RiO.

An appropriate risk assessment will be completed based on the practitioner's assessment and risk scores in the Care Cluster Assessment, in conjunction with service users and their carer/family to address issues written in the care plan. Further guidance on carrying out risk assessment and risk management can be found on the following link: Risk Management

Information regarding the person's history and current difficulties should be sought from family members, where possible.

The role and input of any family members or carers in care and treatment must be articulated clearly in care plans and appropriate arrangements regarding sharing of information by the service discussed with the service user.

Assessments need to fully acknowledge both the current and possible effects on the family due to any mental health problems identified.

This is particularly relevant where there are children in the family, or where there may be a significant impact on other caring responsibilities the person may have. A member of the Trust Safeguarding Children Team will be consulted in all clinical decision making for service users where a risk to a child is identified.

Where further assessments are required, they will be requested and this will be recorded on the care plan.

All assessments will adhere to the principles of recovery, social inclusion, equality of opportunity and diversity.

Any assessment continuing after two appointments will be accompanied by a plan of action and Care Cluster, which may include further assessment.

The completion of all assessments will include allocation to a care cluster.

5.3 People assessed but not requiring a service from AWP

Where a person is assessed but a service from AWP is deemed not necessary, a letter will be sent to the referrer and person, with the referral outcome decision and recommendations for further intervention, including any sign-posting to other services and consideration of any carers needs.

The assessor will be required to complete the relevant electronic record.

Any person felt to require a service from Improving Access to Psychological Therapies (IAPT) or brief intervention from liaison services will be included in this category.

This rule will also apply to person being seen by AWP's autism spectrum disorder and ADHD diagnostic services. Included in this category are those receiving post-diagnostic support

5.4 Service users assessed as needing Non CPA

Those likely to be allocated to Non CPA are those receiving services from:

- Memory Services
- General Hospital Mental Health Liaison Teams
- Care Home Liaison Teams
- Those solely under the care of Specialist Drug and Alcohol Services (SDAS)
- Those attending time limited groups for sessional brief group therapy such as Eating Disorders.

Where a time-limited intervention is provided

- Any service user allocated to Non CPA must still have the principles of CPA applied to their care, as outlined in 5.1.
- All those receiving services under Non CPA will have a Care Coordinator who will take responsibility for organising care, recording appropriate information in progress notes, liaising with the referrer, carers, and others, as appropriate to do so, and organising reviews of the care and the names person responsible for coordinating their care.
- The service user and referrer will be offered a summary of the assessment, including the plan of care.

5.5 Service Users with significant caring responsibilities

The needs of this key group should be considered and explored to ensure that the needs are understood and addressed.

- Parenting responsibilities
- Dual Diagnosis(Substance Misuse)
- A history of violence or self-harm
- In unsettled accommodation

5.6 Service users assessed as needing CPA

This will include anyone where there are:

- Safeguarding issues identified and AWP is the lead organisation, including management or referral under Multi Agency Public Protection Arrangements (MAPPA)
- Anyone requiring admission either to an in-patient unit or to an Intensive Team
- Anyone who is subject to the Mental Health Act, including a Community Treatment Order.
- Anyone being discharged from hospital that is eligible for section 117 aftercare.
- Where the practitioner will be responsible for coordinating the involvement of more than one agency

Those service users assessed as needing CPA will have a named Care Co-ordinator who will take responsibility for coordinating all the functions of CPA.

All service users will have a care plan which will address any areas of risk as identified in the risk assessment. Principles of good care planning within CPA are identified in section 12 below.

Practitioners need to be aware that systems other than CPA may apply to particular service user groups such as MAPPA, S117 arrangements, Mental Capacity Act (MCA) and child protection arrangements

5.7 Safeguarding and Risk

The Trust is committed to delivering effective public protection and safeguarding arrangements to manage care and risk, for service users, their families and carers, and their communities.

Every person referred to AWP will have a risk assessment completed and recorded in RiO.

