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## **Mental Health Clinical Risk and Risk Mitigation Management Policy**

### **Introduction and Aim**

This policy details the framework for the assessment and management of service user risk in Cardiff and Vale University Health Board (UHB). To deliver effective care staff must be able to demonstrate sound judgement in clinical risk assessment and develop, when possible, a co-produced risk and safety management plan which is derived from that assessment.

The UHB is committed to ensuring that the Mental Health Clinical Board have robust clinical risk assessment and risk management strategies in place that will reduce risk of harm to service users and others in contact with mental health services, whilst supporting recovery and ensuring the safety of patients, families, carers, staff, and members of the public.

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## Objectives

The Risk Assessment and Risk Management Policy sets out the principles and framework used within the Mental Health Clinical Board to identify, understand, and manage risk in a consistent, person-centred, and evidence-based manner, supporting safe care, recovery, and continuity across services.

The objectives of this Policy and Procedure are to:

1. Ensure that a Welsh Applied Risk Research Network (WARRN) formulation is completed for all service users receiving secondary mental health services, to support a shared, formulation-led understanding of risk and to inform proportionate risk management and person-centred safety planning (PCSP).

*Secondary mental health services provide care and treatment for individuals with more severe and/or enduring mental disorders where the level of need, risk, and complexity requires specialist input. Services at this level include care provided under the Mental Health Act 1983, inpatient hospital care, community mental health teams for adults and older adults, and other specialist mental health services, in line with statutory definitions and Welsh Government guidance (Welsh Government, 2019). This approach aligns with current Welsh Government policy emphasising needs-led, person-centred care and continuity across mental health pathways (Welsh Government, 2025).*

2. Ensure that consideration of risk is embedded within all assessments undertaken by primary mental health services and services that span primary and secondary care, including community liaison services, GP liaison services, and primary mental health support services, supporting a joined-up and consistent approach to risk across care pathways.
3. Highlight the importance of risk management and person-centred safety planning that is clearly aligned to the identified risk formulation, supporting practical, compassionate, and recovery-focused responses to risk.
4. Highlight the requirement to review and reassess a service user's risk at appropriate intervals and in response to changes in presentation, circumstances, or care setting, recognising the dynamic nature of risk.
5. Ensure clarity and shared understanding of individual professional responsibilities in relation to risk assessment, formulation, and risk

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management, promoting accountability, effective communication, and collaborative working across multidisciplinary teams and services.

6. To ensure that clinical risk assessment and management processes are informed by the mandatory completion of a WARRN risk formulation, with **person-centred, co-produced safety planning offered, where clinically appropriate, as a complementary intervention**. Safety planning should actively involve service users and, where possible, families, carers, and support networks in identifying risks, protective factors, early warning signs, and agreed actions to support safety and recovery.
7. To promote strengths-based, recovery-focused approaches to safety planning, ensuring plans are proportionate, dynamic, and responsive to changes in presentation, and reflect individual needs, preferences, and circumstances, in line with Welsh Government policy and the Mental Health (Wales) Measure 2010.
8. To support continuity and consistency of safety planning across multidisciplinary teams and care settings, ensuring safety plans are clearly communicated, shared appropriately, and reviewed collaboratively to reduce risk during transitions and periods of increased vulnerability.

### Scope

This procedure applies to all our staff in the Mental Health Clinical Board, in all locations including those with honorary contracts and students within our Clinical Board.

### Equality and Health Impact Assessment

*An Equality and Health Impact Assessment (EHIA) has been completed and found there to be no impact and no key actions have been identified.*

### Documents to read alongside this Procedure

Clinical Risk Assessment must not be considered in isolation from other UHB mental health policies and procedures. This policy should therefore be read and acted upon in conjunction with:

- Cardiff and Vale UHB Admission, Discharge and Transfer Procedure
- Cardiff and Vale UHB Observation & Enhanced Engagement Procedure
- Cardiff and Vale UHB policies relating to the Mental Health Act 1983

