

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	05 June 2025
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

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

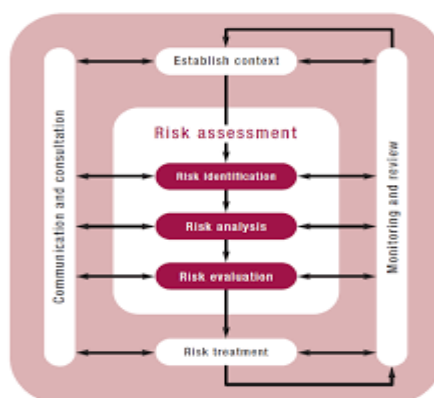
Sefyllfa / Situation

The Mental Health Legislation Committee (MHLIC) 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 (MHLD) 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 Clinical Care Groups and Executive Functions (collectively referred to as 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, formal monitoring and scrutiny processes are in place within Hywel Dda University Health Board (the Health Board) to provide assurance to the Board that risks 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 Clinical Care Groups, 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.

A revised approach to risk tolerance was agreed by the Board at its meeting in March 2025 to reflect the organisation's readiness to bear the risk after risk treatment, to achieve its objectives. The previous approach as agreed in September 2018 which set the tolerance levels for risk aligned to risk impact domains.

The revised approach utilises the target risk score (TRS) of risks to demonstrate the lowest level of risk exposure that the Health Board is willing to tolerate, following the completion of all planned actions aligned to each risk. The TRS represents the ultimate level of risk achievable given the

available means and resource. Once the TRS is achieved, if the risk continues to exist, it should then be tolerated / accepted unless further actions are identified or made possible (e.g., additional resources). If achieving the TRS is deemed unacceptable (i.e., the TRS is too high), further discussion or escalation is required. The TRS should be quantified, and where possible aligned to performance targets (including quality metrics), with a set timescale for achieving the reduction of the Current Risk Score to the TRS.

Risks will be 'treated' until a discussion to 'tolerate' a risk is triggered – this would be when the Executive Risk Owner for operational risks does not support the TRS. The Board will be asked to accept any risks where the Health Board is unable to treat within its available means.

The process for risk reporting and monitoring within the Health Board is outlined at Appendix 1.

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 4 risks presented in the attached Risk Register as of 21st May 2025 which have 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;
- The current risks core 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.

All risks have been scored against the *Safety – Patient, Staff or Public* domain.

Please refer to Appendix 2 for the full details of the risks assigned to the MHLC.

Changes since the previous report presented to MHLC at its meeting on 11th March 2025:

Total Number of Risks	4
New risks	0
Risks that are no longer included in the report	0
Increase in risk score ↑	0
No change in risk score →	4
Reduction in risk score ↓	0
Extreme (red) risks (based on 'Current Risk Score')	2
High (Amber) risks (based on 'Current Risk Score')	1
Moderate (Yellow) risks (based on 'Current Risk Score')	1

Note 1

Note 1 – 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
1813 - Risk to patient care at Gorwelion Crisis Resolution and Home Treatment Team (CRHT) due to workforce capacity	10/01/25	Chief Operating Officer	5x4=20 (Reviewed 11/04/25)	<p>Risk has remained at an extreme level since November 2024 when Consultant vacated his post and an attempt to recruit via Locum was unsuccessful.</p> <p>There is a limited medical workforce with no identified dedicated Consultant cover, and this was escalated to Executive level in January 2025.</p> <p>Unable to progress one practitioner appointment into the team due to issues with current workload.</p> <p>Continuing to work with HR and recruitment. Overnight cover is continuing to be offered for bank but there is intermittent cover with this which is further impacted by gaps in Medical On-Call cover which is supported remotely from Carmarthen Medical On-Call when no cover is in situ on site</p> <p>As of April 2025, an appointed member of staff has withdrawn from the recruitment process. Post now to be re-advertised on TRAC.</p>	2x3=6
1612 - Risk to patient care at North Ceredigion Community mental health centre due to workforce capacity	10/01/25	Chief Operating Officer	5x4=20 (Reviewed 11/04/25)	Risk has remained at an extreme level since November 2024 when Consultant vacated his post and an attempt to	2x3=6

				<p>recruit via Locum was unsuccessful.</p> <p>There is a limited medical workforce with no identified dedicated Consultant cover. Increased levels of sickness and vacancies within the Community Mental Health Team which was escalated to Executive level in January 2025.</p>	
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	3x3=9 (Reviewed 14/05/25)	Demand outweighs capacity at present with delays possible for patients awaiting beds.	3x3=9
1781 - Risk of being unable to provide a Community Place of Safety (CPOS) to individuals detained under Section 136 in Ceredigion count	28/11/23	Chief Operating Officer	2x3=6 (Reviewed 11/04/25)	<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 is a much higher risk in itself. A review is continuing with a working group. As of April 2025, there has been no change.</p>	2x2=4

