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Operational Risk Report

Mental Health Legislation Committee – 4th June 2026

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.

Operational Risks

2

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.

The Health Board’s risk management process is recorded via the Datix Risk Register module, and enables risks to be recorded at either Principal, Corporate or Operational level. An escalation process is in place to ensure that risks which require escalation or de-escalation are done via appropriate approval processes and governance arrangements.

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.

Risks are aligned to an appropriate Clinical Care Group or Executive Function (hereto referred to as “Functions”), and each has a designated risk lead responsible for reviewing in a timely and comprehensive manner.

The Board’s Committees are responsible for the monitoring and scrutiny of corporate and operational risks within their remit and providing assurance to the Board that risks are being managed effectively and report areas of significant concern (eg where the [risk appetite](#) is exceeded, or there is a lack of action).

Committees are also responsible for reviewing risks over tolerance and where appropriate, recommend the ‘acceptance’ of risks that cannot be brought within risk appetite.



Operational Risks assigned to MHLC



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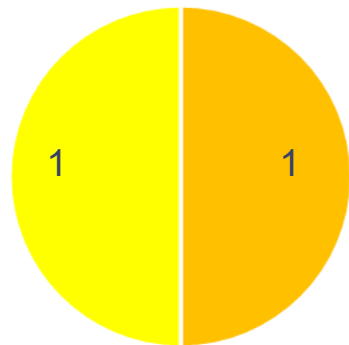
2 operational risks on Datix have been aligned to the Mental Health Legislation Committee (MHLC) which are all within review date. They have been identified as reportable to MHLC based on the following criteria:

- MHLC has been selected by the risk lead as the 'Local Management Group' on Datix;
- Risks have been identified at operational level on Datix risk module;
- The current risk score is either equal to or exceeds the target risk score.

The following slides summarise the reportable operational risks aligned to MHLC. The Risk Register attached at **Appendix 1**, provides full detail of reportable risks.

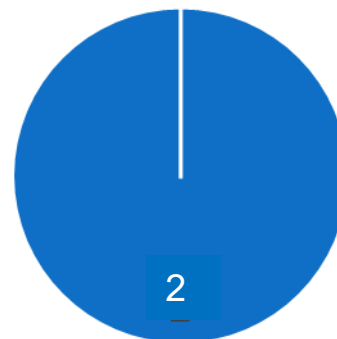
Total Number of Open Risks meeting criteria for reporting	2
New risks since last report to MHLC	1
Risks closed since last report to MHLC	0
Increase in risk score since last reported to MHLC ↑	0
Decrease in risk score since last reported to MHLC ↓	0
No change in risk score since last reported to MHLC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

Risk Level



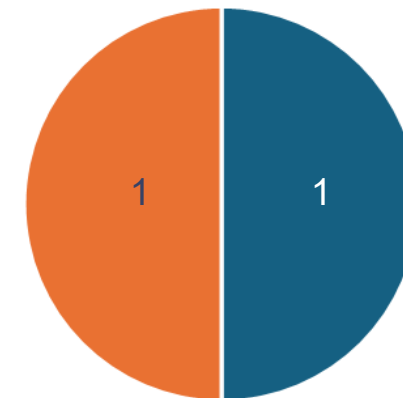
■ High Risks ■ Moderate

Risks by Clinical Care Group/Executive Function



■ Mental Health & Learning Disabilities

Expected Date to Achieve Target Risk Score



■ Oct-26 ■ Dec-26

New Risks Added since last report 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	Date of last risk review
1857 - Risk of delayed admissions under the Mental Health Act due to patient flow and bed capacity	Mental Health and Learning Disabilities	Chief Operating Officer	12 NEW*	6	14/10/2026	01/05/2026

Rationale for Current Risk Score

Bed demand outweighs capacity despite control measures (evidenced by private bed usage and the Local Authorities data re delays and issues; reported to MH Legislation Scrutiny Group which feeds into the MHLC), 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 D CCG's control.

Rationale for Target Risk Score (TRS)

The target risk score will be attained on completion of the planned risk action i.e., through the creation and operation of two crisis beds within the existing mental health inpatient service infrastructure.

**Risk 1857 was closed in November 2025 but re-opened on 30th March 2026.*

Risks with no change in Current Risk Score



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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	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	31/12/2026	10/02/2026

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. Ongoing engagement within the Clinical Care group and wider stakeholders.

Rationale for Target Risk Score (TRS)

A paper is being drafted by the Assistant Director of Nursing which, once completed, is to be presented to Public Board (November 2026). The completion of this action will enable the target risk score to be achieved.



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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</p> <p>This is caused by demand is out weighing capacity and flow of adult mental health beds. 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 place of safety, whilst waiting for a bed.</p> <p>Patient experience is impacted, Emergency departments waiting rooms not suitable for individuals in high level of distress.</p> <p>Significant overspend of inpatient budget.</p> <p>Risk location, Bronglais General Hospital, Glangwili General Hospital, Prince Philip Hospital, Worthybush 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 is involved in handover and development of a care plan with the CRT or CMHT.</p> <p>Process to obtain a bed outside of the health board would be instigated</p> <p>St John's ambulance would be prioritised</p>	Safety - Patient, Staff or Public	3	4	12	<p>Bed demand outweighs capacity despite control measures (evidenced by private bed usage and the Local Authorities data re delays and issues; reported to MH Legislation Scrutiny Group which feeds into the MHLC), 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's control.</p>	<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 & coordination across teams to better manage the patient flow demands</p>	Bassett-Gravelle, Ms Lisa	Completed	<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	6	The target risk score will be attained on completion of the planned risk action i.e., through the creation and operation of two crisis beds within the existing mental health inpatient service infrastructure.		30-Mar-26

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
															Reduction in private OOA bed use through creation and operation of two crisis beds within existing mental health inpatient service infrastructure by 1 (Bryngofal) and 1 (St Caradog)	Bassett-Gravelle, Ms Lisa	16/12/2026	Establish project team including clinical leads, operational leads, psychology, MDT, estates, and service user representatives. Initial action group meeting in April 2026								
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 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>Bryngofal ward is used as the nearest place of safety as an alternative. Clear consultation process in place between Dyfed Powys Police and designated manager in HB over 24 hour basis</p> <p>Out of Hours SOP in place</p> <p>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>Risk reviewed-ongoing engagement within the Clinical Care group and wider stakeholders.</p>	Engage with stakeholders and complete review which will generate further actions	Temple-Purcell, Rebecca	04/02/2026 10/08/2026	We are awaiting a paper required for the Public Board. At present, we are unable to progress this item any further until the paper has been received and reviewed.	Quality, Safety and Experience Committee	2	2	4	A paper is being drafted by the Assistant Director of Nursing which when completed is to be presented to Public Board (November 2026). The completion of this action will enable the target risk score to be achieved.	Treat	10-Feb-26