

Risk Ref	Status of Risk	Domains of Quality	Directorate	Directorate lead	Management or service lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	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	Detailed Risk Decision	Review date
1857	Service or Department Level Risk	Person Centred	MHLD: AMH Inpatient Services	Carroll, Mrs Liz	Bassett-Gravelle, Ms Lisa	04-Jun-24	<p>There is a risk of for individuals who are mentally unwell or who are assessed to possess a risk to themselves or others remaining in the community when it has been recommended by two medical professionals and an Approved Mental Health Professional that they require admission for further assessment, treatment or management of risk.</p> <p>This is caused by lack of available beds in the health board and being unable to safely deliver intensive home treatment as a least restrictive alternative. This is can also be caused by lack of transportation to transfer an individual from the community to hospital and 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 further 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>Risk location, .</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	3	3	9	Incidences will be monitored via Legislation group on a bi monthly basis over the next 6 months and risk score reviewed accordingly	Bassett-Gravelle, Ms Lisa	28/02/2025	Local authorities have agreed to include incidences in their reports to Legislation group	Mental Health Legislation Committee	3	3	9		13-Nov-24	

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1781	Service or Department Level Risk	Equitable, Safe, Timely	MHL: AMH Community services	Carroll, Mrs Liz	Davies, Amanda	28-Nov-23	<p>There is a risk of individuals (potential patients) in Ceredigion not being provided with a Community Section 136 facility in their county (i.e. allowing them to 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 & 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	6	2	3	6	Engage with stakeholders and complete review which will generate further actions	Temple-Purcell, Rebecca	04/02/2025-31/03/2025	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.	Operational Quality, Safety and Experience Sub Committee	2	2	4	Treat	31-Oct-24
1752	Service or Department Level Risk	Person Centred, Safe	MHL: AMH Inpatient Services	Carroll, Mrs Liz	Bassett-Gravelle, Ms Lisa	28-Sep-23	<p>There is a risk of due to the 136 suite for young people in Morlais ward being identified as unsuitable, due to environmental safety concerns that cannot be fully mitigated.</p> <p>This is caused by the physical location of the 136 facility on the ward, space used and lack of adjoining private bathroom facilities.</p> <p>This will lead to an impact/affect on the safety, privacy and dignity of young people who utilise the 136 suite being compromised</p> <p>Risk location, Glangwili General Hospital.</p>	Young persons on a 136 are constantly supervised on 1:1	Quality/Complaints/Audit	8	2	2	4	Develop and implement rapid plan to move Age Appropriate 136 facility from current space on Morlais to identified bedroom on Morlais	Bassett-Gravelle, Ms Lisa	31/12/2023-31/09/2024 12/02/2025	<p>Minor works request has been sent to estates for costing and initiation of minor works required to relocate the 136 suite</p> <p>136 suite has been relocated to an area of the ward that provides privacy and dignity and ensuite facilities. There are still minor works outstanding on separate entrance door to the suite and signage.</p> <p>Revised date for completion of minor works</p>	Operational Quality, Safety and Experience Sub Committee	2	1	2	Treat	13-Jun-24



**PWYLLGOR DEDDFWRIAETH IECHYD MEDDWL
MENTAL HEALTH LEGISLATION COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	02 December 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Operational Risk Register
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Liz Carroll, Director of Mental Health and Learning Disabilities Rachel Williams, Head of Assurance and Risk

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA
SBAR REPORT**

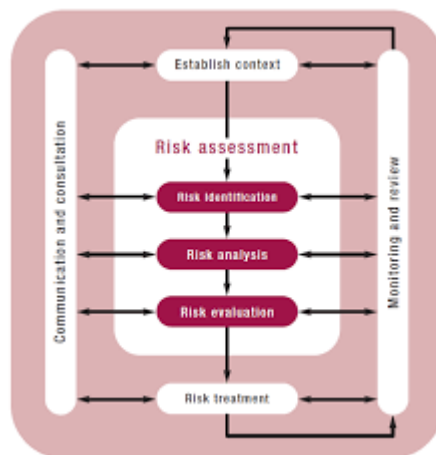
Sefyllfa / Situation

The Mental Health Legislation Committee (MHLC) is responsible for providing assurance to the Board that risks aligned to the Committee are being identified, assessed and managed effectively.

