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North East Lincolnshire Operational Risk Management Meeting Protocol

1. Introduction

Services and commissioners are seeing an increase in the numbers of people presenting with highly complex pictures of substance misuse, physical and psychiatric comorbidities. In addition, the Care Act 2014 requires a more integrated response to people with issues of self-neglect and who present risk to themselves or others. Accordingly, it is necessary that within NEL an appropriate framework exists that allow a multi-agency multi-disciplinary approach to managing risk in these cases.

Whilst many people are well served by current single agency and multi-agency working practices there is a small but increasing number that require a different, more creative approach involving many agencies and often commissioning responses too. The aim of the panel is to provide an additional multi-agency, multi-disciplinary response, including commissioners, which will agree bespoke packages of care, enable better risk sharing and risk management between agencies and facilitate better outcomes for people.

All agencies should follow existing legislation and their internal processes, including the Mental Health Act, Mental Capacity Act, Safeguarding Adults, MAPPA, MARAC and Channel/Prevent. These processes will be seen as having primacy and an Operational Risk Management Meeting (ORMM) will only be called if after these processes have been tried the risk remains or it would be more suitable to address the issue by means of an ORMM. In cases where there is a risk of serious harm or death a High Risk Panel should be considered.

An HRP should only be used when agencies feel they have exhausted internal mechanisms for managing risk or where formal consultation would enhance the response.

Where there are concerns that the adult at risk has care and support needs (whether or not the local authority is meeting any of those needs), is experiencing, or at risk of, abuse or neglect and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect then a safeguarding referral should be made in the first instance.

The ORMM should not be used for managing complaints and should not be the first response to those difficult cases but an avenue for consideration after traditional single agency efforts have been exhausted.

The guidance should be used flexibly and in a way that achieves best outcomes for adults at risk promoting a person centred approach. It does not, for example, specify which professionals need to be involved in the process, or prescribe any specific actions that may need to be taken as this will be decided on a case by case basis.

It is recognised that the dilemma of managing the balance between protecting adults at risk from self-neglect/risk taking activity against their right to self-determination is a serious challenge for all services. All actions need to be considered carefully and be proportionate to the level of risk, including the benefits for the individual of risk taking activity.

2. Eligibility Criteria

The ORMM Process Flow Chart should be used for guidance. The ORMM should only be used where existing Care Management and Health and Social Care involvement have been unable to resolve the issues/risks identified which are causing concern.

The following criteria should be followed when considering convening an ORMM;

- A person must have capacity to make decisions and choices regarding their life
- There is a presence of an unmanaged risk of harm by self-neglect, fire, deteriorating health condition, non-engagement with services or where an adult is targeted by local community, is the victim of Hate Crime or Anti-Social Behaviour or the victim of sexual violence, complex drugs and alcohol use, complex homelessness and where they have declined to engage with a single agency or other enquires include a safeguarding enquiry under Sec42 of the Care Act or the individual or family have no recourse to public funds (NRPF)
- There is a public safety interest or others at risk
- There is concern from partner agencies

The agency that identifies an adult at risk that would benefit from an ORMM meeting, will initiate, chair and minute the ORMM. The expectation is that the ORMM will be truly multi-agency and that each agency will agree on an appropriate representative to attend when required.

Consent for holding an ORMM should be obtained from the person wherever possible, and the person should be encouraged to participate in the ORMM process as fully as possible. The ORMM process should be in line with safeguarding process and should be person-centred and outcome-focused. Details must be sought of what the adult at risk's views is and what they would like happen.

An ORMM risk management plan is much more likely to succeed if the person has been involved in developing it. Consideration should also be given to gathering the views of other people who are important in the person's life, where consent is provided by the adult at risk.

Each agency should consider whether advocacy is appropriate and should be offered to the adult at risk. However, a lack of consent would not prevent an ORMM from taking place.

3. The Meeting

The purpose of an ORMM is to formulate a multi-agency risk assessment and risk management plan to reduce or remove the risk. Consideration must be given as to how the views of the adult at risk can be included. The person or an appropriate advocate must be invited to attend (unless this would significantly increase the risk or the chair believes it inappropriate).

If the threshold criteria are met the lead agency will coordinate the attendance at the ORMM. The ORMM lead will identify which agencies will be invited to the meeting. Any agency can request attendance of an agency even if the person may be currently unknown to that agency. All partner agencies must ensure appropriate staff are allocated with the required seniority to make decisions on behalf of their organisation.