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	<ul style="list-style-type: none"> <li>• Mental Capacity Act</li> <li>• Cardiff and Vale UHB Child Protection Good Practice Guidelines</li> <li>• All Wales Child Protection Procedures</li> <li>• Cardiff and Vale UHB Guidelines on the Sharing of Information</li> <li>• South Wales Guidance on the Protection of Vulnerable Adults</li> <li>• The action plan in response to Violence Against Women, Domestic Abuse and Sexual Violence</li> </ul>
<b>Approved by</b>	Mental Health Clinical Board Controlled Document Operational Group

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**Disclaimer**

If the review date of this document has passed, please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
2	27 <sup>th</sup> January 2023		Change of risk assessment process.
3	24 Feb 2026	09 April 2026	Include further guidance on Safety planning, update of legislative governance and guidance.

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## 1. Introduction

Risk assessment in mental healthcare must be a personalised, collaborative, and compassionate process; focused on understanding the individual's experiences, needs, and safety, rather than predicting risk through tools or checklists alone. In keeping with Welsh Government policy, NCISH recommendations, and the Mental Health (Wales) Measure 2010, risk assessment should be undertaken as part of a broader risk formulation process, supporting shared understanding of factors contributing to vulnerability and resilience.

A core component of this approach is the co-production of person-centred safety plans (hereafter referred to as 'safety planning'), developed in partnership with the service user and, where appropriate, their families, carers, and wider support network. Safety planning should be directly informed by and aligned to the individual's WARRN risk formulation, ensuring a clear and dynamic link between identified risks, strengths, and protective factors. Through this process, individuals are supported to identify personal triggers, early warning signs, protective factors, coping strategies, and preferred responses during periods of increased risk. Safety plans should translate the narrative risk formulation into practical, meaningful actions that support proactive risk management. Plans must be strengths-based, recovery-focused, and proportionate, recognising the individual's values, preferences, and goals, including what matters to them, sources of hope, and factors that help them stay safe during periods of increased risk, while supporting shared understanding across the multidisciplinary team.

Risk assessment and safety planning must be informed by a holistic assessment of need, considering psychological, social, physical, cultural, and environmental factors. Consistency in approach and documentation, including the use of the WARRN formulation, Safety Planning and SAFETool mitigation framework where applicable, is essential to ensure effective communication,

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continuity of care, and shared risk management across multidisciplinary teams, services, and partner agencies.

Clinical risk assessment tools are intended to aid professional judgement and must not be used as a substitute for clinical reasoning or therapeutic engagement. In line with NCISH and NICE guidance (2022–2024), management and safety plans must be based on an individualised formulation of risk, rather than checklist completion or risk stratification. Safety planning should address both immediate and where possible, longer-term psychological and physical safety and be reviewed dynamically in response to changes in presentation, context, or care setting.

Positive risk-taking is an essential element of effective risk management and recovery-oriented care. Staff should work in partnership with service users, families, carers, and statutory and non-statutory providers to balance safety with autonomy, ensuring that decisions, associated risks, and mitigation strategies are clearly documented, communicated, and reviewed.

## **2. Responsibilities**

Cardiff and Vale UHB undertake responsibility to ensure that all mental health service users both in primary and secondary care have a risk assessment. This assessment considers risks of harm to themselves and others such as suicide, self-harm, self-neglect, violence and aggression, abuse (both psychological and physical) and falls.

The Mental Health (Wales) Measure 2010 does not prescribe a particular risk assessment process or tool; UHBs and Local Authorities should ensure that in all cases risk assessments should seek to identify and minimise the potential for:

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- social vulnerabilities
- harm to self (including self-harm)
- suicide
- harm to others (including violence)
- self-neglect;
- neglect or abuse of children
- neglect or abuse of adults for whom they provide care
- adverse risks associated with the abuse of alcohol or substance.
- risk of becoming institutionalised

All care and treatment planning processes should consider risk mitigation arrangements and co-produced safety plans.

Considering this, The Welsh Applied Risk Research Network (WARRN) Formulation tool is to be used as a baseline risk assessment and management tool, as recommended by Welsh Government (Snowden et al. 2019). All service users in contact with **secondary/tertiary mental health services** MUST have a WARRN completed.

Further in-depth assessment tools such as HCR-20 may be used for service users who are presented with current or historical forensic risk factors and when the practitioner is suitably trained. Advice can be gained from Low Secure Services.

