"LET'S TAKE A RISK WITH	
RISK."	
David Carson, Associate, Ulster University. ARC (NI) Conference. City Hotel, Armagh, 30th September 2016	
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Have I come to tell a fairy tale?	
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"Fairy tales do not tell children that dragons exist.	-
Children already know that dragons exist.	
Fairy tales tell children that dragons can be killed."	
(G.K. Chesterton.)	
No! I come to kill the risk aversion dragon.	-
No fairy tale is needed to tell managers that risk aversion exists.	
Managers already know that risk aversion exists.	
Adopting risk precepts shows managers how the risk	
aversion dragon can be killed.	
David Carson [1]	
David Carson. [1]	·
Formerly Reader in Law and Behavioural Sciences.	-
 At universities of Southampton and Portsmouth. Informing law about behavioural sciences 	
Focus upon prevention rather than pathology	
■ E.g. poor risk decision-making.	
■ How to be a good witness in court.	
■Was member of Area (Hampshire) and District (Winchester)	
Health Authorities.	
Risk-taking 'policy' adopted for, and tested in, learning disability services.	

■ We were commended by a Coroner!

David Carson [2]	
Wrote and lectured on risk-taking decision-making.	
□Carson, D. and Bain, A.J. (2008). Professional Risk and Working with People: Decision-Making in Health, Social Care and Criminal Justice. London: Jessica Kingsley Publications.	
Regularly lectured to psychiatrists, psychologists, nurses, SWs, etc. Advised U.K. police	
□ Leading to adoption of Ten Risk Principles. ■ http://www.app.college.police.uk/app-content/risk-2/risk/	
Currently working on investigations.	
Precepts to enhance efficiency of, and justice from, inquiries into adverse events.	
If the viels proceeds are good enough for the	
If the risk precepts are good enough for the police, why not for HSC Trusts?	
"Risk principles The approval of ten risk principles is a first step towards the	
police service encouraging a more positive approach to risk by openly supporting decision makers and building their	
confidence in taking risks. The ten principles convey strong and consistent messages about the nature and consequences of risk taking and should	
provide reassurance to the public and the police service. When police officers and staff use the <u>national decision</u>	
model (NDM) and the principles, they have a more flexible policing environment where they are better equipped and supported in exercising professional judgement."	
From: http://www.app.college.police.uk/app-content/risk-2/risk/	
6 "Let's take a risk with risk."	
Context.	