The heatmap below has been obtained from the [Risk Performance dashboard](#). The information reflects the risk information extracted from Datix on 1st May 2025:

HYWEL DDA RISK HEAT MAP

	LIKELIHOOD →				
IMPACT ↓	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTROPHIC 5					
MAJOR 4					1813 (→) 1612 (→)
MODERATE 3			1857 (→)		
MINOR 2			1781 (→)		
NEGLIGIBLE 1					

The table below details when the four 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	1612, 1813			
High	1857			
Moderate		1781		
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; and
- **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.

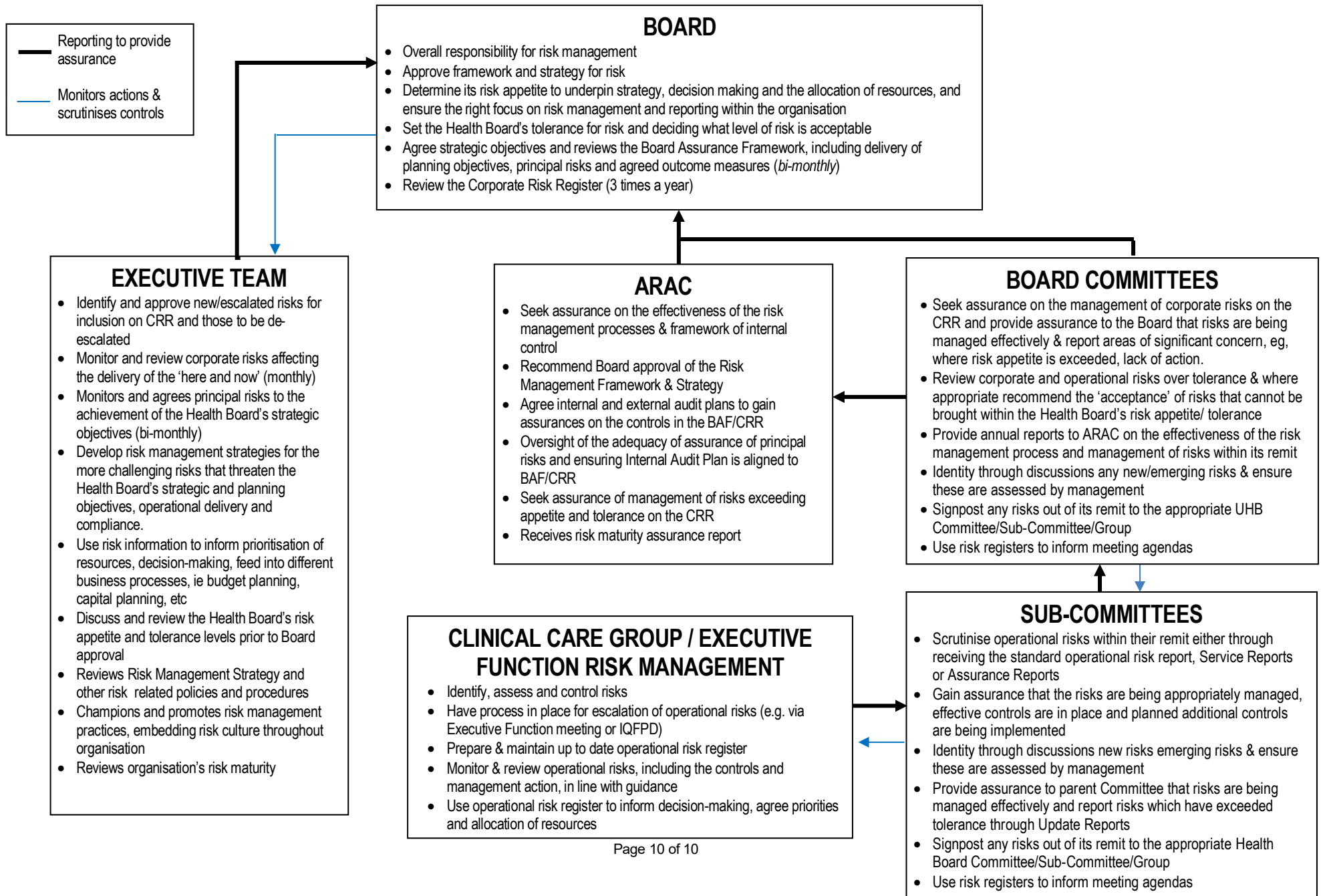
Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.2 Review the Mental Health & Learning Disabilities Risk Register bi-annually to ensure that risks relating to compliance with mental health legislation are being appropriately managed 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 Choose an item. Choose an item. Choose an item.
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable Choose an item. Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	Not Applicable Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable Choose an item. Choose an item. Choose an item.