It is imperative that risk assessments and information regarding risk is shared and discussed amongst the Multi-Disciplinary Team (MDT) and includes where appropriate, other agencies such as child protection, police, ambulance services and probation. It may also be necessary to share information about risk with other sectors including statutory and voluntary housing agencies. Information about risk should only be shared on a need-to-know basis. Staff should be aware of and consider the national and local

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sharing of information and confidentiality procedures when disclosing information.

**Where there is a concern that an individual may be at risk of harm to themselves or others, the duty to preserve life and prevent harm takes precedence over the duty of confidentiality. In such circumstances, staff are expected to share relevant information with appropriate professionals, agencies, and, where appropriate, family members or carers, in order to protect the safety and wellbeing of service users and others.** All staff will be supported in making these decisions, provided their actions are guided by appropriate clinical rationale, professional judgement, and are in accordance with organisational policy and legal frameworks.

Within the MDT it is everyone's responsibility to ensure they are up to date with the risk assessment and risk management plan. There will be some circumstances where staff members do not have access to PARIS and the assessor will need to communicate the risk assessment and management plan, both verbally and in written form.

Where conflicts arise between professional responsibilities, accountabilities and service user autonomy; individual professionals are still responsible for attempting to reduce risk to an acceptable level. This level should be agreed both with the service user and the MDT. The MDT should discuss how to mitigate risk factors and red flag warning signs, with the patient, family and carers. For supporting individuals with complex presentations, the MDT can refer to the Mental Health Clinical Board Risk Reference Panel.

Risk / potential risk to children **must** be considered in the risk assessment. Contact must be made with relevant disciplines involved with children if a

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risk / potential risk is perceived and a Multi-Agency Referral Form (MARF) must be completed and shared with the safeguarding team. Contact should be made initially by phone to ensure the information has been received, this should be followed up with the referral form, or an email or Paris notification dependant on risk known.

Within this context, comprehensive risk assessment must take account of the individual's wider safeguarding responsibilities and potential impact on others, alongside risks to the person themselves. Where suicidal ideation or a history of suicidal behaviour is identified, this assessment should inform a proportionate, person-centred response that integrates safeguarding processes with therapeutic risk management. Safety planning forms a key component of this approach, supporting continuity between identified risks, multi-agency information-sharing, and ongoing care planning.

All patients who disclose suicidal ideation or have a history of suicidal behaviour must be offered the opportunity to complete a safety plan as part of their assessment and ongoing care. Safety planning should be undertaken collaboratively, respecting the individual's preferences, needs, and capacity at that time.

If a patient chooses not to engage in safety planning, this decision must be respected, clearly documented, and the offer revisited during subsequent contacts with mental health professionals, as clinically appropriate.

Please ensure that all information regarding dependants or carer responsibilities are updated on Paris within the central index.

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### 3. Positive Risk Management

Positive risk management in mental health is a collaborative, recovery-focused approach that supports individuals to make informed choices and take reasonable risks in pursuit of personal growth, autonomy, and wellbeing. This approach recognises that risk management is not solely about the prevention of harm, but also about enabling opportunity, empowerment, and psychological development, while maintaining appropriate safeguards. National guidance highlights that effective risk management must be personalised, formulation-led, and grounded in compassionate engagement rather than restrictive or purely risk-averse practices (Felton et al., 2018; NICE, 2022; NCISH, 2022).

Central to positive risk management is the co-production of safety plans, developed in partnership with the service user and, where appropriate, their families, carers and support network. Safety planning supports individuals to identify early warning signs, protective factors, coping strategies, and agreed actions to manage periods of increased distress or risk. Evidence demonstrates that personalised safety planning enhances engagement, supports continuity of care, and is a key protective intervention for individuals experiencing suicidal thoughts or behaviours (NICE NG225, 2022; NCISH, 2022; Welsh Government, Talk to Me 2).

Positive risk management must therefore include collaborative work with the service user to identify and develop plans and actions that support positive outcomes and the person's stated priorities, while minimising risk to the individual or others. Safety plans should be proportionate, dynamic, and reviewed regularly, particularly following changes in presentation, circumstances, or care setting.