Risk-taking is 'wicked'. It requires leadership.	
Rittel, H.W.J. and Webber, M.M. (1973). 'Dilemmas in a General Theory of	
Planning' Policy Sciences 4: 155-69.	
Rittel and Webber distinguish:	
"Tame' problems have right /wrong answers; all info. is available;	
solutions can be tested; are distinct and independent, etc.	
■ 'Wicked' problems are not.	
Risk-taking is wicked/messy!	
We can distinguish:	
Administrators tackle problems which are known and understood. Involves	
technical skills. Does not need hierarchy.	
Managers analyse, assess, and choose solutions to known problems.	
Leadership involves setting goals, principles, limits, permitting and	
supporting. It is creative. (The antithesis of 'command and control.')	
■ Wicked problems (e.g. risk-taking) require leadership. ■ Carson, D, Nash, M. and Clift, S., (2013). 'Responsibility for Public Protection	
and Related Risk Decision-Making, Police Journal, 86: 307-20.	
Context: The management of risk.	
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'The Donaldson Report.'	
"The way in which central bodies seek to achieve compliance with their policies and make broader improvement changes is based on a very traditional and	
quite bureaucratic management model. There is much detailed specification of	
what to do, how to do it, and then extensive and detailed checking of whether it has been done. This has strengths in enabling the central bodies and the	
government to demonstrate their accountability and give public assurances, but	
it can greatly disempower those at the local level. It can cause those managing locally to look up, rather than looking out to the needs of their populations.	
"The alternative is a style of leadership based on inspiration, motivation and	
trust that those closer to the front line will make good judgments and innovate if they are encouraged to do so. Perhaps the relationship needs a lighter touch, to	
liberate freer thinking on how to make services better for the future." (p.4)	
 Donaldson, L, Rutter, P. and Henderson, M. (2014). The Right Time, The Right Place: An expert examination of the application of health and social care governance 	
arrangements for ensuring the quality of care provision in Northern Ireland. (http://www.belfasttrust.hscni.net/pdf/The_right_time_the_right_place_DOC.pdf)	
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Management and risk-taking:	
Just some of the problems.	
Risk aversion / avoidance. A reluctance to take professionally apt decisions for fear of consequences to self or service. Noted in Donaldson report and BMA response to it. De-professionalisation and de-motivation. Following protocols and procedures rather than thinking for self, or of principles and values. Adverse impact upon learning. E.g. inapt focus upon individual rather than systemic causes. Donaldson Report notes learning from inquiries is poor. Absence of a 'just culture' at work. Belief that will be supported and treated fairly through investigation. Duty of candour? Duty to 'listen and learn' (BMA NI)?	
Leadership on risk-taking within health and social care. Be proactive, not reactive! Understand 'risk', etc., in terms which: Reflect a coherent and consistent understanding of what risk-taking involves. Reflect the law of professional risk-taking practice. E.g. of negligence and capacity. Support professionalism and learning. Involve the public and media by being 'up-front' about how judge. Involve the public and media by being 'up-front' about how judge. Involve the public and media by being 'up-front' about how judge.	
'Let's take a risk with risk.'	
Proposal: That HSC Trusts should agree to judge, and be judged by, precepts on professional risk-taking.	

They are in a draft format. Open to amendment, inclusion and exclusion. Trying to explain and inform as well as to declaim. There are repetitions and infelicities of expression. They restate, but identify problems with, the law. Restate laws of negligence and competence. They identify problems with legal practice, e.g.: Current focus upon positive acts (commissions) not omissions. Individual errors rather than systemic. Conflation of causation, responsibility for, and blame. Could seek legal advice before adopting them. British police did.	
Consequence of adopting the precepts. Assure staff that they will be judged by these principles. E.g. take account of: Benefits, of risk-taking, as well as potential harms. Energency and dilemma situations. Focus on the decision-making and not outcome. Le. reduce likelihood will be successfully sued or criticised. Encourage others to adopt. Invite others (e.g. staff associations, voluntary sector, partners), to approve. Send to media encouraging them to object or adopt. Tool for training. Emphasise their primacy in decision-making. Allow more detail, and examples, for training, explaining, purposes. Just culture at work "We promise to support you, if you follow these precepts, even if harm results."	
'Let's take a risk with risk.' Core ideas about professional risk-taking to underpin the precepts.	

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Key concepts. Risk-taking.	-
Risk involves:	
Degrees of outcome: Beneficial and harmful.	
□Involves values.	
■ Competent adults entitled to judge.	
□Degrees of likelihood.	
Matter for science (actuarial assessment.)	
Risk decision-making involves:	
Risk assessment	
Comparison of likely benefits and possible harms. Risk management:	
Use of resources (including people, skills, services, facilities, time) to	
maximise chance of benefit and minimise possibility of harm.	
Key concepts. Judging risk-taking.	
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Inaction can be harmful.	
Duty to take risks when and where apt.	
Conservative risk-taking is poor practice.	
□ False positives (e.g. detaining when unnecessary). ■ The most common wrong (poor?) decision is unnecessary intervention.	
Must account for difficulties when making decisions, e.g.:	
Emergencies. Insufficient time to gather necessary information.	
Dilemmas. Whatever is done harm will result.	
Must judge the quality of decision-making, not the	
outcome.	
 A decision may be poor/good whether harm occurs or not. The outcome may be accidental. 	
It is only fair to criticise if would also criticise if no harm had occurred.	
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'Let's take a risk with risk.'	
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'Let's take a risk with risk.' Suggested precepts.	