The Committee is asked to seek assurance from Lead Officers/representatives of the Mental Health and Learning Disabilities (MHL D) Directorate that the operational risks identified in the attached reports are being managed effectively.

Cefndir / Background

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.



(Risk Management Process, ISO 31000)

Operational risks must be managed within Directorates 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, formal monitoring and scrutiny processes are in place within Hywel Dda University Health Board (HDdUHB) to provide assurance to the Board that risks are being managed effectively.

All risks identified within the Datix Risk Module must be assigned to a formal Board Committee, Sub-Committee or Group which will be responsible for securing assurance that risks within their remit are being managed effectively.

Management Leads are asked to review risk assessments and risk actions in line with the following timescales for review:

RISK SCORE	DEFINITION	MINIMUM REVIEW FREQUENCY
15-25	Extreme	This type of risk is considered extreme and should be reviewed and progress on actions updated at least monthly.
8-12	High	This type of risk is considered high and should be reviewed and progress on actions updated at least bi-monthly.
4-6	Moderate	This type of risk is considered moderate and should be reviewed and progress on actions updated at least every six months.
1-3	Low	This type of risk is considered low risk and should be reviewed and progress on actions updated at least annually.

In monitoring the risks associated with their respective areas of activity, each Committee and Sub-Committee is 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 actions to mitigate risk.
- Identifying, through discussions, new and emerging risks and ensuring these are assessed by those with the relevant responsibility.
- Providing assurance to its parent Committee, or to the Board, that risks are being managed effectively and reporting risks which have exceeded tolerance through its Committee/ Sub-Committee/ Group Update Report.
- Using Risk Registers to inform meeting agendas.

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

Relevant discussion should be reflected in the MHLC Update Report to the Board to provide assurance on the management of significant risks. This will include risks that are not being managed within tolerance levels (see [Risk Appetite Statement](#)) and any other risks, as appropriate.

Asesiad / Assessment

The MHLC's Terms of Reference state that it will:

- Review the Mental Health & Learning Disabilities Risk Register bi-annually to ensure that risks relating to compliance with mental health legislation are being appropriately managed by Mental Health Legislation Scrutiny Group;
- Identify matters of risk relating to compliance with mental health legislation are being appropriately mitigated.

There are currently 3 risks presented in the attached Risk Register as of 13th November 2024 which has been extracted from Datix, based on the following criteria:

- The Mental Health Legislation Committee has been selected by the Risk Lead as the 'Local management group' on Datix; and
- Risks are at operational level on Datix.

One risk has been scored against the *Quality/Complaints/Audit* domain, and two have been scored against the *Safety – Patient, Staff or Public* domain.

Please refer to Appendix 1 for the full details of the risks assigned to the MHLC.

Changes since the previous report presented to MHLC at its meeting on 3rd September 2024:

Total Number of Risks	3
New risks	0
Risks that are no longer included in the report	0
Increase in risk score ↑	1
No change in risk score →	2
Reduction in risk score ↓	0
Extreme (red) risks (based on 'Current Risk Score')	0
High (Amber) risks (based on 'Current Risk Score')	1
Moderate (Yellow) risks (based on 'Current Risk Score')	2

Note 1
Note 2

Note 1 – Increase in Risk Score

Since the previous report, there has been an increase in score to the following risk:-

Risk Reference & Title	Date risk identified	Lead Director	Previous Risk Score	Current Risk Score	Rationale for the Current Risk Score (extracted from Datix)	Target Risk Score
1857 - Risk of significant delay in admission for individuals with medical recommendations for admission under the Mental Health Act.	04/06/24	Chief Operating Officer	1x4=4	3x3=9 (Reviewed 13/11/24)	The risk score has increased as demand outweighs capacity at present with delays possible for patients awaiting beds.	3x3=9

