

TRUST BOARD ITEM: BRIEFING NOTE

Meeting Details:	8 th Jan 2026
Director:	Dr Brendan Lavery
Issue Title:	Corporate Risk Register Summary and Corporate Risk Register Assurance Framework
Indicate the connection with the Trust's Mission and Vision <i>(please tick)</i>	<ul style="list-style-type: none"> ✓ People who need us feel cared for ✓ People who work with us feel proud ✓ People who live in our communities trust us
Indicate the link to Trust's strategic priorities <i>(please tick)</i>	<ul style="list-style-type: none"> ✓ Quality and Safety <input type="checkbox"/> Workforce Stabilisation <input type="checkbox"/> Performance and Access to Services <input type="checkbox"/> Delivering Value <input type="checkbox"/> Culture
Summary of issue to be discussed:	<p>For approval:</p> <p>New Corporate Risk for approval;</p> <ul style="list-style-type: none"> - Proposal to escalate ID1396 Approved Social Work (ASW) pressures and pressures due to protracted waits for Psychiatry beds from Adult Mental Health and Learning Disability Directorate Risk Register to the Corporate Risk Register. Briefing note and risk attached for further information.

	<p>Material change;</p> <ul style="list-style-type: none"> - No material changes to consider <p>Action summary;</p> <ul style="list-style-type: none"> - All action plans and risks have been updated within quarter.
<p>Trust Board Response Required <i>(please tick)</i></p>	<p>X For approval</p> <p><input type="checkbox"/> To note</p> <p><input type="checkbox"/> Decision</p>

CORPORATE RISK REGISTER & ASSURANCE FRAMEWORK

BRIEFING NOTE PREPARED FOR TRUST BOARD ON 8th JANURARY 2026.

There are 25 risks on the Corporate Risk Register as approved at Trust Board 23rd December 2025.

Summary

- Proposed New Risks;
 - Proposal to escalate ID1396 Approved Social Work (ASW) pressures and pressures due to protracted waits for Psychiatry beds from Adult Mental Health and Learning Disability Directorate Risk Register to the Corporate Risk Register. Briefing note and risk attached for further information.
- Material changes;
 - No material changes to consider
- Summary report for action;
 - All risks and action plans have been updated within this reporting quarter.

Proposed New Risk

Proposal to escalate ID1396 Approved Social Work (ASW) pressures and pressures due to protracted waits for Psychiatry beds from Adult Mental Health and Learning Disability Directorate Risk Register to the Corporate Risk Register.

Risk Description:

Trust Approved Social Work (ASW) service does not have sufficient ASW staff available to remain with a patient on a prolonged wait for a bed, particularly out of hours. There are instances when the Regional Emergency Social Work Service cannot accept a handover for protracted waits leading to AMH on an adhoc basis requiring to put staff cover arrangements in place to ensure patient safety. In addition, there are instances OOHs when RESWS are not accepting referrals for assessment due to workforce capacity issues during protracted waits.

Risks include:

- Patient coming to harm in ED or from absconding
- ASW, other staff or other patients coming to harm due to aggression escalating.
- ASW and staff burnout.
- ASW and other staff exhaustion leading impaired judgement.

The Trust ASW service is experiencing increasing delays in accessing inpatient beds which is creating difficulties in looking after patients safely for whom an application for assessment has been completed, during a period of waiting for an inpatient bed to become available. It is unsustainable and unsafe to expect the daytime ASW Service to remain with a patient for a prolonged period of time and the Regional Emergency Social Work Service (RESWS) are clear regarding the limitations if they have to accept handovers for prolonged waits.

Ideally, a wait for bed-based psychiatric care would be minimal, and an ASW would remain to support the conveyance of the patient, as is their role and legal duty under the MHO.

In the correspondence issued to Trusts from the Office of Social Services in the Department of Health, it was recognised that the availability of ASWs, the ASW's need for rest and the number of requests for assessment the Trust is dealing with at any one time will all be factors in deciding whether or not an ASW can wait with the patient until a bed is sourced.

This risk is linked to Risk 414 (Demand exceeds commissioned number of Acute Beds). The risk is also clear following SAI 92-24 which relates to a patient who was referred for detention however due to lack of bed availability and resource constraints RESWS were unable to attend and the patient absconded from ED which was a near miss to serious harm to this patient.

RESWS are clear that they face serious challenges when handovers are required from HSCT for patients waiting for beds, due to restriction in availability of suitable staff to support the prolonged wait until an inpatient bed becomes available. They report that these situations severely impact on their ability to respond to the full range of emergency situations which occur outside of normal working hours.

Due the risks presented in managing patients experiencing a mental health crisis, most critically the potential of causing harm to others or threat to completing suicide, the PSNI are increasingly tasked with remaining with patients in Emergency Departments for extended periods of time waiting for assessment or access to psychiatric beds. This is placing a severe pressure on local PSNI staffing and limiting their ability to respond to policing incidents in the community. This is regularly reported as an unsustainable position.

The regional independent review of the RESWS has been completed and the findings presented at a regional meeting with Trust Directors of AMHDS and Executive Directors of social work on 17/11/25 however a copy of the report has not been shared with Trust as yet. There are options for consideration which requires further consultation which is to be confirmed.

Responsible Director: Director of Adult Mental Health and Learning Disability

Material Changes:

- No material changes to consider.

Summary Report for Action:

- All risks and action plans have been updated within this quarter

Update on Trust Board actions June 2025

Risk ID	Lead Director	Risk Title	Workshop action	Agreed Tolerance	Agreed Risk Appetite	Progress
1423	Director Social Work/Director of Children and Families	Human Milk Bank – does not meet the Governance and Information Requirements	1. Continue to progress as per the action plan	High	Low (target score between 1-6) Current Target score 1	
1601	Director of Surgery, Paediatrics and Women's Health	Inability to retain ENT Head and Neck service provision	1. Amalgamate risk with ID1649 and include mitigations re BHSCT	Low	Low (target score between 1-6) Current target score 6	Approved
1629	Director of Adult Mental Health and Disability Services	Alcohol Related Brain Disease: Non Commissioned service within WHSCT	1. Review/update description 2. Review grading of the risk 3. Subject to a Deep Dive in Sept 2025	High	Low (target score between 1 – 6) Current target score 6	Complete Sept 2025
1647	Director Community and Older People's Services	Risk of disruption to the Trust's contracted out domiciliary care services as a result of new procurement exercise	1. Continue to progress as per the action plan	High	Low (target score between 1-6) Current target score 6	
1653	Director of Unscheduled	NSTEMI In ED	1. Review risk and action plan and	Low	Low (target	

	Care, Medicine, Cancer and Clinical Services		consider this risk for de-escalation		score between 1-6) Current target score 6	
1656	Director Professional Nursing, AHP Services	Risk of Roster – Pro System Failure	<ol style="list-style-type: none"> 1. Continue with action plan to manage this risk 2. Proposal to remove this risk possibly in October 25 as system will be fully implemented *UPDATE will remain risk until June 2026 	Low	Low (target score between 1-6) Current target score 6	
1657	Director Adult Mental Health and Disability Services	Medium Secure Placement deficit for patients with highly complex needs	<ol style="list-style-type: none"> 1. To be considered at Trust Board on 03.07.25 for de-escalation back to Directorate Risk Register. Update – approved for de-escalation 	High	Risk to de-escalate	De-escalated
1692	Director Surgery, Paediatrics and Women's Health	Paediatric Consultant Workforce in SWAH	<ol style="list-style-type: none"> 1. Complete Assurance Map 2. Continue to manage as per action plan 	High	Low (target score between 1-6) Current target score 6	
1694	Director of Surgery,	ENT Consultant Workforce	<ol style="list-style-type: none"> 1. Progress to amalgamate 	Low	Low (target	Approved