Procedure to adhere to in the management of risk can be found here

Where a request is received from the Police that an AWP member of staff acts as the appropriate adult for the service user who has been detained by the police the following guidance should be followed: Guidance on Acting as an Appropriate Adult

Where a safeguarding issue has been identified of a sufficient degree to require raising concerns to a partner agency, procedures on the following link will be followed: Safeguarding

5.8 Managing expectation of telephone/text during absence and unavailability of CC

When practitioners are unavailable, due to any absence from work – annual leave, sickness, training, or either unavailable or not easily contactable. **Their mobile number must be diverted to the main team telephone number**. This is to ensure that service users, carers and their families who may call, receive a timely response.

It is important that care coordinators and other practitioners should advise service users not to text in a crisis, as the practitioner may be unavailable. There is a potential risk resulting in delay if the practitioner is unavailable due to leave, sickness training or engaged in other commitments. Therefore, texting in a crisis is an unreliable way of getting an urgent response. This risk should be discussed with the service user and carer/s at CPA review meetings and when formulating crisis, relapse and contingency plans.

5.9 Dual Disorder (co-existing mental health and alcohol and drug problems)

There are increased risks of suicide, non-engagement, non-compliance of medication, of a poorer prognosis, social exclusion and physical related harm for people with dual diagnosis therefore effective detection, support and treatment is essential.

The treatment with the strongest evidence base is an integrated approach. The primary responsibility for care planning sits within mental health services.

Current alcohol and drug use must not exclude people from a full assessment.

If alcohol and drug needs are identified, completion of the relevant RiO fields will be completed, and interventions, including management of risk, identified in the care plan.

5.10 Care planning under CPA

All service users allocated to CPA will have a comprehensive care plan,ensuring effective caseload management. Team managers are responsible for allocation and this must be timely when any care coordinator leaves the team:

Service users should never be left unallocated without an identified care coordinator. Any concerns around delays in allocation when demand outstrips capacity must be communicated urgently through the LDU management structure, notifying the Clinical Lead or nominated other. *(Process chart to drive handover process and escalation should capacity problems prevent allocation)*

Wherever possible the care plan will be formed with the service user and carer. It must contain a review date. Where possible it should be signed by the service user. The service user should receive a copy of their care plan. In any instance where this is not possible a reason for this must be recorded in the notes.

Care plans will clearly set out the type of intervention required, the responsibilities of those involved, and the desired outcome.

The care plan should be structured to record those needs that the person can address for themselves and those where support is necessary from AWP, other organisations and family or carers.

The care plan should identify and build on strengths based approaches consistent with the recovery approach, and should reflect the aim of personalised care and social inclusion.

Potential risks and any actions to be taken should be included in the care plan. Positive risk management should underpin any plan of care.

All those recorded on the care plan, including service users and carers, will be provided a copy of the care plan unless specific objections are made by the service user.

Disengagement or non-attendance will always be discussed, action agreed and then recorded in the notes, in accordance with the Access to Mental Health Care Assessment and Treatment Policy and the Care Delivery Procedure

All care plans will include crisis, relapse and contingency plans, and any advanced statements or decisions will include action that is to be taken with regard to any disengagement or non-attendance for appointments.

Urgent risk information must be shared with the care co-ordinator, MDT, and other relevant stakeholders. This must be communicated either face-to-face, or through a telephone conversation, to ensure that the information has been understood and giving opportunity for dialogue regarding risk assessment and management. When contact with the care co-ordinator cannot be completed, then the urgent risk information needs to be passed onto the relevant team manager or senior practitioner. Email is not an appropriate form of communication for urgent risk information.

Crisis Plans

The crisis plan should detail the actions a service user and/or carer could take when they feel there is deterioration in their health and mental wellbeing. A clear plan should outline actions of service response or Service or Carer actions if disengaging with services. The standard of review period for Crisis Contingency and Care Plans should not sit outside of the review and instead be seen to mirror the timeframes of the scheduled review meetings.

The crisis plan should include (but not be limited to) an Out of Hours access arrangement and contact number.

Where possible the service user should be supported to write their crisis plan in the first person.

Contingency Plans

Contingency plans will detail the service/staff response to any deterioration in the service user's health, wellbeing and/or risks.

Details of specific actions to be taken in response to DNAs and non-concordance with agreed plans and treatments should be included in the contingency plan.

There should also be the inclusion of any relevant requirements of a valid Advance Directive and rapid access plan.

5.11 Reviewing care

Reviews of care should take place with the service user and any other relevant people involved in their care.

