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# Operational Risk Report

Mental Health Legislation Committee – 1<sup>st</sup> December 2025

# Situation



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This report provides the Mental Health Legislation Committee (MHLC) with the current status of operational risks within its remit.

The Committee is asked to seek assurance from the risk leads that risks are being managed effectively.

# Risk Management - Overview



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Effective risk management requires a 'monitoring and review' structure to be in place to ensure that risks are effectively identified and assessed, and that appropriate controls and responses are in place.

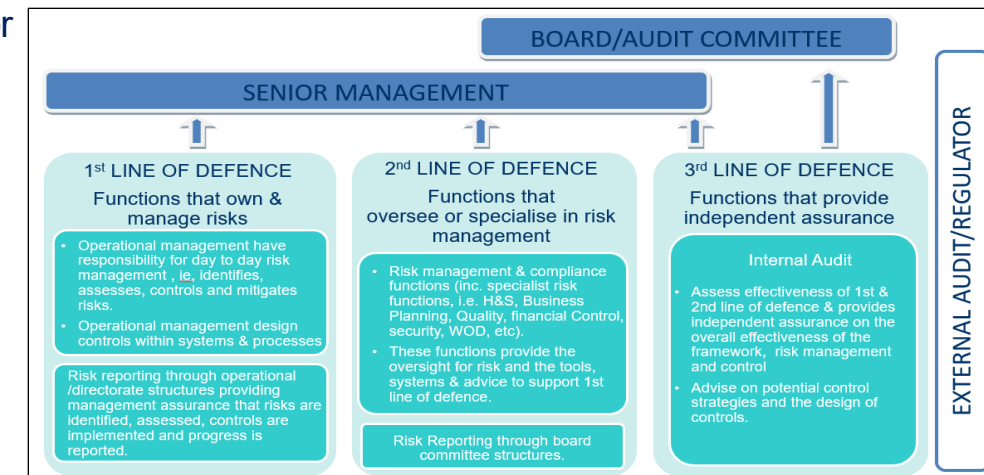
Operational risks must be managed within Functions, under the ownership and leadership of individual executive directors, who must establish local arrangements for the review of their risk registers, which includes the validation of the information and risk scores, and the prioritisation and identification of solutions to their risks. In addition to these local arrangements, there are formal monitoring and scrutiny processes in place within the Health Board with the aim of providing assurance to the Board that it is managing its risks effectively.

The Health Board operates within the widely accepted "Three Lines of Defence" model to ensure the appropriate responsibility is allocated for the management, reporting and escalation of risk.

All risks identified within the Datix Risk Module must be aligned to a formal Board Committee, Sub-Committee or Group who are responsible for the monitoring and scrutiny of risks which relate to their remit.

The Sub-Committee and Group structure is responsible for the monitoring and scrutiny of operational risks within their remit. They are responsible for:

- Scrutinising operational risks within their remit either through receiving the risk registers or through Service Reports
- Gaining assurance that risks are being appropriately managed, effective controls are in place and planned additional controls are being implemented.
- Challenging pace of delivery of risk actions.
- Identifying through discussions, new and emerging risks and ensure these are assessed by those with the relevant responsibility.
- Providing assurance to its parent committee that risks are being managed effectively and report risks which have exceeded tolerance through its Sub-Committee/Group update report.
- Using risk registers to inform meeting agendas.



It is therefore essential that the membership of these sub-committees includes the appropriate representation and that they are in attendance to provide assurance and respond to queries.

