Norfolk and Suffolk NHS Foundation Trust: West Suffolk Locality DICES Clinics.

Norfolk and Suffolk NHS Foundation Trust (NSFT) have been delivering the DICES risk assessment and management training for the past eighteen months as part of their mandatory training. It is the aim that all staff will complete the DICES training and the framework is used as part of the trust's risk assessment. One challenge of implementing the new framework is that not all staff have accessed the training or are confident in completing a DICES risk assessment, particularly when the computer system does not replicate the information.

In the West Suffolk locality, NSFT, we have developed a DICES clinic, as a way of promoting the use of DICES risk assessment and management plans. The aim of the clinic is to provide a time for clinicians - with or without experience and training in DICES - to discuss cases that are causing them concern at present. From this discussion the relevant DICES forms are completed and a risk management plan is developed.

How the clinic is run:

The clinic is held fortnightly, for one hour, at either the inpatient unit or the south community base. Clinicians from all localities and pathways are encouraged to attend the clinic. Since its conception in May the clinic has an attendance rate of 78%, being utilised by staff from acute admissions ward, psychiatric liaison, adult IDT, neurodevelopmental IDT and acute recovery ward.

Promotional posters are distributed to all teams in the locality. Further reminders are sent via email at the beginning of the week, in which the clinic is being held. This encourages clinicians to book into the clinic via a central administrator. One case is discussed per clinic, allowing for sufficient time to complete the DICES forms and a risk management plan.

The clinic is facilitated by two clinicians who have completed the DICES training. The clinician attending the clinic is asked to present a synopsis of the case; specifically thinking about the current risk(s) posed, their concerns, any historical information pertinent to the current risk(s) and what risk management has been put in place so far. Preparation completed by clinicians prior to the session varies; some clinicians with training in DICES complete the forms individually and bring them along to gain other's opinion and to discuss any points raised. Others, particularly who are not familiar with the DICES paperwork complete the forms in the clinic. This coincides with discussion and questioning from the facilitators allowing a true multi-disciplinary approach to risk assessment/management.

Following completion of the relevant forms, starting with the Brief-DICE, the risk management plan is completed. We have found it easier to complete this following each form, for example, DICES-S. This ensures that all options, relevant to each dimension of risk,

are considered fully. The risk management plan is then drawn up, detailing; the risk(s), level of risk, options available to manage the risk, explanations of choices made, including why preferred options have been chosen and others rejected. The risk management plan and all the forms are kept by the attending clinician who then uploads the information on to the clinical system and circulates the information to all appropriate parties.

The clarity of assessment and management plans developed using the DICES framework allow us to gain evidence that we are improving information sharing and learning from previous serious incident reports. Following attending the clinic, if clinicians have not attended the DICES training, they can attend the training with an awareness of the resources used as well as an understanding of how they are used to promote risk management.

What has been clinician's experience of the clinic?

Clinicians who have attended the clinics have described their experience as:

"The discussion enabled a sense of shared responsibility regarding a hard to reach risky person."

"It was good to formulate the risks and share possible ways forward and recognise that what we are doing is the best we can do at present."

"The clinic was interesting and useful."

"It was really useful to be able to get objective views on the case and to get reassurance on the level of risk."

"It exceeded my expectations in that I thought I would have to do the paperwork myself, so it was a bonus to be handed it all at the end and all I had to do was have it scanned"

"I will be using the clinic again if I am concerned about risk."

Future aims

As detailed above, we have developed a clinic which promotes the use of DICES risk assessment and management plan. The clinic provides a protected time for clinicians to consider and complete the risk assessment and risk management plan within a multidisciplinary team. It allows for full discussion of risks and possible plans. Following the successful uptake of the clinic in its current form, we are looking to refine and expand the clinic to ensure it best suits the different teams who can access it as well as ensuring the best use of resources. We aim to expand our pool of facilitators, which may enable us to increase the clinics to be more locally based. This in itself will increase access to the clinics and may encourage attendance from clinicians who have not been able to previously access the clinic.

We believe that we are deserving recipients of the APT-DICES Award for Excellence in Risk Assessment and Management; as we have responded to a service need, we continue to promote the use of DICES risk assessments within the West Suffolk locality and provide time and space for risks to be considered. This is allowing clinicians to discuss and explore their service-user's risk in an objective way, using the clear framework provided by DICES. Most importantly, we are encouraging clinicians to share this information with all relevant parties.