Service Six

Clinical Risk Assessment Management Policy

Date: April 2017

Review Due By: April 2018

Lead Role/Manager: Chief Executive

Others involved in implementing: Senior Managers, Managers and Personnel

What this policy covers

This policy outlines the ways in which services assess and manage risk to clients; including the use of assessment and clinical processes to inform the therapeutic services provided. It applies to practitioners working in all services on the company's behalf.

Particular risk to clients or others may be identified in working with clients; such as suicidal thoughts, self-harm, drug and alcohol misuse, children or vulnerable adults at risk and risk of violence to others. However there is risk associated with any clinical intervention and therefore client risk assessment and management is an integral part of each practitioner's work with clients.

The policy does not attempt to cover all eventualities and should be read in conjunction with other policies and procedures as appropriate. It does not provide detailed procedures as these are developed appropriately within each service.

This policy complies with BACP and NICE guidelines. It is informed by Standards for Better Health (DOH, 2006) and Best Practice in Managing Risk (DOH, 2007).

Definitions

Clinical risk assessment

This is the systematic collection of information in the clinical setting, to determine the degree to which harm to self or others is likely. It involves assessing key risk factors and the client's presentation in order to reach an informed clinical judgment.

Types of risk

Clinical risks relate to the delivery of therapy services, whilst non-clinical risks relate to the wider environment of provision of services. Both aspects of risk are relevant to this policy as they have the potential to impact on safety of clients and staff.

Levels of risk

A risk matrix may be used to consider both the likelihood and consequences of a harmful event occurring (see appendix A: C15 Risk Matrix); where risk is judged to be high, a 'red flag' or other system of highlighting is indicated against a case record. High risk indicates there is a need for immediate or urgent action, to reduce the level of risk to medium or low as soon as possible, such actions are recorded on the service log.

Responsibilities

All staff have a responsibility to act on information regarding risk to clients or others that they receive in their role and to liaise with practitioners and managers as appropriate.

- Practitioners are accountable for ensuring that clinical risk assessments and management of risk are implemented with all clients and appropriate records are maintained. It is also the responsibility of practitioners to consult appropriately with clinical/service managers and clinical supervisors when significant risk is identified. It is essential that practitioners report high risk so that it can be logged and managed appropriately.

- Clinical supervisors who have a three way agreement with supervisees and the service are responsible for providing advice and guidance to practitioners regarding appropriate action to promote the safety and wellbeing of clients, in ways which are consistent with service procedures. They encourage consultation within the service and in the event of their supervisees not taking adequate action, will report this to the service manager, in accordance with the three-way supervision agreement.

- Managers are responsible for coordinating the risk assessment, logging and management process within the service and for providing consultation to practitioners regarding issues of risk. They oversee and co-ordinate referral to and liaison with other agencies. They also identify staff training requirements regarding managing clinical risk and ensure these are met.

- Manager's feedback issues arising from this policy and associated procedures to the clinical governance manager and raise matters at managers' meetings in relation to logging, monitoring and responding to client risk.

- The Chief Executive supports the managers in interpreting and implementing policy. This includes conducting clinical audits of cases and services to monitor and assess the effectiveness of policies and procedures relating to management of client risk. Outcomes are reported to senior management to inform business planning, the development of safe standards and continuous quality improvement.

- The Chief Executive reviews and updates this policy and associated procedures in accordance with published plans and in the light of clinical audits and other systems of feedback.

Components of Client Risk Assessment and Management

Although differing in detail, all services share common components in the ways in which client risk is assessed and managed:

- Induction and training relating to company policy and procedures is provided for all staff and practitioners and CPD is promoted, to encourage appropriate standards are being maintained.

- Referrals are managed within the remit of services and resources available, to ensure client and staff safety.

- Services provided are informed by evidence based practice and NICE guidelines.

- Clinical consultation within teams is an essential element of safe practice; ensuring service/clinical managers are able to monitor and oversee management of clients at risk.

- All practitioners use clinical supervision to reflect upon and actively seek support and advice with all aspects of client risk.

- Practitioners record notes of all actions and agreed plans in addressing risk to clients; ensuring that database records are maintained in a timely way.

- Service/clinical managers monitor and regularly review cases identified as high risk (or 'red flag') ensuring the risk log is signed off when all actions are completed.

- There is continuous consultation between managers, discussion of cases and monitoring trends within and across services, as well as reviews of adverse events, complaints and information security incidents.

- Annual clinical case audits and clinical service audits provide evidence of effectiveness and areas for attention to improve safe management of risk to clients or others.