# Operational Risks assigned to MHLC



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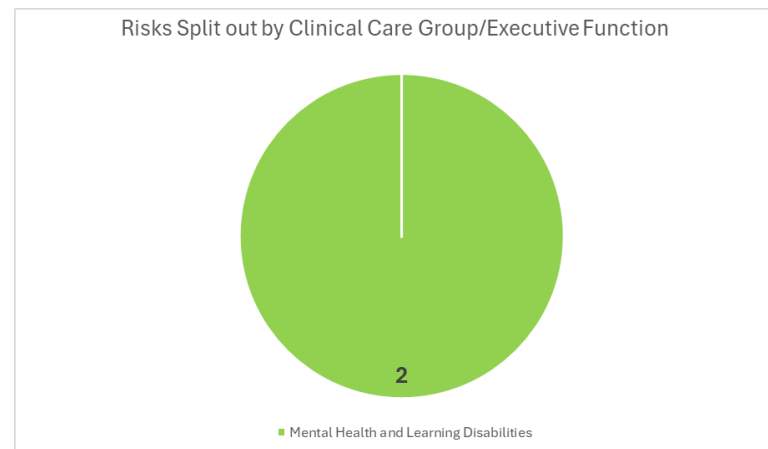
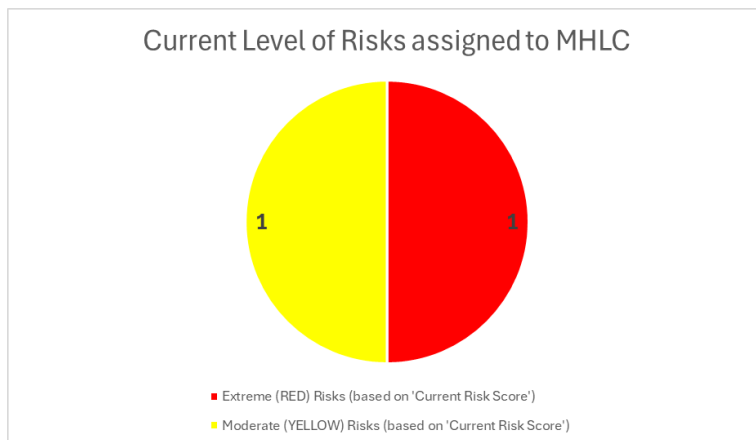
2 operational risks on Datix have been aligned to the Mental Health Legislation Committee (MHLC) which are within review date and have been identified as reportable to MHLC based on the following criteria:

- MHLC has been selected by the risk lead as the 'Local Management Group' on Datix;
- The current risk score is either equal to or exceeds the target risk score;
- Risks have been identified at operational level on Datix; and
- Risks have not been escalated to the Corporate Risk Register.

Total Number of Open Risks meeting criteria for reporting	2
New risks since last report to MHLC	0
Risks no longer reportable to MHLC	1
Increase in risk score since last reported to MHLC ↑	1
Decrease in risk score since last reported to MHLC ↓	0
No change in risk score since last reported to MHLC →	1
EXTREME (RED) Risks (based on 'Current Risk Score')	1
HIGH (AMBER) Risks (based on 'Current Risk Score')	0

Detail in relation to target risk scores became mandatory fields on Datix as of 1 July 2025, and therefore where risks do not currently have this detail, risk leads will be asked to provide by the next report to MHLC.

The following slide summarises the operational risks aligned to MHLC. The Risk Register attached at Appendix 1, provides full detail of the 2 reportable risks, including control measures in place and the risk action plan to further manage and mitigate the risk.



# Risks no longer reportable to MHLC



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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Reason for closure / no longer reportable to Committee
2090 - Risk to patient care in the Ceredigion area due to workforce capacity	Mental Health and Learning Disabilities	Chief Operating Officer	20	6	03/08/2026	Risk has been re-aligned to Quality, Safety and Experience Committee.

# Increase in risk score since previous report



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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Previous Risk Score	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of Last Risk Review
1857 – Risk of significant delay in admission for individuals with medical recommendations for admission under the Mental Health Act.	Mental Health and Learning Disabilities	Chief Operating Officer	9	16	9	31/03/26	12/11/25

## Rationale for Current Risk Score

Demand outweighs capacity at present with delays possible for patients awaiting beds.

## Rationale for Target Risk Score

The target risk score is high. Bed demand at times outweighs capacity despite control measures, no option of further surge beds. No bed availability outside of the Health Board and potentially a delay or lack of a commissioned bed outside of Wales. All of this is outside the MHLD CCG control.