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 Deddfwriaeth Iechyd Meddwl: Parties / Committees consulted prior to Mental Health Legislation 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

Appendix 1 – Committee Reporting Structure



Risk Ref	Domains of Quality	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	Risk Tolerance Score	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	Rationale for Target Risk Score	Detailed Risk Decision	Review date
1612	Effective	Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD: AMH Community services	Carruthers, Andrew	Carroll, Mrs Liz	Carroll, Mrs Liz	Davies, Amanda	10-Jan-25	<p>There is a risk of of patient harm. Reduced capacity to undertake assessment of new patients and Care and Treatment Planning (CTP) of existing patients.</p> <p>This is caused by insufficient mental health practitioner and mental health nurse capacity and also no consultant medical cover within Gorwelion Community Mental Health Centre (CMHT). Inability to recruit to substantive posts. This is due to the rurality of the area and limited medical cover and no dedicated consultant cover.</p> <p>25/2/25 -two practitioners are currently on long term sick -who have care coordination responsibility which is further impacting capacity within the team .</p> <p>This will lead to an impact/affect on timely assessment of patients (within 28 days). Accessibility to community mental health and Care and Treatment planning. Waiting list breaches (more than 28 days). Patient/carer experience and complaint rates. Numbers of near-miss and/or serious untoward incidents. General</p>	<ol style="list-style-type: none"> Working with the 111 opt 2 service to lessen calls to service. Joint working being promoted between Community Mental Health Team and Crisis Resolution Home Treatment staff by team leads. Bank shifts have been offered to support the CMHT 	Safety - Patient, Staff or Public	8	5	4	20	<p>Risk has increased since November 2024 when consultant vacated his post. Further increase in risk as attempt to recruitment via locum has been unsuccessful. Limited medical workforce. No identified dedicated consultant cover. Increase in sickness and vacancies within the Community mental health team. Escalated to executive level regarding locum consultant medical cover 10th January 2025. Risk score increased to 20</p>	<p>Team lead to start assessing new referrals to reduce waiting times and bring compliance to within the 28-day target</p> <p>Team lead to advertise vacancies and a recruitment drive for Band 6 Nurses or Mental Health Practitioners.</p>	Davies, Amanda	Completed	<p>Team lead currently assessing when possible.</p> <p>Staff Position has improved.</p>	Quality, Safety and Experience Sub Committee	3	2	6		Treat	11-Apr-25

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										<p>workforce confidence and morale. Remaining medical workforce burden of workload. Safe and effective business continuity and patient flow. Recruitment and retention of medical workforce and trainees.</p> <p>CTP compliance under Part 2 of the Welsh Measure is currently at 58% where the target is 90%, which could lead to targeted intervention of the NHS executive which could cause reputational damage to the Service and Health Board. Non compliance of Part 2 could result in patient harm and vulnerable to litigation (07/01/2025).</p> <p>Risk location, Gorwelion (MHLD).</p>								Team lead to promote Grow your own (GYO) to existing band 3/4 staff to see if we can upskill into substantive band 6 posts.	Davies, Amanda	Completed	<p>One staff member has been accepted onto the grow your own scheme. No others qualify. Agreed to close</p> <p>Grow your own to existing band 3/4 staff to see if we can upskill into substantive band 6 posts. 2 staff members interested</p> <p>26/04/23 - One band 3 has an Interview with Swansea University for Grow your own.</p> <p>06/06/2023 - 2 band 3 / 4 staff have been successful in gaining acceptance onto the Grow your own, nursing development programme. Discussion on staffing deficit to be discussed with Team Leader.</p>							

Risk Ref	Domains of Quality	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	Risk Tolerance Score	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	Rationale for Target Risk Score	Detailed Risk Decision	Review date
																	Senior Nurse to promote more joint work with Crisis team to ensure that urgent assessments are undertaken.	Davies, Amanda	Completed	<p>Agreed with team leads that Crisis Team will take on urgent assessments to ensure that they are undertaken within a timely manner.</p> <p>26/04/23 - Crisis Team supporting with urgent assessments, plan for ongoing support from newly appointed Mental health practitioner to support community mental team on initial assessments on a temp basis.</p> <p>06/06/23 - Crisis Team continue to carry out urgent assessments. Crisis Team member continues to assist in supporting assessment process, which is continually reviewed regarding need, levels of assessments</p> <p>01/11/23 - Crisis Team to support community mental health team with assessments and duty</p>								
																	Senior Nurse to review 7 day working and generic assessment waiting list	Davies, Amanda	Completed	<p>Andrew Littlejohns to review 7 day working and assessments undertaken on the weekend.</p> <p>26/04/23 - Current levels of staffing do not support 7 days working, request to reduce weekend working from a trust cost perspective also.</p>								