	Paediatrics and Women's Health		with ID1601 and update action plan and risk grading		score between 1-6) Current score 6	
1	Director Planning, Performance and Corporate Services	Fire Risks	1. Complete deep dive in Dec 2025	High	Low (target score between 1-6) Current Target score 6	
1183	Director of Adult Mental Health and Disability Services	Were MCA processes are not being followed patients may be deprived of their liberty, without having safeguards in place	1. Risk lead to review and identify any further controls. Provide wider analysis regularly for TB.	High	Low (target score between 1-6) Current Target score 6	
1219	Director of unscheduled care, Medicine, Cancer and Clinical Services	Lack of endoscopy to meet the demand which impacts on patients	1. Risk tabled for de-escalation at Trust Board on 3 rd July 2025. Decision to deescalate risk approved	Low	Low (target score between 1-6) Current Target score 6	Approved
1334	Director of Surgery, Paediatrics and Women's Health	Sustainability of surgical services in Southern Sector of Trust due to recruitment & retention difficulties	1. Continue to manage as per action plan	Low	Low (target score between 1-6 Current target score 6	
1469	Director of Nursing, AHP Services	Health & Safety Risk to staff as a result	1. Keep risk updated with actions ongoing	Low	Low (target score 1-	

		of Violence & aggression			6) Current target score 6	
49	Director of Performance, Planning and Corporate Services	The potential impact of a Cyber Security incident on Western Trust				
1216	Director of Unscheduled Care, Medicine, Cancer and Clinical Services	Risk of patient harm in Trust EDs due to capacity, staffing and patient flow issues	<ol style="list-style-type: none"> 1. Progress Deep Dive amendments through CMT and TB. 2. Create new hospital flow risk 	High	Low (target score 1-6) Current target score 6	
1307	Director of Surgery Paediatrics and Women's Health	Clinical Risk regarding delayed transfer of Babies, Children and Adults to Other Hospitals	<ol style="list-style-type: none"> 1. Review risk scoring as there is low tolerance for score remaining as is. 2. Ensure risk update provided 	Low	Low (target score 1-6) Current target score 6	
6	Director of Social Work/Children and Families	Children awaiting allocation of Social Work may experience harm or abuse	<ol style="list-style-type: none"> 1. Review the risk detail for possible de-escalation 	High	Low (target score 1-6) Current target score 6	
284	Director Performance, Planning and Corporate Services	Risk of breach of data protection legislation through loss, mishandling or inaccessibility of personal or sensitive personal information	<ol style="list-style-type: none"> 1. Keep controls/actions under review 	High	Low (target score 1-6) Current target score 6	

1236	Director of Finance	Stabilisation of Financial sustainability	<ol style="list-style-type: none"> 1. Review current score 2. Review wording of the risk 	High	Low (target score between 1-6) Current target score 6	Risk score reviewed in line with update of risk wording. Risk rating to remain unchanged.
1254	Director of Human Resources & Organisational Development	Ensuring Stability of our services, Improving and Quality and Experience of Care, Supporting and Empowering staff	<ol style="list-style-type: none"> 1. Risk lead to consider actions from Directorate plan against this risk and reference this through action plan 2. Consider updating the assurance map 	High	Low (target score between 1-6) Current target score 6	
1288	Director of Planning, Performance and Corporate Services	Ensuring efficient use of resources	<ol style="list-style-type: none"> 1. Risk owner keep risk under review 	High	Low (target score between 1-6) Current target score 6	
1409	Director Unscheduled Care, Medicine, Cancer and Clinical Services	ED Mental Health Patients	<ol style="list-style-type: none"> 1. Risk owner to consider for de-escalation 	Low	Low (target score between 1-6) Current target score 6	

Risk ID	Lead Director	Risk Title	Initial		Current		Risk Appetite				Current Risk Status		Mths since last updated	Action Plan Status	Latest Update
			Score	Grade	Score	Grade	Target Score	Target Grade	Level of Tolerance	Action on Appitite	Mths since score changed	Change in score since last review			
1	Director of Performance, Planning and Corporate Services	Fire Risks	20	EXTREM	15	EXTREM	6	MEDIUM	High	1. Complete deep dive in Dec 2025	17	No change	0	Actions listed with future due dates	[02/12/2025] Fire Risk deep dive to be completed for Gov Committee. Risk presented on 10/12/25 to Gov Committee and assurance given that risk appropriately managed and agreed risk should continue to be managed as a Corporate Risk. [10/11/2025] Estates have prepared a mitigation plan to achieve compliance with Fire KPI's despite being unable to recruit fire officers. This will be presented to the PPCS Governance Group.
6	Executive Director of Social Work/Director of Women & Children Services	Children awaiting allocation of Social Worker may experience harm or abuse	25	EXTREM	12	HIGH	6	MEDIUM	High	1. Review the risk detail for possible de-escalation	50	No change	1	Actions listed with future due dates	[17/11/2025] November 2025 - Social Work staffing within frontline teams has stabilised over the last couple of months which in turn has meant that Unallocated Case figures remain at a manageable level. Gateway - 7 (Family Support) Family Intervention - 6. All unallocated cases are closely monitored as per regional guidance and escalated to Assistant Director level if deemed appropriate.
49	Director of Performance, Planning and Corporate Services	The potential impact of a Cyber Security incident on the Western Trust													
284	Director of Performance, Planning and Corporate Services	Risk of breach of Data Protection legislation through loss, mishandling or inaccessibility of personal or sensitive personal inf	16	HIGH	12	HIGH	6	MEDIUM	High	1. Keep controls/actions under review	20	No change	0	Actions listed with future due dates	[02/12/2025] IG Awareness training for staff remains at 87% and the Trust continues to report a monthly improvement within its updates to the ICO SAR pilot. SIRO assurance checklist (seeking assurance that all IG/Record Management processes and requirements are being adhered to by all business areas/services) was issued to all Assistant Directors in early Nov and 100% return completed by directorates.
1183	Director of Adult Mental Health & Disability Services	Where MCA processes are not being followed, patients may be deprived of their liberty, without having safeguards in place	25	EXTREM	15	HIGH	6	MEDIUM	High	1. Risk lead to review and identify any further controls. Provide wider analysis regularly for TB.	23	No change	0	Actions listed with future due dates	[16/12/2025] Risk Actions updated to reflect plan to transition TA Extensions into Encompass system
1216	Director of unscheduled care, medicine, Cancer and Clinical Services	Risk of patient harm in Trust EDs due to capacity, staffing and patient flow issues	15	EXTREM	15	EXTREM	6	MEDIUM	High	1. Progress Deep Dive amendments through CMT and TB. 2. Create new hospital flow risk	39	No change	0	Actions listed with future due dates	[15/12/2025] Alt - Work progressing on new flow risk, risk reviewed and remains the same.