	Precept 1. Duty to take — not to avoid -	
	risks.	
2	1. All professional Health and Social Care (HSC) staff have a positive duty to take risk decisions relating to, and affecting, their patients and clients. Risk-taking is inevitable, and regularly desirable, when providing health and social care. Without it there would be stasis.	
	unprofessional, as making inappropriate risk decisions. When assessing a risk, the possible outcomes, both beneficial	
	and harmful, must be considered alongside their likelihoods. The risk of a large amount of harm, including death (e.g. crossing a road), can be justified by the low chance of its	
	occurrence.	
	Precept 2. Judge the decision, not the outcome!	
2	2. By definition harm will, sometimes, arise from	
	risk-taking, irrespective of how well the decision was made and managed.	
	□That harm results from risk-taking cannot, by itself, demonstrate that an inapt decision was made. Harm can	
	be an accidental consequence of good decision-making. That no harm results from risk-taking cannot, by itself, prove	
	that a good decision was made.	
	Precept 3. Consider benefits as well as harms, risk management as well as risk assessment.	
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	 Professional risk-taking requires an assessment and comparison of the possible outcomes - both the benefits and the harms - and the management of the resulting decision. 	
	□The potential benefits, of a risk decision, regularly justify the chance of harm. A failure to consider potential benefits, or deliberately undervaluing them, is as unprofessional as a failure to consider, or properly assess, potential harms.	
	Motivating a patient or client to change, to become more independent, etc., is often critical for progress	
	■Whilst risk assessment is an intellectual and scientific exercise, the implementation of risk decisions involves practical skills and requires the investment of resources.	
	Risk decisions must be implemented. That requires management, which includes the investment of different resources to maximise the chances of success and	
	minimise the possibility of harm. A risk decision may be well made but poorly implemented, managed.	

Precept 4. Managers need a full, not partial,	
understanding of decision-making.	
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4. Good risk-taking, which achieves goals or	
prevents losses, deserves recognition.	
□To judge an individual's, or a service's, risk-taking we need to know the frequency and extent of good - as well as bad - decision-making. The value of preventive work may not be immediately apparent (e.g. because harm does not occur), but we need to know about it.	
We can – and do - learn more by studying, and replicating, good practice than by analysing, and	
avoiding, atypical poor practice.	
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Precept 5. Acknowledge both values and	
the best available science.	
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5. Professional risk-taking involves relative values, as well as an imperfect science.	
■Professional staff must abide by the law relating to patients'	
and clients' capacity to make decisions. Whilst HSC staff must provide individualised advice about their risk-taking,	
competent patients and clients are entitled to take decisions	
affecting themselves. Whilst competent adults are entitled to make their own decisions about values, HSC professionals	-
invariably have a better understanding of the likelihoods involved.	
Whereas professionals' likelihood assessments should be	
based upon actuarial research, clinical factors (including risk management), should be taken into account in risk	
management.	

Precept 6. Adopt the laws of negligence and capacity.

- 6. Professionals' risk decisions, and risk management, must satisfy the requirements of the civil law of negligence, (i.e. they must be compatible with decisions that would be made by a responsible body of co-professionals).
- □Professionals' risk decisions need not be supported by most, let alone all, co-professionals. It need not be the best practice, just approved, in practice, by a responsible body of colleagues.
- □The circumstances, in which professional risk decisions are made, will be taken into account. This includes emergencies, when for good reasons there is not the time to obtain or to take into account all the desirable information, and dilemmas, when whichever decision is made harm will result.
- ■Whilst procedures and protocols will often reflect good practice a particular professional risk decision may be negligent because the procedure, protocol, etc. which was followed was inappropriate, or was implemented improperly.