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There must be consultation, consideration, and inclusion of the views of families, carers, and others when developing plans of support and associated safety planning, wherever appropriate and with due regard to consent and confidentiality. All those who may be affected by positive risk-taking decisions should be informed of the decision, the rationale, and the agreed mitigation strategies. The views of family members and carers must be clearly recorded within PARIS under the Care and Treatment Plan, risk assessment, or case notes, using the designated carer contact section, in accordance with Welsh Government guidance on care and treatment planning.

All professionals involved in positive risk management must be aware of both the potential benefits and potential risks associated with agreed actions. Decisions should reflect a balanced consideration of the likely benefits against possible harms, be underpinned by professional judgement and the best available evidence, and be clearly documented to demonstrate shared clinical reasoning, accountability, and continuity of care (Felton et al., 2018; NICE, 2022; NCISH, 2022).

#### **4. Training**

Cardiff and Vale UHB is committed to ensuring that staff involved in clinical risk assessment, risk management, and suicide mitigation have access to appropriate, role-specific training.

All staff involved in risk mitigation and management must receive relevant training, with knowledge and skills maintained through regular updating and refresher training as required by role, service context, and frequency of exposure to risk.

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This approach is informed by national guidance emphasising the importance of ongoing workforce competence in suicide prevention, personalised risk management, and safety planning (NICE, 2022; NCISH, 2022–2025; Welsh Government, 2025)

The training provided which supports this policy is:

**WARRN** provides training on asking difficult questions and strategies for formulation:

- *The Four P's for formulating the person's problems*
- *The Five W's for formulating the person's risk.*

Assessment and formulation of risk are done for the sole purpose of MANAGING this risk.. The goal of risk assessment is to develop a feasible and workable risk management and safety plan. We use the identified risk factors (e.g., psychosis, drug, and alcohol abuse) and the formulation to devise risk management plans where we can intervene to lower the risk. This has led to the adoption of WARRN becoming as the MHCB baseline risk assessment.

**Suicide Awareness and Mitigation** training starts from the assumption that all suicidal thoughts need to be taken seriously and met with compassion and understanding on every occasion, to engage positively with the person. The training aims to assist staff working with people experiencing suicidal thoughts to understand and assess the impact of relevant individual risk factors, to offer acceptance, and to help agree a safety plan in collaboration with the patient. Completion of the first module will give staff the skills to complete an immediate safety plan. Full completion of all 3 modules will equip relevant staff to complete an enhanced safety plan using a mitigation framework (a SAFETool document).

It is the responsibility of all managers within clinical settings to have a clear understanding and log of all employees that have undertaken risk assessment

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training, and to ensure that all employees are aware of their personal responsibility to ensure they have attended and understood the risk training offered by the MHCB. For each of the clinical areas' compliance with the risk assessment training will be monitored at the Directorate Performance meeting. It is the manager's responsibility to ensure that any employee out of compliance is supported to address this in a timely manner.

The assessment of staff competency to undertake risk assessment is the responsibility of the employee's line manager and evaluated during their performance review.

The employee is responsible for ensuring that they have access and have read and understood the available clinical information, including known historic risk to inform their decisions and practice.

All staff members will be individually responsible for ensuring that they are applying up to date knowledge and skills in practice and must identify any training needs to line managers at the earliest opportunity to ensure that access to training and support is identified at the earliest opportunity.

## **5. Procedure**

### ***i. WARRN***

WARRN has been adopted as the baseline approach to aid staff and service users to understand the individual's risk in relation to their mental health. This replaced the use of a Form 4 on PARIS and applicable to all secondary and tertiary services.

In primary care areas where Form 4 has not historically been completed, risk assessment discussions and outcomes as part of their psychosocial assessment should be identified and recorded on their assessment in PARIS/

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GP notes (depending on area of work). If risk is identified that requires a further assessment and support from secondary mental health services a referral should be made following their usual practices.

A WARRN formulation is accessed via the PARIS electronic record system.