	Opened	Rating (initial)	Risk level (initial)	Rating (current)	Risk level (current)	Rating (Target)	Risk level (Target)	Corporate Objectives	Title	Description	Controls	Gaps in controls	Assurance	Gaps in assurance	Description (Action Plan)
										Fire Safety Policy, procedures and manual, including: Site specific fire emergency plans for SWAH and ALT. Departmental fire procedures in place for all areas. Staff Training and awareness. Mandatory Fire Safety awareness training. Recording and reporting of fire safety Mandatory Training. Nominated Officers appointed and trained. Reporting of all fire incidents, unwanted fire alarms. Regional Fire Managers Group. Nominated Officer fire safety Log Books. Trust fire risk assessments. Recommendations from Regulatory bodies e.g. NIRS and RQA. Fire Safety Controls Assurance Standard action plan. Regular fire drills and emergency exercises. Fire improvement works. All Trust fire safety advisors to hold appropriate endorsement.	Not all staff are trained in mandatory fire safety awareness training. Potential exists for Premises to be operational without a Nominated Fire Officer in the Department. Regional Group meetings are infrequent. Not all fire Risk Assessment are completed within designated Timeframe. Targets = 100% Infrequent Drills due to competing Pressures. Financial Constraints. Competing priorities. Ageing Estate and deterioration of physical infrastructure. Working with service to ensure service delivery/care is not impacted. Not all Directorates have included fire on their directorate risk register. Current risks not aligned to the corporate risk ID01. Systems are currently not in place for annual attendance at Directorate SMT.	Fire Safety Policy, procedures and manual, including: Site specific fire emergency plans for SWAH and ALT. Departmental fire procedures in place for all areas. These policies are corporate documents that apply to all staff within the Trust. Contractual obligation under the employment contract. Monthly reports provided to Business managers for distribution to HOD/AD's to identify staff compliance. Fire risk assessment audits. Fire Safety Working Group. Monthly breakdown of nominated fire officers throughout the Trust. Incidents are investigated by the Trust. Trust incident management process. Learning is cascaded both locally and regionally. Oversight over regional learning and good practice. To ensure that nominated fire officer are aware of their fire safety responsibilities in each department/office. Annualised.	Accuracy of Learn HSCN reporting of mandatory training compliance. Potential Exits for Premises to be operational without a Nominated Fire Officer in the Department. None adherence to Learning incomplete Documentation within fire safety log books. Failure to sustain recommendations on a long term basis. Failure to Update Fire Safety Controls assurance Action Plan. No scheduled intrusive surveys programmed. Directorates Fire Safety Risk currently not reviewed at fire safety group and at SMT's. Irregular meetings of Task and Tack Group and poor representation at walkarounds. Funding for smoke-free wardens retracted.	Emergency logging implemented. Fire safety improvements. Potential Exits for Premises to be operational without a Nominated Fire Officer in the Department. None adherence to Learning incomplete Documentation within fire safety log books. Failure to sustain recommendations on a long term basis. Failure to Update Fire Safety Controls assurance Action Plan. No scheduled intrusive surveys programmed. Directorates Fire Safety Risk currently not reviewed at fire safety group and at SMT's. Irregular meetings of Task and Tack Group and poor representation at walkarounds. Funding for smoke-free wardens retracted.	
1	11/19/2008	20	Extreme (Red)	15	Extreme (Red)	6	Medium (Yellow)	Safe & Effective Services	Fire Risks	As a result of the nature, use and condition of Trust owned, leased, occupied or unoccupied premises there is a risk of fire which could result in injury or death to staff, clients or public, damage to property, financial loss or loss of service.	Fire Safety Policy, procedures and manual, including: Site specific fire emergency plans for SWAH and ALT. Departmental fire procedures in place for all areas. Staff Training and awareness. Mandatory Fire Safety awareness training. Recording and reporting of fire safety Mandatory Training. Nominated Officers appointed and trained. Reporting of all fire incidents, unwanted fire alarms. Regional Fire Managers Group. Nominated Officer fire safety Log Books. Trust fire risk assessments. Recommendations from Regulatory bodies e.g. NIRS and RQA. Fire Safety Controls Assurance Standard action plan. Regular fire drills and emergency exercises. Fire improvement works. All Trust fire safety advisors to hold appropriate endorsement.	Not all staff are trained in mandatory fire safety awareness training. Potential exists for Premises to be operational without a Nominated Fire Officer in the Department. Regional Group meetings are infrequent. Not all fire Risk Assessment are completed within designated Timeframe. Targets = 100% Infrequent Drills due to competing Pressures. Financial Constraints. Competing priorities. Ageing Estate and deterioration of physical infrastructure. Working with service to ensure service delivery/care is not impacted. Not all Directorates have included fire on their directorate risk register. Current risks not aligned to the corporate risk ID01. Systems are currently not in place for annual attendance at Directorate SMT.	Fire Safety Policy, procedures and manual, including: Site specific fire emergency plans for SWAH and ALT. Departmental fire procedures in place for all areas. These policies are corporate documents that apply to all staff within the Trust. Contractual obligation under the employment contract. Monthly reports provided to Business managers for distribution to HOD/AD's to identify staff compliance. Fire risk assessment audits. Fire Safety Working Group. Monthly breakdown of nominated fire officers throughout the Trust. Incidents are investigated by the Trust. Trust incident management process. Learning is cascaded both locally and regionally. Oversight over regional learning and good practice. To ensure that nominated fire officer are aware of their fire safety responsibilities in each department/office. Annualised.	Accuracy of Learn HSCN reporting of mandatory training compliance. Potential Exits for Premises to be operational without a Nominated Fire Officer in the Department. None adherence to Learning incomplete Documentation within fire safety log books. Failure to sustain recommendations on a long term basis. Failure to Update Fire Safety Controls assurance Action Plan. No scheduled intrusive surveys programmed. Directorates Fire Safety Risk currently not reviewed at fire safety group and at SMT's. Irregular meetings of Task and Tack Group and poor representation at walkarounds. Funding for smoke-free wardens retracted.	Emergency logging implemented. Fire safety improvements. Potential Exits for Premises to be operational without a Nominated Fire Officer in the Department. None adherence to Learning incomplete Documentation within fire safety log books. Failure to sustain recommendations on a long term basis. Failure to Update Fire Safety Controls assurance Action Plan. No scheduled intrusive surveys programmed. Directorates Fire Safety Risk currently not reviewed at fire safety group and at SMT's. Irregular meetings of Task and Tack Group and poor representation at walkarounds. Funding for smoke-free wardens retracted.
										Due to capacity and demand issues within Family & Children, children may not always be allocated a Social Worker in a timely manner and it is likely the children may experience harm as a result of Trust staff not being able to provide appropriate support and implement safe plans. It is acknowledged that currently there is huge pressure on frontline social workers in Children's Services, and significant vacancy levels due to recruitment and retention challenges. All unallocated cases are reviewed in line with the Operational Guidance for the Management and Monitoring of Unallocated/Waiting List Social Work Cases in Children's Services (August 2023). This guidance aims to support the safe management of cases where the decision has been made that social work involvement is not required.	Ongoing action to secure funding. Update meetings between H&CC Job and Director Performance Management. Review is being undertaken by H&CC with all 5 Trusts focusing on unallocated cases and timescale. Early Help staff returned to their substantive posts within gateway. To increase the ability to allocate regional Social Workers redeployed to support social work delivery will monitor Action Plan and progress to stabilise team. Significant vacancies within FIS. Service Managers and Social Work Managers monitor and review unallocated cases on a weekly basis. Service and SW Managers consistently prioritise workload.	Inability to get sick leave covered. Ability to recruit and retain social workers. Quarterly governance reports to Governance Committee. H&CC have drafted a regional paper to secure additional funding for unallocated cases. Delays in recruitment.	Feedback given to Performance & Service Improvement for accountability meetings with H&CC. Quarterly governance reports to Governance Committee. Up dates by Director to CMT and Address Risks within FIS. Enrolment Delegated Statutory Functions	Reports to SPNG only detail numbers of families. There is no assurance of the mitigation put in place to ensure safeguarding of children awaiting allocation. DSE reporting is bi-annually and taken at a point in time. It does not demonstrate trends over the full reporting periods.	
6	9/21/2009	25	Extreme (Red)	12	High (Amber)	6	Medium (Yellow)	Safe & Effective Services	Children awaiting allocation of Social Worker may experience harm or abuse	Due to capacity and demand issues within Family & Children, children may not always be allocated a Social Worker in a timely manner and it is likely the children may experience harm as a result of Trust staff not being able to provide appropriate support and implement safe plans. It is acknowledged that currently there is huge pressure on frontline social workers in Children's Services, and significant vacancy levels due to recruitment and retention challenges. All unallocated cases are reviewed in line with the Operational Guidance for the Management and Monitoring of Unallocated/Waiting List Social Work Cases in Children's Services (August 2023). This guidance aims to support the safe management of cases where the decision has been made that social work involvement is not required.	Ongoing action to secure funding. Update meetings between H&CC Job and Director Performance Management. Review is being undertaken by H&CC with all 5 Trusts focusing on unallocated cases and timescale. Early Help staff returned to their substantive posts within gateway. To increase the ability to allocate regional Social Workers redeployed to support social work delivery will monitor Action Plan and progress to stabilise team. Significant vacancies within FIS. Service Managers and Social Work Managers monitor and review unallocated cases on a weekly basis. Service and SW Managers consistently prioritise workload.	Inability to get sick leave covered. Ability to recruit and retain social workers. Quarterly governance reports to Governance Committee. H&CC have drafted a regional paper to secure additional funding for unallocated cases. Delays in recruitment.	Feedback given to Performance & Service Improvement for accountability meetings with H&CC. Quarterly governance reports to Governance Committee. Up dates by Director to CMT and Address Risks within FIS. Enrolment Delegated Statutory Functions	Reports to SPNG only detail numbers of families. There is no assurance of the mitigation put in place to ensure safeguarding of children awaiting allocation. DSE reporting is bi-annually and taken at a point in time. It does not demonstrate trends over the full reporting periods.	