	Precept 7. Judge the decision-making,	
27	not the outcomes.	_
	7. We,, need to learn about risk decision-making and risk management - both successful and otherwise — without making assumptions because of particular outcomes.	
	That harm, or success, follows a risk decision does not – cannot – prove that the likelihood assessment was wrong, The use of hindsight, to argue that the assessment was wrong, may be a commonplace reaction but it remains wrong. Other evidence, must be found to demonstrate any error in assessment.	
	Success or harm may follow upon a professional risk decision; that cannot prove it was caused by it A risk decision is poor if, and only if, it should be criticised even if no harm had resulted	
	It is judge otherwise involves responding to the outcome (i.e. that someone was injured), which may be accidented Risk assessment, and its implementation in risk management, should be considered	
	and judged separately The quantity and quality of the resources made available, for risk management, must be considered.	
	Precept 8. Identify range of causes, from	
28	success and failures.	
	 We should seek to identify, and learn from, all the significant causes of both our successful and unsuccessful risk decision-making and risk management 	
	I It is neither possible nor proportionate to identify all of these causes and influences after every risk decision. Nevertheless, we should develop systems so that we may learn how to reduce the inherent uncertainty of risk-assessment, and how to improve control through risk management.	
	It is often easier, and more efficient, to disseminate good practice by identifying it elsewhere.	
	■Root cause, or similar forms of analysis, should be applied to understand why particular outcomes, successful or otherwise, occurred. To ensure that an apt breadth and depth of analysis takes place, a number of template hypotheses	
	should regularly be considered (e.g. that a lack of apt resources, and/or a poor working culture, was a causal factor). 2'Systemic' factors (including organisational, cultural, managerial and	
	procedural) may be more prominent, and significant, than individual contributions. They need to be identified, not least because it will often be easier to change them.	
	Precept 9. Distinguish 'cause,'	
29	responsibility' and 'blame.'	
	D. Conclusions, about responsibility or blame, should not be drawn just from findings about cause.	
	Whilst a cause may be sufficient to create legal liability that is insufficient to justify attributing responsibility or blame.	
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	Blame involves a moral attribution so it also requires further information and analysis	

■No professional should be considered a cause of harm, let alone held responsible or blamed for it, just because they 'had an opportunity' to act differently ...

□.... [Ejmployers and managers should seek and retain a 'just culture' at work. ... can expect ... staff to be open to, accountable for, and willing to lean from any errors ..., because they ... believe ... they will be treated fairly....

Precept 10. Inquiries are just one - not necessarily apt – response. 10. Any inquiries into untoward events following professional risk-taking, should be fair, rigorous, proportionate and undertaken to consider clear, pre-stated, hypotheses. ■No guarantee can ever be made that 'the facts,' or 'the truth', about a past event, can be discovered, especially to a sufficiently high degree of certainty to justify the attribution of responsibility, blame, etc., let alone punishment. ... Inquiries should only be established if there is a realistic chance that they will, ... produce information which will be valuable, ... Rather than institute an inquiry it may be more appropriate to establish a research study or training programme. . . . □ The cost of inquiries, even when designed to reduce the chance and extent of future harm, can damage the delivery of current services. . . . An inquiry into good practices elsewhere (e.g. if it demonstrated how they could be adopted locally), might be more valuable than an inquiry into an atypical adverse event. Leadership on risk-taking within health and social care. Be proactive, not reactive! Proclaim precepts about risk. ■Understand 'risk', etc., in Agree to judge others (i.e. staff) and to be judged by them. terms which: Acknowledge will 'increase Reflect a coherent and liability.' 'Liable' for: consistent understanding of Omissions (failure to take apt risk-taking. risks) Reflect the reality and law of ■Poor decisions (even if no harm results). professional risk-taking ■ But use tools/concepts to judge practice. responsibility better, e.g.: Judge the decision-making and not the result. E.g. of negligence and capacity. ■Support professionalism and learning. Distinguish cause and blame. Involve the public and media by being 'up-front' about how judge. "LET'S TAKE A RISK WITH

RISK."