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1813	Effective, Efficient, Safe	Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD: AMH Community services	Carruthers, Andrew	Carroll, Mrs Liz	Carroll, Mrs Liz	Davies, Amanda	10-Jan-25	<p>There is a risk of to delivery of patient care and crisis treatment planning within Gorwelion Crisis Resolution and Home Treatment Team and an increase in requested admissions.</p> <p>This is caused by insufficient capacity and also no consultant medical cover within Gorwelion Crisis Resolution and Home Treatment Team. The recruitment and retention of staff in north Ceredigion is challenging currently but without the Medical Leadership in place within the team.</p> <p>This will lead to an impact/affect on This will lead to an impact/effect on timely assessment of patients, accessibility to community crisis care management, reputational damage to the Service and Health Board, patient/carer experience and complaint rates, numbers of near-miss and/or serious untoward incidents, general workforce confidence and morale, remaining medical workforce burden of workload, safe and effective business continuity and patient flow and recruitment and retention of medical workforce and trainees. Reduced capacity to undertake assessment of new patients and to potentially take on any new patients for crisis care and home treatment. Increase in workload for out of hours medical staff (doctors and consultants).</p> <p>The retention of staff may become a worsening position due to lack of medical</p>	<p>1. Utilising bank staff to cover the overnight shift which ensures that day staff can maintain home treatment for community patients.</p> <p>2. Closure of the Community Place Of Safety (CPOS) suite temporarily following the 136 review (staffing and environmental issues).</p>	Safety - Patient, Staff or Public	8	5	4	20	<p>Risk has increased since November 2024 when consultant vacated his post. Further increase in risk as attempt to recruitment via locum has been unsuccessful. Limited medical workforce. No identified dedicated consultant cover. Escalated to executive level regarding locum consultant medical cover 10th January 2025. Risk score increased to 20</p> <p>Reviewed on 26/2/25- situation remains unchanged .Unable to progress one practitioner appointment into the team due to issues with current workload .Continuing to work with HR and recruitment . Overnight cover in continuing to be offered for bank .Intermittent cover with this .Further impacted by gaps in on call medical cover - support remotely from Carmarthen medical on call when no cover is in situ on site Reviewed on 11/4/25 - situation remains unchanged in regards to staffing /vacancies . One appointed member of staff has withdrawn from the</p>	<p>Band 6 Jobs to be sent to panel via Vacancy justification</p> <p>Documents being drafted for an Occupational Change Process (OCP) to align all Crisis Resolution and Home Treatment Team working patterns. Once complete the OCP should help with working patterns and overnight cover.</p> <p>Andrew Littlejohns (senior nurse) overseeing rota to ensure effective staffing. Overtime is currently being offered in order to cover night shift</p> <p>Recruitment needed as there are vacancies</p>	Davies, Amanda	Completed	Completed 18/04/2024	Quality, Safety and Experience Committee	2	3	6		Treat	11-Apr-25		

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										<p>leadership causing time delays for patients to receive mental Health treatment and reduced medical input into crisis management plans and risk formulation thus creating a risk of patient harm and vulnerable to litigation.</p> <p>Risk location, Gorwelion (MHLD).</p>						recruitment.Post now to be re-advertised on TRACS	Escalate issues with limited medical cover to executive level (document attached)	Davies, Amanda	Completed	Completed								

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1857	Person Centred	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 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	Demand outweighs capacity as present with delays possible for patients awaiting beds.	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	28/02/2025-14/05/2025	16/07/2025	Local authorities have agreed to include incidences in their reports to Legislation group	Mental Health Legislation Committee	3	3	9								14-May-25

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1781	Equitable, Safe, Timely	Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD: 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 & 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>	<ol style="list-style-type: none"> 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 Out of Hours SOP in place 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. 	Safety - Patient, Staff or Public	6	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. 11/4/24 No current change</p>	Engage with stakeholders and complete review which will generate further actions	Temple-Purcell, Rebecca	01/02/2025-04/09/2024-31/03/2025	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 Sub Committee	2	2	4		Treat	11-Apr-25