A WARRN would not replace the clinical need for specific assessments such as the multifactorial falls to assess and manage risk of falls or eating disorder risk assessment

The WARRN should be co-produced with the service user - it is acknowledged that this may be difficult in some clinical areas or when an individual is unwell; and therefore it should be documented when a WARRN is not co-produced with associated rationale.

Where possible, a WARRN should include information from the service user's wider network such as family, carers, friends, documented history, agencies, and clinicians involved in their care

Risk assessment and management plans should be completed where possible by the MDT, however there will be situations where a service user is only known to one clinician, or an assessment has been undertaken autonomously. In these instances, this needs to be documented on the WARRN.

As risk is dynamic, clinicians will need to continually consider new information and integrate that info our risk formulation. The following situations could trigger a review (list not exhaustive):

- Admission to hospital
- 72 hours following admission to hospital
- Discharge from hospital
- Transfer between wards

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- Change in MHA (Mental Health Act) status
- Change in care team
- Change in presentation
- Change in risk
- Incident resulting from change/exacerbation of a behaviour

As a minimum, service users must have their WARRN risk formulation reviewed on an annual basis.

An initial WARRN risk assessment must be completed within one week following a routine review / non-urgent referral

A WARRN risk assessment must be completed at the time of any urgent / emergency referrals or assessments.

If risks are identified there must be a formulated risk management plan with consideration to the use of more specialised tools such as HCR-20 where clinically indicated.

The risk management plan must be embedded in the full suite of clinical care documents such as intervention plans and Care and Treatment Plans. For example, if a service user is supported by close observations due to their risk of falls or suicide, the reason behind the close observations is evidenced in the intervention plan.

All risks are to be identified in the care planning process and with the use of 'risk alerts'

All identified risks must be communicated promptly to the relevant team. Staff are responsible for ensuring acknowledgement of this information and

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for sharing risk-related information in line with the individual's consent to share information agreement.

Risk assessments and risk management plans (including risk alerts) must be reviewed by the care co-ordinator / primary nurse at each review meeting as a minimum.

Identified risks must be documented using a brief, focused description that is relevant and proportionate, avoiding unnecessary detail.

Information to aid risk assessment must be gathered from a range of sources such as, service user, family, carers, historical, partner agencies, voluntary agencies.

#### **a) Risk Management Plans**

Completion of a WARRN formulation signifies the presence of identified risk and therefore requires a risk management plan in all cases. A high-quality risk management plan is essential to ensure that risk is actively managed rather than simply recorded, supporting safe care, continuity across services, and a shared understanding of risk within and between multidisciplinary teams. Risk management plans must be brief, focused and formulation-led, clearly identifying the specific risk(s) being managed, considering the immediacy of risk, and translating the WARRN formulation into practical, proportionate and achievable management actions. Plans must document key communication and information-sharing pathways and clearly set out actions across restriction, monitoring, treatment and safeguarding domains, with named responsibilities and timescales, so that any member of staff can understand and implement the agreed approach. The use of categorical risk labels (for example low, medium or high) without a documented formulation, rationale and defined management actions does not meet the required WARRN standard. Risk management plans

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must be recorded on PARIS, embedded within the Care and Treatment Plan and relevant intervention plans, communicated to the appropriate team(s), and reviewed dynamically in response to changes in presentation, care setting, or level of risk, in line with Welsh Government, NICE and NCISH guidance promoting personalised, formulation-based risk management.

***ii. Safety planning (PCSP)***

Safety planning is a core component of risk management, supporting individuals to manage periods of increased distress or risk through agreed, practical, and personalised actions. Safety planning complements, but does not replace, clinical risk assessment or formulation and should be used alongside the WARRN process where clinically indicated.

All service users who experience suicidal ideation, suicidal behaviours, or significant distress associated with increased risk **must** be offered the opportunity to engage in safety planning as part of their **initial assessment and revisited throughout contact with mental health services.**

Safety plans must be co-produced with the service user and wherever possible, their network of support. They must be developed in a collaborative, compassionate manner. Where a service user chooses not to engage in safety planning, this decision should be respected, documented, and revisited as clinically appropriate in line with principles of shared decision-making and autonomy.

Safety plans should be recorded on the PARIS electronic record system, either in the proforma or as an attached document as it must be accessible to relevant members of the MDT to support continuity of care.