The Care Coordinator is responsible for ensuring that review meetings take place at the relevant times. **There is a minimal requirement to undertake an annual review** the best practice interval of 6 monthly reviews will be achieved or earlier at whatever time it becomes necessary.

Each review will consider the issue of whether CPA, Non CPA or step down is appropriate, and the appropriate risk assessment undertaken to support any changes made including a decision if discharge from services is required where identified needs and are met or interventions to meet needs are required outside of AWP services. It is essential that unregistered practitioners discuss any pathway plans at points of discharge, transfer of care, or step down during caseload supervision. Any plans around discharge must be ratified with a registered practitioner and or senior practitioner /team manager prior to discharge.

All CPA must take place in a face to face meeting, agreement will be sought from the service user about whom it is felt needs to be present.

In addition reviews should be undertaken when there are significant changes in need or risks and at transitioning points in the care pathway including:

Internal transfers of care between internal teams e.g.

- Transfers of care to external providers responsible for delivering care under CPA
- Episodes of Intensive home treatment

Discharge from hospital, a review will be undertaken 12 weeks post discharged or as necessary to facilitate putting in place any appropriate plans.

If step down from CPA back to Primary Care is being considered then a full assessment of risk will be undertaken, to include a relapse prevention plan, and instructions on rapid access to care and / or advice.

At the point of step down to Primary Care, all relevant information will be communicated to the GP. GP's to be invited to review meetings when step down is being considered. The GP, service user and any carers will be made aware of circumstances where access to Secondary Care may be appropriate. The care plan will reflect any specific vulnerability of services users leaving hospital and clearly document actions to be taken to provide the requisite level of care in the post discharge period

Section 117 eligibility will be reviewed at each CPA review, including transfers and transitions of care. Each review should ask the following questions:-

a) Do the section 117 aftercare services continue to meet a need arising from or related to the person's mental disorder that led to the original detention?

b) Do the section 117 aftercare services reduce the risk of a deterioration of the person's mental condition?

c) Do the aftercare services reduce the risk of the person requiring readmission to hospital for treatment for the disorder?

If the answer to all 3 questions is "yes" then the section 117 eligibility **must continue** and this should be recorded on the CPA review paperwork. If any of the answers are "no" then the full multi-disciplinary review should make a decision about whether to formally end the section 117 eligibility. This decision must involve the care co-ordinator, a consultant psychiatrist and the Local Authority, Fully involving the patient and (if indicated) the carer and/or advocate in the decision making process will play an important part in the successful ending of section 117 eligibility. If a decision is made to end section 117 eligibility, then the service user should be informed in writing; the letter should be signed by a consultant psychiatrist and a representative of the local authority.

5.12 Transfer and Transition of Care

In the event of transfer or transitioning care the individual needs of the service user must remain paramount and will not be disadvantaged. Transfer or transition of care. Team managers and

senior practitioners must ensure that practitioners follow best practice when transferring care either within or out of AWP services. A CPA handover meeting must be convened to ensure that all relevant information is shared around the care plan and risk assessment for Services Users subject to CPA. No duplicate assessments will be undertaken to decide suitability for accepting any transfer request, as this may result in unnecessary delays.

Care will remain with the originating team, until it has been officially transferred through a CPA review or a comprehensive handover meeting in most cases this is expected to be completed in a 12 week timeframe .It is anticipated that this should be completed sooner If this Service User has already moved into the local area to support engagement and treatment needs.

Where it is felt that inappropriate transition requests are being made, the transfer should in most cases still continue. This is to prevent unnecessary disruption to the service users and avoid delays in treatment, the local arbitration processes will be followed, and where concerns arise these must be escalated to the senior management team in a timely way.

Where teams are utilising Care Clusters, transition will be determined via these procedures.

Transfer following Health Based Place of Safety (HBPoS) MHA Assessment and transfer into secondary care.

Intensive/Crisis Teams will act as a conduit to ensure a smooth transition for the arrangement of follow up care. This is to ensure timely care is coordinated by Intensive/Crisis Teams holding responsibility for the care over the transitioning point. The Intensive/Crisis Team will ensure that a care plan exists which ensures that the clinical rationale is communicated and documented and states which team will see the service user and on what date. This will prevent the service user falling through any gaps in communication between services.