# No Change in Risk Score since previous report



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Risk Reference & Title	Clinical Care Group / Executive Function	Lead Director	Current Risk Score*	Target Risk Score (TRS)	Expected Date to achieve TRS	Date of last risk review
1781 – Risk of being unable to provide a Community Place of Safety (CPOS) to individuals detained under Section 136 in Ceredigion count	Mental Health and Learning Disabilities	Chief Operating Officer	6 →	4	TBC	27/06/25

## Rationale for Current Risk Score

Likelihood score given is 3 as it is always possible that an individual in Ceredigion will need to be detained on a Section 136. The current impact score given is 2 as minor intervention is sometimes required (i.e. moving an individual to a different county) with an increased length of time in care /delay in assessment being undertaken.

The risk of having no facility in Ceredigion is outweighed by the fact that the facility was unfit for purpose and a much higher risk in itself. As of June 2025; ongoing work continuing around 136 facility across the health board. Community Place of safety remains closed in Ceredigion.

## Rationale for Target Risk Score (TRS)

To be updated at next risk review.

# Recommendations



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The Committee is requested to:

- **SEEK ASSURANCE** from risk leads that all relevant controls and mitigating actions are in place; and
- **DISCUSS** whether the planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact if the risk materialises.

This in turn will enable the Mental Health Legislation Committee to provide the necessary assurances that the Health Board is managing these risks effectively.



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Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
1857	Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHL: AMH Inpatient Services	Carruthers, Andrew	Carroll, Mrs Liz	Carroll, Mrs Liz	Bassett-Gravelle, Ms Lisa	04-Jun-24	<p>There is a risk of for adults and young people who are assessed to require admission to a mental health bed for adults and young people who are detained in S136 and require a place of safety</p> <p>This is caused by -Demand is out weighing capacity and flow of adult mental health beds, S136 suites and the designated young persons bed in continuously being utilised as surge to meet the demand. -no availability of a bed in a neighbouring health board or a time delay in locating and transferring to a commissioned bed outside of Wales.</p> <p>This will lead to an impact/affect on an absence or delay in inpatient bed for assessment, treatment and risk management and will result in an inability to deliver safe effective care to the individual concerned and further impact the wellbeing or resilience of family, friends or carers</p> <p>Emergency departments are being utilised as S136 place of safety, adding to already high demand, acuity and pressures within the departments</p> <p>Patient experience is impacted, Emergency departments waiting rooms not suitable for individuals in high level of distress,</p> <p>Risk location, Bronglais General Hospital, Glangwili General Hospital, Prince Philip Hospital, Withybush General Hospital.</p>	<p>Clinical demand and capacity position is managed dynamically at the twice daily week and once daily weekend bed conference in order to attempt to create capacity</p> <p>Crisis Team will monitor and support the individual and family even when home treatment not possible to be delivered.</p> <p>AMHP to be involved in a handover and development of a care plan with the CRT or CMHT.</p> <p>Process to obtain a bed outside of the health board will be instigated</p> <p>St John's ambulance will be prioritised</p>	Safety - Patient, Staff or Public	4	4	16	Demand outweighs capacity as present with delays possible for patients awaiting beds.	<p>Incidences will be monitored via Legislation group on a bi monthly basis over the next 6 months and risk score reviewed accordingly</p> <p>Oversight of Out-of-Area Beds - CMHT Clinical Oversight:</p> <p>need for daily clinical oversight of patients in private beds</p> <p>CMHTs to be actively involved and report into daily patient flow meetings regarding repatriation and / or discharge plans for OoA patients</p> <p>Out-of-Area Escalation request should be accompanied by clear care plans, and plans for pro-active oversight</p> <p>Communication to MHL CCG Managers, medical staff and Clinical Coordinators that Admissions into Adult and CAMHs 136 suites to be a never event. This will reduce impacts on the wider system and partner agencies</p> <p>Agreed action from Urgent patient flow meeting on 7th October 2025 Ward Round Scheduling</p> <p>Ward MDTs requesting a more structured approach to enable the wards teams to plan &amp; coordination across teams to better manage the patient flow demands</p>	<p>Bassett-Gravelle, Ms Lisa</p> <p>Bassett-Gravelle, Ms Lisa</p> <p>Bassett-Gravelle, Ms Lisa</p> <p>Bassett-Gravelle, Ms Lisa</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>3-4/2/2025 14/01/2026</p>	<p>Local authorities have agreed to include incidences in their reports to Legislation group</p> <p>Agenda for MHL CCG Patient flow meeting to include updates on patients in private beds, also consideration for repatriation</p> <p>Care and treatment plan and plan for oversight by local team to be fed into patient flow deep dives</p> <p>Memo circulated to all MHL CCG Managers, medical staff and Clinical Coordinators</p> <p>Progress to be reported in follow up meeting in November 2025</p>	Mental Health Legislation Committee	3	3	9	The target risk score is high, Bed demand at times outweighs capacity despite control measures, no option of further surge beds. No bed availability outside of the Health Board and potentially a delay or lack of a commissioned bed outside of Wales. All of this is outside the MHL CCG control		12-Nov-25