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Safety planning does not replace the need for other specific risk assessments or intervention plans (for example, observation plans, safeguarding plans, multifactorial falls assessment) and should be integrated within existing Care and Treatment Plans, intervention plans, and risk management documentation.

A safety plan should be supportive, clear, and proportionate, focusing on what helps the individual feel safer and more able to cope during times of distress. In line with the Staying Safe approach, safety planning should be a collaborative and hopeful conversation, built around the person's own understanding of themselves, what keeps them going, and what has helped before.

Guided by the individual and where clinically relevant, a safety plan may include:

- Early signs or situations that the person recognises as warning signs that they may be becoming more distressed or overwhelmed.
- Personal strengths, coping strategies, and sources of hope that the person identifies as helpful when things feel difficult
- People and services they would feel comfortable reaching out to, including trusted professionals, family members, carers, friends, or community supports
- Gentle, clear steps to take if distress increases, including how and when to access additional or urgent support, in a way that feels manageable and reassuring

Safety plans should reflect the person's own language, preferences, and priorities, be easy to understand and use, and be reviewed and adapted over time as needs and circumstances change.

Where appropriate and with consent, safety planning should include input from the service user's wider support network, such as family members, carers,

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friends, or involved agencies, to support shared understanding and practical implementation.

Given the dynamic nature of risk, safety plans should be reviewed and updated in response to changes in presentation, circumstances, or level of risk, where the service user chooses to engage. Reviews should be undertaken collaboratively in line with principles of consent and shared decision-making. Where a service user does not wish to engage in a review, this decision must be respected and clearly documented, with the offer to review revisited when clinically appropriate. A review may be offered following but not limited to; Crisis/CRHTT or CMHT assessment, admission to hospital, discharge from hospital, or a significant change in presentation or identified risk.

Where a Safety Plan has been completed and stored as an attached document rather than directly recorded in PARIS, an **alert** must be created to ensure clinicians are aware of the location of the plan and can access it promptly.

***iii. How WARRN Fits with Safety Plans and SAFETool***

Staying Safe provides a person-centred framework for safety planning, supporting collaborative conversations about hope, coping, support, and what matters to the person during times of distress. It focuses on how the individual stays safe rather than assessing or predicting risk.

WARRN supports clinicians to develop a shared understanding of risk through formulation, bringing together historical, current, and contextual factors that inform clinical judgement and risk management.

SAFETool enables clinicians to translate risk formulation and safety planning into clear, practical mitigation actions, particularly where risk is increased or immediate.

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Together:

- ✓ WARRN helps us understand risk
- ✓ Staying Safe helps us co-produce a meaningful safety plan
- ✓ SAFETool helps us agree and document mitigation actions

These approaches are complementary and should be used together to support compassionate, person-centred, and consistent care.

## 6. Equality

Cardiff and Vale UHB are committed to ensuring that, as far as is reasonably practicable, the way in which we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups.

We have undertaken an Equality Impact Assessment and received feedback on this policy and the way it operates. We wanted to know of any possible or actual impact that this policy may have on any groups in respect of gender, race, disability, sexual orientation, Welsh language, religion or belief, transgender, age, or other characteristics.

The assessment found that there was little impact to the equality groups mentioned. Where appropriate we have taken the necessary actions required to minimise any stated impact to ensure that we meet our responsibilities under the equality's legislation

## 7. Audit

The prevalence of risk assessment and risk management tools will be performance managed. Periodic audits on the quality of risk assessment will be undertaken as directed by the Clinical Board.

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## 8. Review

This policy and procedure will be reviewed every three years or sooner if appropriate.

## 9. Distribution

This policy and procedure will be made available on the UHB Share Point and Internet sites. The document will also be circulated to the members of the controlled document oversight group and mental health quality and safety group.

## 10. References

Department of Health (2009) *Best practice in managing risk: Principles and evidence for best practice in the assessment and management of risk to self and others in mental health services*. London: Department of Health. Available at:

<[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/478595/best-practice-managing-risk-cover-webtagged.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/478595/best-practice-managing-risk-cover-webtagged.pdf)>

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