5.13 Care coordination for Woman in Pregnancy

Discharge and Transfer of care standards during the Peri-natal and Post-partum Period

Discharge or transfer should not take place during pregnancy in the perinatal period up to 6 weeks post-partum. **The Risk of post-partum psychosis is highest up to 12 weeks post-delivery.**

Community mental health teams should work to minimise barriers to care for women in pregnancy and during the perinatal and postnatal period. Recognising the need for lowered thresholds for women at the point of access, and those already open to services and at risk of recurrence/relapse of a psychotic or serious and or complex non-psychotic condition. **They should not be discharged if already open to a secondary mental health, even if well.**

In instances where a decision to discharge has been put in place before the pregnancy was known, these plans should not progress, and a multidisciplinary CPA review should take place inviting all relevant health, GP and social care professionals. A revised care plan will take into account the changed circumstances.

Continuity of care is especially important

Transfer of Care would need to take place if the Service user moves out of the local catchment area. In each instance, a review of joint working and decisions around the ongoing pathway should be made at a CPA meeting including the ongoing involvement with the Perinatal Team. The transfer of care should take place through the care review process, and in consultation with the service user, carer, family and other service providers. All providers will be updated before the named practitioner ends their involvement.

Perinatal CCQI

Embrace report- MBRACE report - Saving lives and improving mother care, Enquiry into Maternal Deaths

5.14 Rapid Access

The Crisis, Relapse and Contingency Plan at the point of step down will outline the detail of the circumstances for using the Rapid Access system.

The service user, carer or member of their support network will be able to contact their previous team for rapid access. Every effort will be made to ensure that the previous care coordinator is allocated.

Any service user subject to CPA who is stepped down to Primary Care will be able to make use of a Rapid Access system the discharging team if still relevant to presenting needs will aim to begin initiation of treatment following the guidance in Rapid Access plans written at the discharge CPA and re access arrangements.

The timeframe for Rapid Access will be decided by the care co-ordinator and service user in collaboration with others involved in their care. The date when Rapid Access ceases will be identified in the initial step down crisis, relapse and contingency plan.

Following this period service users will be able to access AWP services through referral routes as identified in Section 3.

5.15 Inpatient and Acute Care

Care coordinators must remain in close contact with ward to on a weekly basis keeping continuity of care and engaging with the Service User throughout all service users will have a review utilising the care planning function of RiO.

Care plans will be updated following any review and as required by service user presentation and or at transitioning points in the team delivering care to ensure that these remain relevant to presenting needs in i.e. an inpatient or community setting.

Standard 72 hour care plan templates will be available for all service users who are admitted.

Further standard care plans will be developed by services, dependent on service and performance requirements.

Upon discharge from a ward, all service users regardless of CPA status will be followed up at 48 hours and 7 day periods.

6. Confidentiality

Service users have a right to understand their rights to confidentiality and the circumstances in which AWP practitioners have a duty to share otherwise confidential information with others.

Multi agency care team and with family, carers and significant others, as detailed in the Trust Data Protection Policy and outlined in Department of Health guidance NHS Code: Confidentiality.

The scope of information to be shared will be discussed with the service user, family, carers, and significant others in order to develop safe and beneficial therapeutic relationships between all those involved with the person. Further guidance can be found on Using and Sharing Information.

7. Roles and Responsibilities

7.1 Executive Director of Nursing and Quality

Is nominated by the Board as the Executive Lead with responsibility for the development and implementation of this policy.

7.2 Service Delivery Units

Are responsible for approving any locality specific process variations, i.e. through the utilisation of specific assessment tools. These will only be utilised following approval through that Service Delivery Unit's Integrated Governance Forums; individual teams / services are not authorised to develop local solutions.

7.3 Team/Ward Managers

All managers will be responsible for:

- Ensuring that this policy is followed and understood as appropriate to each staff member's role and function
- Ensuring that staff acting as care coordinators have the required skills and competencies to carry out the role
- Ensuring that effective case load management and supervision is in place
- Ensuring that cover arrangements are in place for any absence of the care coordinator
- Ensuring that recommendations from audit processes are actioned
- Ensuring that staff attend appropriate training including use of the electronic records system
- Ensuring standards are maintained in line with the balanced scorecards and reinforced through supervision and appraisal

8. Standards

These adhere to national standards, consistent with monitoring and registration through the Care Quality Commission, outcomes 1, 4 and 7.