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
1781	Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHL: AMH Community services	Carruthers, Andrew	Carroll, Mrs Liz	Carroll, Mrs Liz	Davies, Amanda	28-Nov-23	<p>There is a risk of of individuals (potential patients) in Ceredigion not being provided with a Community Section 136 facility in their county (i.e. allowing them be taken to a place of safety if police are concerned that the individual may have a mental disorder and for an assessment to be undertaken).</p> <p>This is caused by the temporary closure of the existing room at the community mental health centre in Aberystwyth due to environmental issues and staff capacity which were highlighted in a recent internal review of Hywel Dda Section 136 provisions by Estates/Health &amp; Safety.</p> <p>This will lead to an impact/affect on being able to provide a place of safety within a timely manner which results in a delay to patient care and additional duress to individuals who may already be experiencing distress. Patients have to travel further as any Section 136 patients have to be redirected to the nearest hospital place of safety which is currently Bryngofal Ward in Llanelli.</p> <p>Risk location, Ceredigion.</p>	<p>1. Bryngofal ward is used as the nearest place of safety as an alternative.</p> <p>2. Clear consultation process in place between Dyfed Powys Police and designated manager in HB over 24 hour basis</p> <p>3. Out of Hours SOP in place</p> <p>4. Working groups regularly discuss Section 136: Legislation Scrutiny Group, Legislation Committee, Crisis Concordat Meeting (locally and national) and Police Joint Working groups in all 3 counties.</p>	Safety - Patient, Staff or Public	2	3	6	<p>Likelihood score given is 3 as it is always possible that an individual in Ceredigion will need to be detained on a Section 136. The current Impact score given is 2 as minor intervention is sometimes required (i.e. moving an individual to a different county) with an increased length of time in care/delay in assessment being undertaken.</p> <p>The risk of having no facility in Ceredigion is outweighed by the fact that the facility was unfit for purpose and a much higher risk in itself.</p> <p>Review is ongoing. Currently with a working group. 11/4/25 No current change 27/6/25 Ongoing work continuing around 136 facility across the health board Community Place of safety remains closed in Ceredigion</p>	Engage with stakeholders and complete review which will generate further actions	Temple-Purcell, Rebecca	01/02/2025-01/09/2024-31/03/2025	Multi agency Stakeholder Group formed and options for future S136 provision review completed. Equality Impact and Quality Impact assessment underway for proposed option. Timescales delayed by Right Care Right Person implementation, additional steps required to take recommendation through Health Board approval processes and identification of how capital and staffing costs are to be met. Revised date for completion 31/03/25.	Quality, Safety and Experience Committee	2	2	4	Assurance & Risk Officer has entered today's date whilst undertaking housekeeping on this risk. Risk lead to input 'Rationale for the target risk score' and 'Expected date to achieve Target Risk Score' at next review.	Treat	27-Jun-25