49															
										The Trust faces reputation and financial risk from non-compliance across all Directorates with the UK GDPR, Data Protection Act 2018, DoH's Good Management, Good Records and the Public Records Act 2023. The risk comprises a number of key factors which increases the level of risk for the Trust: •Security sharing or accessing the personal data of clients, patients and staff without a legislative basis under UKGDPR or supporting legislation. •The unavailability of records for provision of patient and client care or for legal or public interest purposes. •Concerns on the adherence to records management responsibilities - notably the storage, categorisation and disposal/PRON transfer of patient, client and staff records.	Subject Access and Access to Information procedures. Governance/Records Management Induction/Awareness training. Regional code of practice. Information Governance Steering Group. Records held securely/restricted access. ICT security policies. Raised staff awareness via Trust Communications/Share to Learn. Data Guardians role. Regional GDPR Information Governance Advisory Group. Electronic transmission protocol. Investigation of incidents. 2 secondary storage facilities available across N&S SS. Trust Protocol for Vacating & Decommissioning of H&C Facilities. Scoping exercise to identify volume and location of data.	Potential that information may be stored/transferred in breach of Trust policies. Limited updates to Information Governance and Records Management training. No capacity within the team to take on provision of IG training for the rest of the UK. RPO uplift in terms and conditions significantly more attractive. Staff numbers have NOT been expanded in recent years in line with increased demand and complexity, particularly compared to other trusts and specialities. This makes advertised posts less attractive on the whole. Poor/Nil response to recent recruitment activity, both substantive and locum.	Reports to Risk Management Sub-Committee/Governance Committee. ISO Audit of ICT and Information Management Standards. ISO Internal Audit of Information Governance. Revised composition and terms of reference of the Information Governance Steering Group as a result of the new SIRO/IAO Framework.	No gaps in assurance identified	
284	12/13/2010	16	High (Amber)	12	High (Amber)	6	Medium (Yellow)	Governance		The Trust faces reputation and financial risk from non-compliance across all Directorates with the UK GDPR, Data Protection Act 2018, DoH's Good Management, Good Records and the Public Records Act 2023. The risk comprises a number of key factors which increases the level of risk for the Trust: •Security sharing or accessing the personal data of clients, patients and staff without a legislative basis under UKGDPR or supporting legislation. •The unavailability of records for provision of patient and client care or for legal or public interest purposes. •Concerns on the adherence to records management responsibilities - notably the storage, categorisation and disposal/PRON transfer of patient, client and staff records.	Subject Access and Access to Information procedures. Governance/Records Management Induction/Awareness training. Regional code of practice. Information Governance Steering Group. Records held securely/restricted access. ICT security policies. Raised staff awareness via Trust Communications/Share to Learn. Data Guardians role. Regional GDPR Information Governance Advisory Group. Electronic transmission protocol. Investigation of incidents. 2 secondary storage facilities available across N&S SS. Trust Protocol for Vacating & Decommissioning of H&C Facilities. Scoping exercise to identify volume and location of data.	Potential that information may be stored/transferred in breach of Trust policies. Limited updates to Information Governance and Records Management training. No capacity within the team to take on provision of IG training for the rest of the UK. RPO uplift in terms and conditions significantly more attractive. Staff numbers have NOT been expanded in recent years in line with increased demand and complexity, particularly compared to other trusts and specialities. This makes advertised posts less attractive on the whole. Poor/Nil response to recent recruitment activity, both substantive and locum.	Reports to Risk Management Sub-Committee/Governance Committee. ISO Audit of ICT and Information Management Standards. ISO Internal Audit of Information Governance. Revised composition and terms of reference of the Information Governance Steering Group as a result of the new SIRO/IAO Framework.	No gaps in assurance identified	
										Due to the lack of senior medical staff in the AMHD Directorate there is insufficient capacity to deliver safe and effective care across all services. This may result in poorer than expected outcomes for patients, longer waiting list, longer waiting times for treatment and risk of harm to self and others. There are significant vacancies throughout the Directorate due to unfilled vacancies and sick leave. We have had a number of unsuccessful recruitment in an effort to fill these posts. In the interim, we have filled a many gaps as possible with locum staff. The filling of these gaps with locum staff contributes further to the risk. While posts remain vacant there are challenges in completing the medical workload within teams. This can result in cancellation of outpatient appointments. Recruitment and retention of staff is a challenge. Recruitment and retention of staff is a challenge. Recruitment and retention of staff is a challenge.	Engaging recruitment drives, including international recruitment. Use of locums - where available and competent. Job plans and appraisals with posting staff to ensure collaborative working. Monitoring of Data and learning from data. A review of workforce and Allied Professionals to support the medical capacity. Service review and improvement. Medical staff rota. Best practice guidance. Links with Regional for a Contributing to regional workforce review. Actively seeking alternatives to support existing staff including pharmacy, ANPs, Physician Assistants. Recruitment and Retention Premium applied for specific posts.	Lack of locum medical staff in Northern Ireland. Research would suggest Doctors live and work within a 30 mile approx. radius of their training school. Inadequate work force planning. Regionally has resulted in a lack of suitable candidates. The National Terms and Conditions are not suitably attractive to successful recruit overseas candidates. CEA not currently available in NI, but are throughout the rest of the UK. RPO uplift in terms and conditions significantly more attractive. Staff numbers have NOT been expanded in recent years in line with increased demand and complexity, particularly compared to other trusts and specialities. This makes advertised posts less attractive on the whole. Poor/Nil response to recent recruitment activity, both substantive and locum.	Ability to meet access targets for services. Monitoring of complaints and non-clinical activities including including MHO functions. Monitoring of relevant data. NIMDTA placement reviews. Directorate Governance systems. Appropriately more attractive Policies and Protocols. Close working with relevant HR.	Full implementation of relevant policies and protocols. Need to prioritise urgent and emergency care activities. SAK. Risk of burnout and stress related conditions in existing workforce, further diminishing capacity. See also risk IDs 1443, 1456, 414, 828 and 1470.	
947	6/30/2016	16	High (Amber)	20	Extreme (Red)	12	Medium (Yellow)	Financial Management & Performance, Governance, Partnership, Public Confidence, Safe & Effective Services.	Lack of Senior Medical staff in the AMHD Directorate	Due to the lack of senior medical staff in the AMHD Directorate there is insufficient capacity to deliver safe and effective care across all services. This may result in poorer than expected outcomes for patients, longer waiting list, longer waiting times for treatment and risk of harm to self and others. There are significant vacancies throughout the Directorate due to unfilled vacancies and sick leave. We have had a number of unsuccessful recruitment in an effort to fill these posts. In the interim, we have filled a many gaps as possible with locum staff. The filling of these gaps with locum staff contributes further to the risk. While posts remain vacant there are challenges in completing the medical workload within teams. This can result in cancellation of outpatient appointments. Recruitment and retention of staff is a challenge. Recruitment and retention of staff is a challenge. Recruitment and retention of staff is a challenge.	Engaging recruitment drives, including international recruitment. Use of locums - where available and competent. Job plans and appraisals with posting staff to ensure collaborative working. Monitoring of Data and learning from data. A review of workforce and Allied Professionals to support the medical capacity. Service review and improvement. Medical staff rota. Best practice guidance. Links with Regional for a Contributing to regional workforce review. Actively seeking alternatives to support existing staff including pharmacy, ANPs, Physician Assistants. Recruitment and Retention Premium applied for specific posts.	Lack of locum medical staff in Northern Ireland. Research would suggest Doctors live and work within a 30 mile approx. radius of their training school. Inadequate work force planning. Regionally has resulted in a lack of suitable candidates. The National Terms and Conditions are not suitably attractive to successful recruit overseas candidates. CEA not currently available in NI, but are throughout the rest of the UK. RPO uplift in terms and conditions significantly more attractive. Staff numbers have NOT been expanded in recent years in line with increased demand and complexity, particularly compared to other trusts and specialities. This makes advertised posts less attractive on the whole. Poor/Nil response to recent recruitment activity, both substantive and locum.	Ability to meet access targets for services. Monitoring of complaints and non-clinical activities including including MHO functions. Monitoring of relevant data. NIMDTA placement reviews. Directorate Governance systems. Appropriately more attractive Policies and Protocols. Close working with relevant HR.	Full implementation of relevant policies and protocols. Need to prioritise urgent and emergency care activities. SAK. Risk of burnout and stress related conditions in existing workforce, further diminishing capacity. See also risk IDs 1443, 1456, 414, 828 and 1470.	