Note 2 – No Change in Risk Score

Since the previous report, there has been no change in the score of the following risks:

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Rationale for Current Risk Score	Target Risk Score
1781 - Risk of being unable to provide a Community Place of Safety (CPOS) to individuals detained under Section 136 in Ceredigion court	28/11/23	Chief Operating Officer	2x3=6 (Reviewed 31/10/24)	<p>Likelihood score given is 3 as it is always possible that an individual in Ceredigion will need to be detained under 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.</p>	2x2=4
1752 - Risk to Young People's privacy, dignity and Health and Safety due to the 136 suite on Morlais being unsuitable	28/09/23	Chief Operating Officer	2x2=4 (Reviewed 13/06/24)	<p>The risk is significantly reduced due to the relocation of the suite to an area where there are reduced points of ligature and an en-suite bathroom and Young Persons on a 136 are constantly supervised. Minor works are now required to provide a separate entrance for the 136 suite.</p>	2x1=2

The heatmap below has been obtained from the [Risk Performance dashboard](#). The information reflects the risk information extracted from Datix on 13th November 2024:

HYWEL DDA RISK HEAT MAP	
	LIKELIHOOD →

IMPACT ↓	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTROPHIC 5					
MAJOR 4					
MODERATE 3		1781 (→)		1857 (↑)	
MINOR 2		1752 (→)			
NEGLIGIBLE 1					

The table below details when the three operational risks assigned to MHLC were last updated on Datix. Risks are required to be updated along the following timescales, dependant on their risk level:

- Extreme Risks – Monthly
- High Risks – Bi-monthly
- Moderate Risks – Six-monthly
- Low Risks – Annually

	Risks updated in last month	Risks updated within last 1-2 months	Risks updated within last 2-6 months	Risks updated within last 6-12 months
Extreme				
High	1857			
Moderate	1781		1752	
Low				

Argymhelliad / Recommendation

The Mental Health Legislation Committee is asked to:

- **REVIEW** and **SCRUTINISE** the risks included within this report to **SEEK ASSURANCE** that all relevant controls and mitigating actions are in place;
- **DISCUSS** whether the planned action will be implemented within stated timescales and will reduce the risk further and/ or mitigate the impact, should the risk materialise

This in turn will enable the Committee to provide the necessary **ASSURANCE** to the Board that these risks are being managed effectively.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.2 Review the Mental Health & Learning Disabilities Risk Register bi-annually to ensure that risks relating to compliance with mental health legislation are being
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	appropriately managed by Mental Health Legislation Scrutiny Group; 3.8 Identified matters of risk relating to compliance with mental health legislation are being appropriately mitigated;
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained in the report
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	5. Safe sustainable, accessible and kind care
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Underpinning risk on the Datix Risk Module from across HDdUHB's services, reviewed by risk leads/ owners
Rhestr Termiau: Glossary of Terms:	Risk Appetite - <i>the amount of risk that an organisation is willing to pursue or retain</i> (ISO Guide 73, 2009) Risk Tolerance - <i>the organisation's readiness to bear a risk after risk treatment in order to achieve its objectives</i> (ISO Guide 73, 2009)
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts from report, however, impacts of each risk are outlined in risk description.

Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts from report, however, impacts of each risk are outlined in risk description.
Gweithlu: Workforce:	No direct impacts from report, however, impacts of each risk are outlined in risk description.
Risg: Risk:	No direct impacts from report, however organisations are expected to have effective risk management systems in place.
Cyfreithiol: Legal:	No direct impacts from report, however proactive risk management, including learning from incidents and events, contributes towards reducing/eliminating recurrence of risk materialising and mitigates against any possible legal claim with a financial impact.
Enw Da: Reputational:	Poor management of risks can lead to loss of stakeholder confidence. Organisations are expected to have effective risk management systems in place and take steps to reduce/mitigate risks.
Gyfrinachedd: Privacy:	No direct impacts from report, however, impacts of each risk are outlined in risk description.
Cydraddoldeb: Equality:	Has EqIA screening been undertaken? No Has a full EqIA been undertaken? No