The ORMM lead will chair and record minutes and actions of the meeting and distribute to attendees. It is important to agree timescales for each part of the process. This will be different for each case dependent on individual circumstances. It is also important to ensure that any decisions made are accurately recorded. This could be via a separate risk assessment or within the minutes of the ORMM meetings.

If there are children who are part of the household or who are linked to the individual who is being considered under the ORMM, Children's Social Care must be invited to the meeting and a Safeguarding Children Referral must be made. Equally if other adults may be at risk Adult's Social Care must be invited to the meeting and an Adults Safeguarding concern must be raised if appropriate.

Where possible, the adult at risk's views and wishes should be included and if they are not present, there should be detailed reasons for this.

Consideration should be given to ensuring appropriate agencies including non-statutory, voluntary sector and local community groups attend to facilitate the best opportunity to encourage positive engagement with the adult at risk.

The following Agenda can be followed when chairing an ORMM, however the ORMM is a flexible process and the agenda may need to be developed to support the individual case;

- Introductions
- Background to the circumstances of the HRP referral by the referring agency
- Consent & Capacity
- Identify Risks
- Identify Actions
- Appoint a person to contact the client if not in attendance
- Organise Review Date or Exit Strategy

The ORMM will develop the risk management plan designed to engage the adult in supporting them to reduce the risks.

It is important that all partner agencies ensure that escalation of risks or changes in a person's circumstances that may increase or decrease risk are shared and actioned in a timely way.

Following a period of implementing the risk management plan, the meeting may reconvene to review and evaluate the plan. The case should not be closed just because the adult at risk is refusing to accept the plan.

It is important to be persistent in ORMM cases due to the likelihood that the person may refuse services or support when this is first offered. In conjunction with being flexible and creative,

professionals may need to repeatedly try to work with a person to reduce risks. Non-engagement at first contact should not result in no further action being taken at a later date or professionals going back to the person and offering further help or support (particularly where risks may have changed or increased).

Consider the safeguarding of others if you believe anyone else might be at risk i.e. other adults at risk, children and animals.

It is recognised that at times there will be disagreements over the handling of concerns or professional differences. Where there are irreconcilable and significant differences between professionals however, consideration should be given to the escalation process.

4. Record keeping

Each agency is expected to manage their own records and ensure any ORMM minutes are attached to individuals records.

It is an expectation that any immediate risks will be addressed urgently following the meeting and the ORMM risk assessment and risk management plan will be circulated within a period of 72 hours to all interested parties.

Any other meeting notes or minutes should be circulated within one week. Individual agencies will ensure that this information is attached to the adult's record.

5. Information Sharing

The Care Act 2014 states that information sharing should be consistent with the principles set out in the Caldicott Review published 2013 *"Information to share or not to share: the information governance review"* ensuring that:

Information will only be shared on a 'need to know' basis when it is in the interests of the adult;

- Confidentiality must not be confused with secrecy;
- informed consent should be obtained but, if this is not possible and other adults are at risk of abuse or neglect, it may be necessary to override the requirement; and
- it is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other adults may be at risk.
- Where an adult has refused to consent to information being disclosed for these purposes, then practitioners must consider whether there is an overriding public interest that would justify information sharing (See 9 Golden Rules) and wherever possible the Caldicott Guardian should be involved.
- Decisions about who needs to know and what needs to be known should be taken on a case by case basis, within agency policies and the constraints of the legal framework
- Principles of confidentiality designed to safeguard and promote the interests of an adult should not be confused with those designed to protect the management interests of an organisation. These have a legitimate role but must never be allowed to conflict with the welfare of an adult. If it appears to an employee or person in a similar role that such

confidentiality rules may be operating against the interests of the adult then a duty arises to make full disclosure in the public interest.

The decisions about what information is shared and with who will be taken on a case by-case basis. Whether information is shared and with or without the adult at risk's consent. The information shared should be:

- Necessary for the purpose for which it is being shared.
- Shared only with those who have a need for it.
- Be accurate and up to date.
- Be shared in a timely fashion.
- Be shared accurately.
- Be recorded proportionately demonstrating why a course of action was chosen – I did this because..... I ruled this out because..... I chose this because.....
- Be shared securely

Operational Risk Management Meeting Process