Stages in the Clinical Process

The assessment and management of risk is a continuous element from beginning to end of the clinical process.

Client risk assessment

Initial assessment/screening is an essential first stage of each service's provision:

Assessment includes consideration of the client's current mental/emotional state and presentation; relevant history; risk triggers and resources for coping. The formats vary in detail between services but are designed to ensure all relevant risk factors and history is reasonably covered.

Standard outcome measures provide a quantitative measurement of risk and a prompt for discussion (i.e. CORE, PHQ9 and GAD7 and other measures as clinically indicated). These are used at the beginning and end of the therapy process as a minimum requirement and additionally, in most services, as a clinical tool for ongoing use within each session.

Any issues of risk are discussed with the client wherever practicable and agreement is reached as to next steps to manage and reduce identified risk.

A risk matrix (see appendix A Risk Matrix) may be employed to aid practitioners and managers in making a judgment about the level of risk presented; as with any tool of this nature it is not an exact measure and is used merely as a rough guide to prompt further consideration and reflection.

All relevant concerns are noted and 'red flag' or other procedures initiated in cases of high risk (see Appendix B Checklist of Actions for Managing High Clinical Risk). This includes feedback to the clinical/service manager and consultation about appropriate next steps.

Ongoing management of risk

This is determined by the initial consultation following assessment and is informed by other company policies and procedures as appropriate.

Common elements include:

- Ongoing review of the level of risk with the client, session by session.
- Continuous consultation at each stage with the clinical/service manager.
- Reference to and maintenance of the client's record at each stage.
- Further consultation with other professionals involved, with client's consent wherever possible, respecting client confidentiality and capacity for autonomy.
- Appropriate use of supervision to discuss all cases of medium and high risk.
- Onward referral or sign-posting where necessary, requiring recognition of limits to services in being able to safely manage risk and meet clients' needs.
- Continuous self-monitoring of practitioners and all staff involved, regarding the impact of issues and identification of needs in managing cases of medium and high risk.

Discharge of Clients

The company has a duty to ensure that appropriate steps are taken to facilitate management of any ongoing risk to clients following discharge from its services (see Appendix C Checklist for Clients in Clinical Need at Case Closing)

- Prior to an anticipated ending, agreement is reached with the clinical/service manager about recommendations, onward referral or other next steps as appropriate.
- Using outcome measures during the final session provides a guide to reflection with the client about any ongoing aspects of risk.
- Ongoing risk factors identified are discussed with the client wherever practicable and agreement is reached as to recommendations, onward referral or next steps.

- In cases of unplanned endings or loss of contact where issues of risk are ongoing; referrers, the GP or other professionals involved are alerted.

- Reports or discharge summaries record ongoing issues of risk and agreed plans.

- Cases are not closed until all necessary steps to manage risk have been carried out.

Appendix 1: Risk Matrix

IMPACT	LIKELIHOOD				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Highly Likely
5 Catastrophic	5 LOW	10 MEDIUM	15 HIGH	20 HIGH	25 HIGH
4 Major	4 LOW	8 MEDIUM	12 MEDIUM	16 HIGH	20 HIGH
3 Moderate	3 VERY LOW	6 LOW	9 MEDIUM	12 MEDIUM	15 HIGH
2 Minor	2 VERY LOW	4 LOW	6 LOW	8 MEDIUM	10 MEDIUM
1 Insignificant	1 VERY LOW	2 VERY LOW	3 VERY LOW	4 LOW	5 LOW

RISK CATEGORIES		
Levels	**Risk Factor**	**Action**
RED (15-25)	High	Urgent/Immediate correction to reduce to medium/low
ORANGE (8-12)	Medium	Reduce to low as soon as possible
YELLOW (4- 6)	Low	Reduce to very low if practicable
GREEN (1-3)	Very Low	No action required

Appendix 2: Checklist of Actions for Managing High Clinical Risk

WHAT IS CONSIDERED TO BE HIGH CLINICAL RISK?

When a client has answered 'yes' to questions about plans to end their life on clinical questionnaires (e.g. PHQ9, q. 9, CORE 10 q.6) AND has expressed more than fleeting thoughts consistent with low mood.

When any potentially significant risk has been disclosed in referral information or at any stage by the client or a third party when risk disclosed falls in the 'Red' zone of the Risk Matrix

ACTIONS TO BE CONSIDERED IN EVERY CASE

1. Explore further with the client to establish current circumstances, protective factors and current effective support
2. Inform the client of any follow up actions to be taken by the service/ the client (unless it would be unsafe to do so)
3. Consult with the appropriate manager and or colleagues
4. In the event of Child Protection/Vulnerable Adult issues follow separate published procedures
5. Take immediate action if required; contact the emergency services
6. Inform the client's GP, social services or others as appropriate
7. Note details on the Risk Log and monitor until the case is closed, keeping managers informed
8. Record details of all actions taken with reasons on the database client file; using the convention to 'red flag' risk or mark with an ''R' in the appropriate field.