										Where MCA processes are not being followed, there is the risk that patients may be deprived of their liberty, without having the relevant safeguards in place, with the result that individual staff may be held criminally liable with appropriate sanctions, including financial penalties and imprisonment. For patients that lack capacity and for whom safeguards are not in place, there is the risk that statutory services may not be delivered. Emergency provisions should be considered where deemed appropriate, to support continuing service delivery until the safeguards are approved. Where emergency provisions apply, fully authorised persons are required to be urgently followed up. The Department of Health, requires H&CC Trusts to proceed with a careful consideration of the risk of deprivation of liberty.	Where MCA processes are not being followed, there is the risk that patients may be deprived of their liberty, without having the relevant safeguards in place, with the result that individual staff may be held criminally liable with appropriate sanctions, including financial penalties and imprisonment. For patients that lack capacity and for whom safeguards are not in place, there is the risk that statutory services may not be delivered. Emergency provisions should be considered where deemed appropriate, to support continuing service delivery until the safeguards are approved. Where emergency provisions apply, fully authorised persons are required to be urgently followed up. The Department of Health, requires H&CC Trusts to proceed with a careful consideration of the risk of deprivation of liberty.	Training in recruitment drives, including international recruitment. Use of locums - where available and competent. Job plans and appraisals with posting staff to ensure collaborative working. Monitoring of Data and learning from data. A review of workforce and Allied Professionals to support the medical capacity. Service review and improvement. Medical staff rota. Best practice guidance. Links with Regional for a Contributing to regional workforce review. Actively seeking alternatives to support existing staff including pharmacy, ANPs, Physician Assistants. Recruitment and Retention Premium applied for specific posts.	First Line of Assurance. STDA Operational Group. MCA Team, including Supervision MCA Information T&E group (systems, processes & reporting) Training T&E group. Second Line of Assurance. Updates to Trust Board Corporate Risk Internal Audit. Third Line of Assurance. MCA Legislation / Code of Practice. Mental Health Order. Role of General Attorneys Office. Role of Northern Ireland Review Tribunal. Regional monthly activity reporting. Role of RQA. MCA Regional Leads Group. MCA Interagency Group (NIRT, AG, RQA, DLS, SPNG, MCA Leads MCA Project Board).	Systems, Processes & Reporting to be strengthened & formalised. Encompass is the Regional (Director, Western Trust) go live in April 25. Escalation processes to be bedded in across Acute and Community. Issues in relation to Gap between MCA and MHO. Conveyance issues between Health Trusts, PSN & N&S. Encompass not in use with key stakeholders - Northern Ireland Review Tribunal and General Attorneys Office, necessitating maintenance of dual Excel system. Identification and completion of STDA lowest in the region.	
1188	11/27/2019	25	Extreme (Red)	15	High (Amber)	6	Medium (Yellow)	Governance, Safe & Effective Services.	Where MCA processes are not being followed, patients may be deprived of their liberty, without having the relevant safeguards in place, with the result that individual staff may be held criminally liable with appropriate sanctions, including financial penalties and imprisonment.	Where MCA processes are not being followed, there is the risk that patients may be deprived of their liberty, without having the relevant safeguards in place, with the result that individual staff may be held criminally liable with appropriate sanctions, including financial penalties and imprisonment. For patients that lack capacity and for whom safeguards are not in place, there is the risk that statutory services may not be delivered. Emergency provisions should be considered where deemed appropriate, to support continuing service delivery until the safeguards are approved. Where emergency provisions apply, fully authorised persons are required to be urgently followed up. The Department of Health, requires H&CC Trusts to proceed with a careful consideration of the risk of deprivation of liberty.	Training in recruitment drives, including international recruitment. Use of locums - where available and competent. Job plans and appraisals with posting staff to ensure collaborative working. Monitoring of Data and learning from data. A review of workforce and Allied Professionals to support the medical capacity. Service review and improvement. Medical staff rota. Best practice guidance. Links with Regional for a Contributing to regional workforce review. Actively seeking alternatives to support existing staff including pharmacy, ANPs, Physician Assistants. Recruitment and Retention Premium applied for specific posts.	First Line of Assurance. STDA Operational Group. MCA Team, including Supervision MCA Information T&E group (systems, processes & reporting) Training T&E group. Second Line of Assurance. Updates to Trust Board Corporate Risk Internal Audit. Third Line of Assurance. MCA Legislation / Code of Practice. Mental Health Order. Role of General Attorneys Office. Role of Northern Ireland Review Tribunal. Regional monthly activity reporting. Role of RQA. MCA Regional Leads Group. MCA Interagency Group (NIRT, AG, RQA, DLS, SPNG, MCA Leads MCA Project Board).	Systems, Processes & Reporting to be strengthened & formalised. Encompass is the Regional (Director, Western Trust) go live in April 25. Escalation processes to be bedded in across Acute and Community. Issues in relation to Gap between MCA and MHO. Conveyance issues between Health Trusts, PSN & N&S. Encompass not in use with key stakeholders - Northern Ireland Review Tribunal and General Attorneys Office, necessitating maintenance of dual Excel system. Identification and completion of STDA lowest in the region.		
										A combination of rising attendances, higher patient acuity, and increased levels of medically optimised patients in an acute setting alongside an older, frail population has resulted in increasing pressure on the Emergency Department. System wide Emergency Department, higher patient acuity, an older, frail population with increase complex needs alongside an increase in ED attendances have resulted in a significant risk of patient harm, risk to staff health and wellbeing, public confidence and Trust reputational damage.	Emergency training in recruitment drives, including international recruitment. Use of locums - where available and competent. Job plans and appraisals with posting staff to ensure collaborative working. Monitoring of Data and learning from data. A review of workforce and Allied Professionals to support the medical capacity. Service review and improvement. Medical staff rota. Best practice guidance. Links with Regional for a Contributing to regional workforce review. Actively seeking alternatives to support existing staff including pharmacy, ANPs, Physician Assistants. Recruitment and Retention Premium applied for specific posts.	Emergency training in recruitment drives, including international recruitment. Use of locums - where available and competent. Job plans and appraisals with posting staff to ensure collaborative working. Monitoring of Data and learning from data. A review of workforce and Allied Professionals to support the medical capacity. Service review and improvement. Medical staff rota. Best practice guidance. Links with Regional for a Contributing to regional workforce review. Actively seeking alternatives to support existing staff including pharmacy, ANPs, Physician Assistants. Recruitment and Retention Premium applied for specific posts.	Emergency training in recruitment drives, including international recruitment. Use of locums - where available and competent. Job plans and appraisals with posting staff to ensure collaborative working. Monitoring of Data and learning from data. A review of workforce and Allied Professionals to support the medical capacity. Service review and improvement. Medical staff rota. Best practice guidance. Links with Regional for a Contributing to regional workforce review. Actively seeking alternatives to support existing staff including pharmacy, ANPs, Physician Assistants. Recruitment and Retention Premium applied for specific posts.		
1216	10/10/2025	15	Extreme (Red)	15	Extreme (Red)	6	Medium (Yellow)	Improving the Quality and Experience of Care	Risk of Patient Harm in Trust Emergency Department	A combination of rising attendances, higher patient acuity, and increased levels of medically optimised patients in an acute setting alongside an older, frail population has resulted in increasing pressure on the Emergency Department. System wide Emergency Department, higher patient acuity, an older, frail population with increase complex needs alongside an increase in ED attendances have resulted in a significant risk of patient harm, risk to staff health and wellbeing, public confidence and Trust reputational damage.	Emergency training in recruitment drives, including international recruitment. Use of locums - where available and competent. Job plans and appraisals with posting staff to ensure collaborative working. Monitoring of Data and learning from data. A review of workforce and Allied Professionals to support the medical capacity. Service review and improvement. Medical staff rota. Best practice guidance. Links with Regional for a Contributing to regional workforce review. Actively seeking alternatives to support existing staff including pharmacy, ANPs, Physician Assistants. Recruitment and Retention Premium applied for specific posts.	Emergency training in recruitment drives, including international recruitment. Use of locums - where available and competent. Job plans and appraisals with posting staff to ensure collaborative working. Monitoring of Data and learning from data. A review of workforce and Allied Professionals to support the medical capacity. Service review and improvement. Medical staff rota. Best practice guidance. Links with Regional for a Contributing to regional workforce review. Actively seeking alternatives to support existing staff including pharmacy, ANPs, Physician Assistants. Recruitment and Retention Premium applied for specific posts.	Emergency training in recruitment drives, including international recruitment. Use of locums - where available and competent. Job plans and appraisals with posting staff to ensure collaborative working. Monitoring of Data and learning from data. A review of workforce and Allied Professionals to support the medical capacity. Service review and improvement. Medical staff rota. Best practice guidance. Links with Regional for a Contributing to regional workforce review. Actively seeking alternatives to support existing staff including pharmacy, ANPs, Physician Assistants. Recruitment and Retention Premium applied for specific posts.		