Contractual requirements related to CPA will be adhered to and are available through Performance and Information.

Further AWP guidance regarding CPA are available on the CPA section of Our Space, and can be accessed through hyperlinks within this document.

Details of any service specific forms and / or assessments to be used must be ratified through the individual locality Governance arrangements, with approval at Trust Governance.

9. Training

Practitioners training for implementation of CPA must be delivered in partnership with service users and carers.

The Trust's overarching policy for training is the Learning and Development Policy and this should be read in conjunction with this policy. Attached policy appendices are the Trust's learning and development matrices. These matrices describe the minimum statutory, mandatory and required training for all staff groups in respect of CPA and Risk.

The Learning and Development Policy also describes the Trust's arrangements for training, in particular how there are processes in place to ensure staff receive the training they require and how non-attendance is followed up. These arrangements are further supported by management supervision and appraisal processes.

The Trust lead for CPA and Risk has agreed the training standard with the Learning and Development Team and training standards have been informed by statutory requirements, professional standards and national best practice.

The Trust lead for CPA and Risk participates in a programme of continuous professional development to ensure they remain up to date and keep abreast of developments in this field.

10. Monitoring and Audit

The Clinical Executive and Associate Directors of Nursing are responsible for monitoring that the standards and requirements of this policy have been met.

Compliance with this policy will be through monthly completion of the Information for Quality System. This will be through record audit, CQC Provider Compliance Assessments and service user and family / carer questionnaires.

The Quality and Standards Committee will receive an annual report in respect of CPA and will take action to address any issues identified.

The annual report will provide information on:

- The adherence to the training requirements outlined on the MLE
- Compliance with use of risk assessment tools and documentation
- Adherence to discharge / transfer indicators

Any issues arising from the review process and monitoring that will aid and inform wider learning will be communicated via the Trust's programme of thematic reviews.

Operational managers are responsible for ensuring the quality of practice of staff, and should regularly review the skills of individuals and their ability to carry out tasks and obligations with regard to the process of CPA.

11. Definitions

Person-centred plan – is an individualised plan as part of the 'Green Light Toolkit' for improving mental health services for people with a learning disability

Shared approach – "is about people who provide services working with service users and carers to find a strong voice that will help them to be understood". (CSIP, 2008 p6)

Step-up – when a service user requires a higher level of intervention from AWP

Step-down – when a service user requires a lower level or no intervention from AWP

12. Associated and Related Procedural Documents

- Appraisal Policy
- Health and Social Care Records Policy
- Learning and Development Policy
- Safeguarding Adults Policy
- Safeguarding Children Policy
- MAPPA Policy
- Section 117 After Care Services Policy
- Staff Supervision Policy
- Procedure to Respond to a Request from a Service User for a Change of Service or Professional Staff
- Guidance on Acting as an Appropriate Adult
- Clinical Toolkit
- CAST

Version History

Version	Date	Revision description	Editor	Status
1.0	01 Nov 2006	TW/CPC/04 Integrated Care Programme Approach (ICPA) and the Assessment and Management of Risk - Policy, Procedures and Guidance		Approved
1.1	17 Dec 2008	Approved by the Trust Board	MD	Approved
2.0	04 May 2010	Amended and approved at Quality and Healthcare Governance Committee	AM	Approved
2.1	11 Oct 2010	Administrative changes to adhere to CNST requirements and reflect RiO terminology	MB	Approved
2.2	09 May 2013	Policy Review approved by Quality and Standards Committee	SJ	Approved
2.3	09 May 2016	Policy reviewed in line with 3 year review cycle. Administrative changes made.	SJ	Approved
3.0	16/06/2017	Policy reviewed and amended as appropriate. Approved by Deputy CEO & Director of Nursing & Quality	Acting Head of Community Nursing	Approved
3.1	27/02/2019	Admin amendments to replace links to updated clinical risk and management pages	Head of Nursing	Approved
4.0	21/10/2019	Amendments to process after RCA recommendations	Head of Nursing	Approved