Sample Risk Log: To be signed off and dated by a manager

Client	Date/ Prac.	Clinical scores	Nature of risk severity and / most recent	Actions agreed with client and/ manager	Actions taken & date	Date closed	Manager sign off
12345	12.8.11 XY	PHQ9 21, GAD7 21 (CORE 3.2)	Self-harm: cutting legs with razor x2 per week Yesterday attended A&E	1.Practitioner to speak to GP today 2. Follow up call with client tomorrow 3.Explore appropriate further support (within the service/secondary care?)	1. GP aware 12.8.11 2. Called client 13.8.11 3. Agreed with VW, Step 3 sessions 13.8.11 Informed client on waiting list & will call again 20.8.11	4.10.11	
12468	3.10.11 ZA	PHQ9 13 GAD7 8 (CORE 1.7)	Client feeling 'out of control' does not know 'what he may do'. Like this for past week	1.Client to attend local A&E 2.Follow up call to client arranged Further consultation with clinical manager	1.3.10.11 2.Client did not answer phone 3.Agreed with mgr. contact GP 4. GP informed us client in care of Crisis team – so case closed		VW

Appendix 3: Checklist for Clients in Clinical Need at Case Closing

CLIENT SCORES ARE CLINICAL /UNKNOWN	TO BE CARRIED OUT IN ALL CASES: If client is at 'high'/'extreme' risk or in clinically 'severe' category consult with clinical lead 1. Discharge letter to GP 2. Copy letter to client	IN ADDITION IF APPROPRIATE: 4. Referral to other agency	IN ADDITION IF APPROPRIATE: 5. Watchful waiting	IN ADDITION IF APPROPRIATE: 6. Further therapy sessions
CLOSING WITHOUT STEP 1: no contact declined to proceed	**Letter to include:** • Confirm reason for closing within 30 days of referral (10 days if high risk) • Indicate clinical category (if known) or risk if present and ongoing concerns. • Action to be re-referred & timescale.		Follow up contact at agreed date	
CLOSING AFTER STEP 1: completed assessment / screening then lost contact declined to proceed further requires treatment beyond the service	**Letter to include:** • Confirm reason for closing within 30 days of referral (10 days if high risk) • Indicate clinical category (if known) or risk and ongoing concerns • Action to be re-referred & timescale **Plus:** Indicate reason for referral to other agency and any actions taken.	Indicate clinical category (if known) or risk and ongoing concerns. Indicate reason for referral and any actions taken on client's behalf	Follow up contact at agreed date	
CLOSING AFTER STEP 2/3: commenced therapy then lost contact declined to proceed further requires treatment beyond the service	**Letter to include:** • Confirm reason for closing within 30 days of referral (10 days if high risk) Indicate clinical category (if known) or risk and ongoing concerns • Action to be re-referred & timescale **Plus:** • Indicate reason for referral to other agency	Indicate clinical category (if known) or risk and ongoing concerns. Indicate reason for referral and any actions taken on client's behalf	Follow up contact at agreed date	Review the value of therapy provided in relation to the client's ongoing clinical needs Agree further sessions/ step up or down as indicated with review date

	and any actions taken. Scores at start and end of treatment summarise the nature of treatment provided by the service. • Include reference to gains from therapy and ongoing clinical needs .	**Plus:** Include detail as in discharge letter to GP Detailed transfer of clinical information as required		

Consultation with a senior clinical manager should be sought for any client closing at high risk or with clinical scores in the 'severe' category.

What is regarded as 'clinical need'?

- **Within the clinical range of scores on clinical measures: PHQ9=10+; GAD7=8+; CORE=1.0+**
- **When clinical scores are not known (i.e. pre-assessment/screening)**

What actions should be taken?

- As indicated on the chart above, actions 1, 2 and 3 should apply in **all cases** regardless of what stage of the treatment pathway had been reached with the client.
- As indicated on the chart above actions 4, 5 and 6 will apply **as appropriate to the clinical need** of the client and is related to the stage of treatment reached.
- In **all cases** separate risk policies and procedures should always be followed as appropriate
- **all cases** actions taken and the reasons for these should be recorded on the client file and/risk log if appropriate