Accountability & Responsibility

A frequent fear associated with *risk* is that of being held personally responsible when things go wrong, particularly if an incident results that may trigger an inquiry. As a counterbalance, some people recognise that the fears can be greater in their heads than in the realities of their experiences. However, it is important to challenge the negativity of the so-called blame culture by recognizing the roles that individual's, teams and organizational hierarchies play in the overall appreciation of accountability and responsibility for risk-taking decisions.

Is it a simple exercise in shifting responsibility from a clearly identified individual to a blurred collective? Taking up a position in health and social care services does come with responsibilities attached, including in the challenging area of *working with risk*. However, we do need to strike a reasonable and pragmatic balance if we are to support staff to be confident and effective in risk decision-making, and less defensive and restrictive in their actions.

The nature of accountability

- Each individual is accountable for their actions within the sphere of their professional competence
- Individual accountability cannot be devolved to, or assumed by, others… training and qualification attaches certain reasonable expectations of clinical competence to practicing professionals
- You cannot be held accountable for factors over which you clearly had no control, or information you tried but could not access. But you must be able to demonstrate *reasonable* attempts to gain relevant information
- Terms such as *clinical* or *overall* accountability become confusing… we need to more clearly state what we expect of team leader, keyworker, and clinical/professional accountability, as they contribute to shared decisions made by groups of people
- It is vitally important that individual's, and groups of decision-makers, carefully think through the process of arriving at plans of action… routine reflection may include the following questions:
    - Do I know what the risks are (in the clinical, social or business context)?
    - Do I have the necessary information on which to base intervention or business decisions and plans?
    - Am I cutting corners or trying to save time?
    - Do we need to take this risk now?
    - What might be achieved, or what might happen, if we either act or don't act?
    - How do I justify this action: to colleagues, service users/clients, carers and myself?
    - Are there any discrepancies in the thinking behind the decision?
    - Is the decision rational, in relation to the available information?

- Is there a rigorous formulation of the case, based on a full multidisciplinary analysis of the available information?

Better decisions and plans will generally emerge from collaborative discussions and sharing of information, but for this to be a reality we need to develop a sense of *Collective Decision-Making*:

- Keep talking whenever differences of opinion arise (between service providers, and between service providers and service users or carers) including deferring decisions to enable this process to support improved decisions
- Make better use of supervision and team meetings for developing collective responsibility for decisions
- Develop better collective responsibility for reviewing risk assessment within teams
- Develop a culture where staff hold cases *on behalf of the team* rather than in isolated caseloads.

Levels of Responsibility

Individual practitioners should reasonably be responsible for:

- Close monitoring of the service users they are working with; including their own therapeutic interventions, their indirect contact with informal supports, and ensuring the service user's views on treatment and support are heard and acted on
- Coordinating the input of the multidisciplinary team and wider network of support
- Ensuring that adequate review of progress happens in line with good practice guidelines
- Documenting of essential information including clearly worded risk decisions (not focused solely on completing tick-box exercises).

Multidisciplinary teams should reasonably be responsible for:

- Allocating casework to individual staff and/or ensuring an effective team approach
- Linking individual staff skills and experience to the needs of the service user as much as possible
- Agreeing the overall care plans (including risk management and positive risk-taking plans)
- Agree major changes to plans
- Demonstrate good practice in assessment, interventions, decision-making and information sharing
- Initiate auditing of good practice producing clinically useful information.

Organisation management should reasonably be responsible for:

- Setting the *culture* of the organisation through its clear understanding of the complex issues surrounding risk
- Develop practice-based policy guidelines

- Put in place explicit mechanisms for support and supervision
- Establish critical incident procedures that investigate in the most transparent, sensitive and supportive way
- Developing Risk Management Panels in order to review and share responsibility for challenging complex risk decisions
- Refocus the activity of audit to identify qualitative examples of good practice as much as attention to the numbers.

The ways of demonstrating corporate support for staff at difficult times needs to be made more visible. A further need for recognition is that of the complex high risk nature of many people seen by many services (e.g. serious self harm, personality disorder, challenging behavior, and profound disability), and that some service users may only be seen for very brief periods of time. There needs to be a realistic view of what risk assessment and management can achieve in situations where people are very successful at communicating selective information, and little concrete evidence is available to justify further investigation or restriction; or where positive risk-taking decisions have been made for good reasons even if an incident has happened subsequently. The challenge to all staff is to ensure that the essential information has been documented (including the reasons underpinning specific decisions or actions). Above all else, we should hesitate before reshaping and restructuring services based on rare events.

This handout is largely drawn from: Morgan, S (2013) Risk Decision-Making: Working with risk and implementing positive risk-taking. Brighton: Pavilion Publishing & Media.