



## PWYLLGOR DEDDFWRIAETH IECHYD MEDDWL MENTAL HEALTH LEGISLATION COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	07 June 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Operational Risk Register
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Andrew Carruthers, Director of Operations
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	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

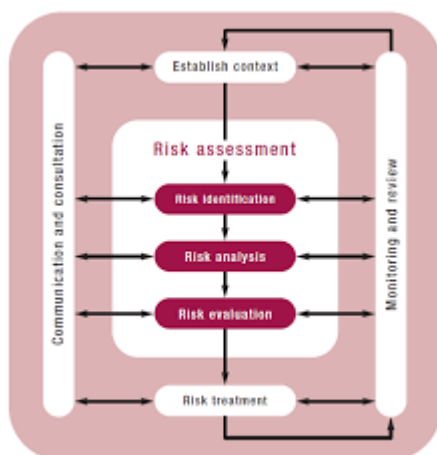
#### Sefyllfa / Situation

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 (MHLDD) 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 (Mental Health Legislation Scrutiny 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:

- Identify matters of risk relating to compliance with mental health legislation are being appropriately mitigated.

There is an expectation that the Mental Health Legislation Committee:

- Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern eg where risk tolerance is exceeded, lack of timely action;
- Recommend acceptance of risks that cannot be brought within the Health Board's risk appetite/tolerance to the Board through the Committee Update Report;
- Receive assurance through Sub-Committee Update Reports and other management/task and finish group reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).

There are currently two risks presented in the attached Risk Register as at 20 May 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;
- Risks at Operational level on Datix.

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

Below is a summary of changes since the previous report to MHLC in December 2023:

Total Number of Risks	2
New Risks Being Reported	0
De-escalated/Closed Risks	0
Increase in Risk Score ↑	0
Decrease in Risk Score ↓	0
No Change in Risk Score →	2

Below is a summary of the risk, which meets the criteria for submission to the MHLC:

### NO CHANGE IN RISK SCORE

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Rationale for the Current Risk Score (extracted from Datix)	Target Risk Score
1752 - Risk to Young People's privacy, dignity and Health and Safety due to the 136 suite on Morlais being unsuitable	26/09/23	Director of Operations	<b>5x2=10</b> (Reviewed 08/04/24)	Due to the 136 suite being non-compliant with national standards and guidance, the risk and impact will undoubtedly happen each time a young person utilises the 136 suite.	<b>2x1=2</b>
1781 - Risk of being unable to provide a Community Place of	28/11/23	Director of Operations	<b>2x3=6</b> (Reviewed 27/12/23)	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	<b>2x2=4</b>

Safety (CPOS) to individuals detained under Section 136 in Ceredigion count				<p>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>	
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The heatmap below has been obtained from the [Risk Performance dashboard](#). The information reflects the risk information extracted from Datix on 20 May 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 (→)			
MINOR 2					1752 (→)
NEGLIGIBLE 1					

The table below details when the two operational risks assigned to MHLC was 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	1752			
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;
- **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:	2.6 Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern eg where risk tolerance is exceeded, lack of timely action.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained in the report
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	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:	<p>Risk Appetite - <i>the amount of risk that an organisation is willing to pursue or retain</i> (ISO Guide 73, 2009)</p> <p>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)</p>

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
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<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	No direct impacts from report, however, impacts of each risk are outlined in risk description.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	No direct impacts from report, however, impacts of each risk are outlined in risk description.
<b>Gweithlu:</b> <b>Workforce:</b>	No direct impacts from report, however, impacts of each risk are outlined in risk description.
<b>Risg:</b> <b>Risk:</b>	No direct impacts from report, however organisations are expected to have effective risk management systems in place.
<b>Cyfreithiol:</b> <b>Legal:</b>	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.
<b>Enw Da:</b> <b>Reputational:</b>	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.
<b>Gyfrinachedd:</b> <b>Privacy:</b>	No direct impacts from report, however, impacts of each risk are outlined in risk description.
<b>Cydraddoldeb:</b> <b>Equality:</b>	Has EqIA screening been undertaken? No Has a full EqIA been undertaken? No

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
1752	Service or Department Level Risk	Person Centred, Safe	MHLD: 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>	<p>The current risk associated with 'points of ligature' is substantially mitigated by staff presence and supervision.</p> <p>However the risk associated with the patient's privacy and dignity cannot be fully mitigated by this without relocation of the 136 suite to another area of the ward.</p>	Quality/Complaints/Audit	8	5	2	10	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 12/06/2024	<p>Minor works request has been sent to estates for costing and initiation of minor works required to relocate the 136 suite</p> <p>Project feasibility for work required to be finalised on 8.4.2024</p> <p>Update- capital funding is possible available for works and project feasibility has been submitted on 22nd November 2023</p>	Operational Quality, Safety and Experience Sub Committee	2	1	2	Treat	08-Apr-24
1781	Service or Department Level Risk	Equitable, Safe, Timely	MHLD: AMH Community services	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 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 &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	6	2	3	6	Engage with stakeholders and complete review which will generate further actions	Temple-Purcell, Rebecca	31/05/2024 29/02/2024	Work currently being carried out. RT-P to engage with stakeholders and complete review which will generate further actions	Operational Quality, Safety and Experience Sub Committee	2	2	4	Treat	27-Dec-23