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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.

Objectives

The Risk Assessment and Risk Management Policy details the principles and framework currently utilised in the Mental Health Clinical Board to identify risk areas and manage those risks effectively.

The objectives of the Policy and Procedure are:

1. To ensure that a Welsh Applied Risk Research Network (WARRN) Formulation is completed for all service users in secondary mental health services is undertaken.

Secondary mental health services provide care and treatment for individuals suffering with more severe and/or enduring mental disorders where the level of need, risk and complexity requires the provision of specialist care. The services provided at secondary level will include services for individuals subject to the provisions of the Mental Health Act 1983, inpatient hospital care, community mental health teams for adults and older adults, and specialist mental health services at Tiers 3 (Welsh Government, 2019).

2. To ensure that risk assessment is included within any assessment undertaken by primary mental health services and services that overarch

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primary and secondary. For example, community liaison services, GP (General Practice) liaison service, primary mental health support service.

3.To highlight the importance of risk and safety management plans which are aligned to the risk assessment.

4. To highlight the requirement to reassess a service users risk status at regular intervals and as their presentation dictates.

5. To ensure that there is a clear understanding of individual professional responsibilities in relation to risk assessment and risk management.

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
- Mental Capacity Act
- Cardiff and Vale UHB Child Protection Good Practice Guidelines
- All Wales Child Protection Procedures
- Cardiff and Vale UHB Guidelines on the Sharing of Information
- South Wales Guidance on the Protection of Vulnerable Adults

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	<ul style="list-style-type: none"> The action plan in response to Violence Against Women, Domestic Abuse and Sexual Violence
Approved by	Mental Health Clinical Board Controlled Document Operational Group, Quality, Safety and Experience Committee

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Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
2	27 th January 2023		Change of risk assessment process.

1. Introduction

The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) state: “The assessment of clinical risk in mental healthcare is challenging but provides an opportunity to engage with patients, and their carers and families to promote the patient’s safety, recovery, and wellbeing. A

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good risk assessment will combine consideration of psychological (e.g., current mental health) and social factors (e.g., relationship problems, employment status) as part of a comprehensive review of the patient to capture their care needs and assess their risk of harm to themselves or other people” (NCISH 2018, page 5).

Risk assessment and management should be based on the principle that the assessment of risk is structured and informed by a holistic needs’ assessment, which is consistent to evidence base. Consistency in practice is essential for effective communication across services and agencies.

The use of clinical risk assessment tools, specialist or generic, are an aid to the clinical decision-making process and are not a substitute for it. The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) (2022) advise all patients’ management plans should be based on the assessment of individual risk and not on the completion of a checklist. The National Institute for Health and Care Excellence (NICE) (2022) state that mental health professionals should undertake a risk formulation as part of every psychosocial assessment.

It should be acknowledged and emphasised that, while we focus on risks which may be considered negative, there is a need to practice positive risk taking and in doing so mental health staff work collaboratively with service users, families, carers, and other service providers, irrespective of whether they are statutory or non-statutory providers.

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 tools, LHBs and Local Authorities should ensure that in all cases risk assessments should seek to identify and minimise the potential for:

- social vulnerabilities

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- harm to self (including deliberate 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** will 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, or 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 sharing of information and confidentiality procedures when disclosing information.

Within the MDT it is everyone's responsibility to ensure they are up to date with the risk assessment and management plan There will be some

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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 multi-disciplinary team. 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 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.

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

3. Positive Risk Management

“Positive Risk Management means being aware that risk can never be eliminated. Therefore, management plans inevitably must include decisions that carry some risk. This should be explicit in the decision-making process and should be discussed openly with the service user.”
(Department of Health (DoH) 2009, page 11)

Positive risk management must include working with the service user to identify and develop plans and actions that support positive outcomes and priorities as stated by the person and minimise the risk to the service user or others.

There must be consultation, consideration, and inclusion of the views of families, carers and others when deciding a plan of support and subsequent actions where appropriate. The service user, family member, carer and others who may be affected must all be fully informed of the decision, the reasons for it and the associated plans. Views of family members, carers and others should be recorded on Paris within the Care

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and Treatment Plan, risk assessment or case notes under the following heading: carer contact.

All who are involved in the decision making of positive risk management must be aware of the potential benefits and the potential risks and the decision must weigh up the benefits and harm of choosing one action against another.

5. Training

Cardiff and Vale UHB are committed to ensuring that the opportunity for staff to attend risk assessment training is made available. All staff involved in risk mitigation and management should receive relevant training, which should be updated at least **every three years** (DoH 2009).

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 WARRN becoming our baseline risk assessment.

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 should be noted that this training is a pilot project due to be reviewed

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 training, and to ensure that all employees are aware of their

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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.

6. Procedure

- 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 has 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/ 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 risk assessment to assess and manage risk of falls.
- The WARRN should be co-produced with the service user, it is acknowledged that this may be difficult in some clinical areas, and therefore it should be documented when a WARRN is not co-produced.

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- Where applicable 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 Multi-Disciplinary Team, 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, we 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
 - Change in MHA (Mental Health Act) status
 - Change in care team
 - Change in presentation
 - Change in risk
- As a minimum, service users should have their risk formulation reviewed on an annual basis.
- An initial risk assessment must be completed within two weeks following a routine review / non-urgent referral
- A 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.

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- All risks are to be identified in the care planning process and with the use of 'risk alerts'
- Any risks identified must be communicated to the relevant team, staff must ensure acknowledgement and adherence to the 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.
- Identified risks must be documented in a descriptive manner containing as much information as possible
- Information to aid risk assessment must be gathered from a range of sources such as, service user, family, carers, historical, partner agencies, voluntary agencies.

7. 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

8. Audit

The prevalence of risk assessment and risk management tools will be performance managed. Periodic audits on the quality of risk assessment

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will be undertaken as directed by the Clinical Board. At a minimum this will be on an annual basis within inpatient settings.

9. Review

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

10. 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.

11. References

Department of Health (2009) [online] Best practice managing risk: principles and evidence for best practice in the assessment and management of risk to self and others in mental health services Available at: [Best Practice Managing Risk Cover \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/214241/best-practice-managing-risk-principles-and-evidence-for-best-practice-in-the-assessment-and-management-of-risk-to-self-and-others-in-mental-health-services.pdf) (Accessed 10.01.2023)

National Confidential Inquiry into Suicide and Safety in Mental Health (2022) Personalised risk management [online] Available at: [NCISH | The University of Manchester](https://www.ncish.ac.uk/). (Accessed 10.01.2023)

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Snowden et al. (2019) WARRN – a formulation-based risk assessment process: it's implementation and impact across a whole country. *Journal of Mental Health Training, Education and Practice*. 14 (6) 399-410.

Welsh Government (2019) Welsh Government Policy Implementation Guidance on Local Primary Mental Health Support Services and Secondary Mental Health Services for the purposes of the Mental Health (Wales) Measure 2010 and related subordinate legislation [online] Available at:

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