1236	8/21/2020	16 High (Amber)	16 High (Amber)	6 Medium (Yellow)	Ensuring Stability of Our Services	Stabilisation of Trust Financial Position including planning for breakeven in the current financial year.	<p>HSCNI have become much more significant as a consequence of the NI Executive approved Budget for 2025/26. Dist are to receive a real increase maximum of 2.6%, a net increase of £20m over 2024/25 levels. Studies indicate that the Needs Assessment for Northern Ireland Health & Social Care is a factor up to 17%. For 2025/26, the funding provided delivers only 1.5% towards this. Trusts have never been more challenged and this comes in addition to having grown a significant dependency in recent years across the system on the availability of non-recurring funding to support financial balance. Non-recurring funding which is not available to the same scale for 2025/26. In addition, the regional enablers required to deliver sustained and recurrent savings have not been supported to the scale required to date. This risk therefore remains high.</p>	<p>Chief Executive Assurance</p> <p>Trusts to financial position and opportunities for savings</p> <p>Trust Board (and Finance & Performance Committee), DvMB and CMT oversight of the financial position monthly</p> <p>Monthly budget reports for all levels in the organisation, with follow-up on movements in balances</p> <p>Monthly Finance Focus meetings between Finance and Directors / Senior Directorate Officers</p>	<p>Internal Audit</p> <p>Assurance obtained by the Chief Executive from his assurance meetings with Directors and regular updates</p> <p>External Audit (NIAD), DvSSPS/HSCA monthly financial monitoring.</p> <p>Monthly financial performance reporting to CMT and Trust Board</p> <p>Assurances from Director of Finance and ADI to CMT & Trust Board.</p>	<p>Gaps in assurance that budget holders are applying effective budgetary control in the management of their service</p> <p>Gaps in assurance that budget holders are trained to manage their budgets accordingly</p> <p>Gaps in assurance that managers are reviewing their staff in post reports</p>	<p>Ongoing financial management and monitoring</p> <p>Operation of DvMB (Delivering Value Management Board)</p> <p>Monitoring and reporting of management attendances at Budgetary Control training</p> <p>Support to managers in accessing and using CP to support budgetary management</p> <p>Performance of Managers against SIP reviews</p>	
1254	1/18/2021	16 High (Amber)	16 High (Amber)	6 Medium (Yellow)	Ensuring Stability of Our Services, Improving the Quality and Experience of Care, Supporting and Empowering Staff	Inability to deliver safe, high quality and sustainable services due to workforce supply and disruptions	<p>Due to an inability to attract, recruit and retain staff throughout the Trust, services may not be able to maintain sufficient staffing levels to sustain high quality safe services which may result in a reduction in service provision.</p>	<p>Trust Business Community Maint with full HR support on hospital / community workforce groups.</p> <p>Delivering Care: Nurse Staffing in Northern Ireland</p> <p>Organisation Development Steering Group</p> <p>Health and Wellbeing Strategy Engagement & Involvement Strategy</p> <p>QOH Workforce Strategy & Trust Workforce Strategy and key actions</p> <p>Policy - Rec & Selection Framework, Attendance at Work</p> <p>Flexible Working, Redundancy and Redeployment, etc.</p> <p>HR Strategy: Business Partner</p> <p>Identified for each Directorate targeted interventions in relation to absence, agency usage, temporary staffing and other identified Directorate priorities. (Risk 6, 10%)</p> <p>Pension information sessions joint forum, joint LNC and Consultation Group</p>	<p>Occupational Health - absence of locums and increasing demands on team without additional resources.</p> <p>Low uptake of mandatory training and completed annual appraisal.</p> <p>Inability to follow normal policies and procedures during periods of Industrial Action and also during emergency situations such as Pandemic.</p> <p>Lack of co-ordinated information on agency staffing</p> <p>Due to demand in services compliance with Working Time Regulations and New Deal.</p> <p>ISO Recruitment Shared Service provides recruitment services for the Trust and there has been an increased delay in recruitment and dependence on them for related information.</p> <p>Job Planning, Temporary Staffing, Agency Staffing, Turnover and Grievance/Disciplinary/Statutory Cases. (Risk 6%)</p>	<p>Working together delivering Value Health check</p> <p>Measurements on absence hours lost, mandatory training, appraisal, time to fill posts, job planning completion rate</p> <p>Involvement Committee - Quarterly monitoring of staff engagement on initiatives that contribute to achievement of Trust Good Place ambitions (Start life, live well and grow old).</p> <p>Pension Regulator Compliance</p> <p>Junior Doctors' Hours monitored twice yearly and returns submitted to SDH</p> <p>People Committee - Workforce Strategy, Recruitment and NIHOTA Allocation Updates twice per year.</p> <p>People Committee - Quarterly monitoring of Absence, Appraisal, Mandatory Training, Consultant Job Planning, Temporary Staffing, Agency Staffing, Turnover and Grievance/Disciplinary/Statutory Cases.</p> <p>BCIA Inspection of services.</p>	<p>BSU Shared Service not meeting statutory or procedural deadlines resulting in, for example, delays in recruitment</p> <p>Inability of NIMTDA to fill all posts</p> <p>Insufficient number of social work student applications to the University Degree Course in rural areas. (Risk 110%)</p> <p>Insufficient training places being procured by Department of Health to meet the demands of medical and nursing workforce.</p> <p>HMRC Regulations and impact for staff HSC Pension particularly high earners.</p> <p>Impact of McCloud and Sergeant Employment Law cases.</p> <p>Safe staffing model for social work.</p> <p>Lack of regional cap on medical agency rates</p> <p>Legal challenges to Terms and Conditions arising from changing employment law e.g. PSM and Allocate Cases.</p> <p>Impact of BLM strikes across all</p>	<p>Looking After our People</p> <p>Growing for the Future</p> <p>Belonging to HSC</p> <p>New Ways of Working</p>
1288	4/8/2021	12 High (Amber)	12 High (Amber)	6 Medium (Yellow)	Ensuring Stability of Our Services, Improving the Quality and Experience of Care	Risk of failure to meet regulatory standards and compliance associated with Trust infrastructure and estate.	<p>There is a risk of deterioration of the Trust Estate due to ageing and lack of capital investment in the maintenance of building services infrastructure and physical environment which could lead to loss of service and non-compliance with regulatory and statutory standards (e.g. water, electrical, asbestos and physical infrastructure)</p>	<p>SWT of directorate risks including water, electrical, fire safety, vacant estate asbestos and physical infrastructure</p> <p>Should a critical issue materialise further funding can be sought from QOH or existing funding, reprioritised to address the new critical issue</p> <p>Estates Strategy 2015/16-2020/21</p> <p>Annual review of building condition (DCL) and creation of the Backlog Maintenance programme developed and implemented</p> <p>Continual bidding for funding to address backlog maintenance</p> <p>Targeting of priority areas as funding becomes available.</p> <p>Monthly review of Backlog Maintenance capital investment plan</p> <p>Priority Backlog Maintenance capital investment plan</p> <p>2024/25 Backlog maintenance</p>	<p>Backlog Maintenance list</p> <p>Health & Safety audits</p> <p>Environmental Cleanliness audits</p> <p>Asbestos Register audits</p> <p>Annual inspections carried out</p> <p>Membership of Health and Safety/ Water Safety Groups</p> <p>Reports to Corporate Governance Sub Committee/Coverance Committee</p> <p>Assurance standards Buildings, Land, Plant & Non-Medical Equipment</p> <p>Oakleaf - 6 facet independent survey</p>	<p>Lack of funding for backlog maintenance.</p>	<p>Review of emerging issues and response required</p> <p>Development of business cases for 2021/22 backlog maintenance agreed action plan.</p> <p>CMT approval of BLM 2021/22 for submission</p> <p>Development of 2021/22 BLM bid</p> <p>Completion of six facet condition survey</p> <p>Review of emerging issues and response required</p> <p>Monthly review of Backlog Maintenance capital investment plan</p> <p>Review Ward 50 ventilation system performance</p> <p>Develop BLM Plan 25/26</p> <p>Condition surveys to be undertaken for 25/26 BLM and Capital Plan</p> <p>Project Delivery for 21/22 BLM and Capital Plan</p> <p>Delivery 24/25</p> <p>Tellus 36/36 BLM Plan</p>	
1307	6/16/2021	25 Extreme (Red)	25 Extreme (Red)	6 Medium (Yellow)	Supporting and Empowering Staff	Clinical Risk regarding Delayed Transfer of Babies, Children and Adults to Other Hospitals	<p>Due to limitations on the NISTAR resource and ability of Trust to facilitate transfers that don't meet NISTAR protocols and lack of clarity around same, time critical transfers are being either delayed or are completed using sub-optimal alternatives. This may result in harm to patients being transferred, the patients the services covering the transfer in as well as additional financial cost to the Trust.</p>	<p>Consider stabilising and holding patient until NISTAR available. Ensure staff are trained in use of transport equipment in case required to transfer patient in absence of NISTAR.</p> <p>There is on-site training / role play within SWAH ED and paediatrics regularly. This is also replicated in A&E but not as frequently.</p> <p>NISTAR will make ambulance and driver available if local team can't take transfer.</p> <p>A&E Neo Natal have a contingency means of transport in theatre (i.e. trolley with pod etc.)</p> <p>Consultants if called to backfill when a transfer takes place out of hours are remunerated appropriately.</p>	<p>Staff are called away to facilitate transfer.</p> <p>Working with neonatal shortage - no adequately trained staff to backfill and training delivered during core time</p> <p>No funding for dedicated rota</p> <p>Difficulties ensuring ongoing professional development to maintain skills.</p> <p>Requirement to provide/source Trust Time Critical Transfer</p> <p>Training tailored to all disciplines i.e. Paediatricians require different training to anaesthetists, and nurses who require different training as they all have separate roles</p> <p>Not always someone available in SWAH for a 2nd On-call Rota due to the small number of Trust Drs living in this area.</p> <p>The equipment for transport needs replaced in both units and is not of an optimal quality</p> <p>Business case being taken forward to replace same.</p>	<p>NISTAR have moved to EPIC for booking and according NISTAR transfers.</p> <p>NISTAR are implementing call recording so that all requests for transfer will be available if required for evidence</p>	<p>No gaps in assurance identified</p>	<p>Escalate to Director of Acute services for discussion with counterpart in Belfast as he/she is responsible for NISTAR.</p> <p>Raise at corporate safety huddle and BRG</p> <p>Escalate through child health partnership</p> <p>Review the fragility of medical staff within Paediatrics/Trust Wide</p> <p>Review of staff training needs in line with possible training opportunities within the region</p>
1334	10/26/2021	20 Extreme (Red)	15 High (Amber)	6 Medium (Yellow)	Ensuring Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care	Sustainability of surgical services in Southern Sector of Trust due to recruitment & retention difficulties at Consultant and MR	<p>Inability to recruit and retain permanent general surgical staff particularly at Consultant and middle tier level in South West Acute.</p> <p>This is threatening the ability to deliver 24/7 emergency services and the range of commissioned elective activity.</p> <p>There has been a high turn-over of locum consultant surgeons to cover gaps, leading to gaps and concerns about continuity of care.</p> <p>It has been highlighted that emergency surgical services are at risk within the next 4 months due to inability to sustain a Surgeon of the Week and On-call emergency rota at consultant level</p>	<p>Trust have authorised a Sustainable Surgical Services project to examine surgical services post Trust web 18/10/21</p> <p>Recruitment campaign is continuous at Specialty Dr and trainee level.</p> <p>Paraded establishment should be 6.5 wte consultant Surgeons - current baseline is 3.0 wte with 1.5 wte gap Specialty Drs funded for 8.0 wte, 5.0 in place 2 of whom are locums and one active in</p> <p>Ongoing use of locums from within the Trust to sustain the rota at South West Acute.</p> <p>Newly appointed Consultant taking up post 23/10/21</p> <p>Ongoing efforts to recruit - interviews planned for 2.0 wte Consultants late October 2021 (now currently deferred pending Royal College approval)</p>	<p>Reluctance from other surgeons across NI to participate in providing locum cover due to the generally of surgical cover required.</p> <p>Difficulties recruiting and retaining at locum and permanent level as above.</p> <p>Difficulty securing Royal College approval for general surgical posts.</p>	<p>Continuing support from Abingdon Surgical body to provide locum cover for rota gaps.</p> <p>Programme Board will have fortnightly oversight of all of the actions within cover due to the Review Programme.</p> <p>Senior clinical support to project identified and in place.</p> <p>Project lead has been seconded full time to Project team. Project Lead currently briefs CMT twice weekly This will be taken over by Programme Board with fortnightly oversight from 01/11/2021</p> <p>CMT will continue to support service and project</p>	<p>No gaps in assurance identified</p>	<p>A Proposal for Sustainable Surgical Services will be developed by end January 2022 to address the most emergent issue re emergency surgical services in the Southern Sector of the Trust.</p> <p>Continue with ongoing recruitment to fill vacant consultant posts</p> <p>Develop plan for the release of locum surgeons to align with on boarding of recent consultant surgeon appointees, when start dates confirmed</p> <p>Ongoing monitoring of the temporary suspension of emergency surgery and contingency arrangements in place, through the Project Team</p>
1409	7/1/2022	25 Extreme (Red)	16 High (Amber)	9 Medium (Yellow)	Ensuring Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering Staff	Mental Health Patients	<p>Due to lack of local and regional mental health beds patients requiring mental health assessment and admission are required to stay in the department for prolonged periods, with minimal mental health input. Voluntary and detained patients at high risk of harm due to lack of suitable staffing, supervision and infrastructure onsite. The department is overwhelmed with multiple patients awaiting admission some have already absconded and/or attempted self-harm while awaiting transfer or identification of a Mental Health bed due to inadequate supervision.</p>	<p>ED/MSH will review all patients every 24 hours and liaise with psychiatry as required</p> <p>ED will complete Kardex's - Psych Consultants will be available for advice if needed</p> <p>Additional staffing support when available from Mental Health Grangewood to ED when a threshold of three or more has been reached.</p> <p>Weekly meetings planned for ED and Mental Health to work collaboratively to improve the safety and experience for patients (commenced 14th June 2021).</p> <p>Continue to report and review all associated incidents via data to further understand risk and mitigation.</p> <p>MAIPA training</p>	<p>Timely access to Mental Health beds continue</p> <p>Several congestion and capacity issues within ED compounds the challenge in managing this group of patients</p>	<p>Daily engagement with MH and ED to manage risk</p> <p>Newly established weekly meetings between ED and mental health teams</p>	<p>No gaps in assurance identified</p>	<p>Meetings</p> <p>Workforce</p> <p>Improvement Meetings</p> <p>Consider for de-escalation</p>

1423	8/17/2022	12 Medium (Yellow)	12 Medium (Yellow)	1 Low (Green)	Ensuring Stability of Our Services, improving the Quality and Experience of Care	Human Milk Bank - Does not meet Governance and information requirements	A review was undertaken of the current contracts between the WHSCT and the HSE and between WHSCT and Cu Chulainn Blood Bike Group due to a change in the delivery and collection of DEBA. During the review, a number of contractual issues were identified by DLS (see attached report) which questions the Trusts statutory powers and functions and current corporate governance arrangements regarding provision of service to RoI.	DLS assisting with adjustments to current WHSCT contract with HSE and SLA with Cu Chulainn.	Need for further negotiations and buy in from HSE. Currently no departmental oversight. There is no express departmental direction on policy, nor any cross border governmental agreement, which would provide policy and governance cover for the Trusts provision of this all Ireland service.	recent audit completed or are returned track back labels for quality •HLS have provided a Draft Transport Agreement •Engagement with BSO PALS •Engagement with Logistics UK Member Advice Centre - 'MAC'. •HLS support and advice re appropriate adjustments required for the contract. •There has been no SAR's regarding the delivery of DEBM •No reported incidents regarding service delivery in the last 5 years. •HLS have not identified any clinical governance risks in relation to the operational delivery of the service. •MHCT Milk Bank works under the Northern Ireland Clinical Excellence (NICE) Guidelines that recommend the use of the Hazard Analysis Critical Control Point principles. •Regular meeting with Blood Bike Group (BBLG).	HSE agreement to the amended contract •There is no express departmental direction on policy, nor any cross border governmental agreement, which would provide policy and governance cover for the Trusts provision of this all Ireland service.	Develop Business Case Secure Funding R02 Units Training of staff progress transport agreement Progress work required in relation to contract
1469	1/6/2023	12 High (Amber)	16 High (Amber)	4 High (Amber)	Supporting and Empowering Staff	Health & Safety risks to Staff as a result of Violence and Aggression	Increases in the number and complexity of patients being treated and awaiting treatment in all our settings, along with social, economic, and environmental factors, restrictive guidelines / practices resulting increased social media challenges; and the absence of a Corporate legal remedy, have all contributed to an already high level of abuse, violence and aggression against Trust staff. The result is that staff are increasingly subjected to both sporadic and longer consistent patterns of patients/clients displaying abusive, challenging, aggressive and violent behaviours in our facilities, communities and home environments leading to significant risk of emotional and physical harm.	Management of violence and Aggression (MOVVA) group in place. Zero Tolerance & Security policy Trust adherence to The Management of Health and Safety at Work Regulations NI (2008). Health and Safety at Work NI Order 1978 Lone Working Guidance Staff support through Occupational Health Safety intervention training - available to relevant staff. V&A risk assessment. Usage of Trust General Risk Assessment form for document of specific risks. Incident reporting on DATIX - identification of trends. Risk Register process in place RIDDOR reporting of staff absence and further scrutiny Policy for the Use of Restorative Interventions with Adult Service Users - May 2017 Trust Security Working Group	MOVVA policy - await implementation of regional guidance Limited legal support available for staff from the Trust when seeking prosecutions/non-molestation orders against violent individuals. No Acute Liaison Psychiatry service in ED No programme of regular education regarding mental health presentations in ED and other acute settings of risk. CAMHS referral pathways not clarified for patients aged 0-18. CAMHS not co-located in hospital. No dedicated area for intoxicated or consistently violent patients to be treated in ED. Lack of resource to provide safety intervention training following CEC cessation of training provision. PALS alert system not utilised in	Audit Trust controls assurance standards reporting Risk assessment compliance reporting on corporate risk register, directorate governance incident reporting to MOVVA Steering Group Audit Regional Benchmarking and DDIH return on violence against staff Health and Safety Inspections	no gaps in assurances identified	Adopt and imbed regional MOVVA policy in Trust Policy and Procedures Draft business case to expand resources for Safety Intervention Training Increase security within ED Implement "Powers to remove from HSC premises"
1601	6/11/2024	16 High (Amber)	16 High (Amber)	6 Medium (Yellow)	Ensuring Stability of Our Services, improving the Health of Our People, improving the Quality and Experience of Care	Inability to retain ENT Head and Neck service provision	the ENT service in the Western Health and Social Care Trust is funded & VTE consultants, 4 consultants in post. 2 vacant post currently filled with Locum One head and neck consultant who has retired on the 6th September 2023. This consultant managed both complex cancer and benign head & neck conditions, including thyroid. This Consultant returned following retirement for a short period (September to December) on a bank contract. Moving forward this surgeon is no longer available. The Trust has previously tried to recruit a 2nd head and neck cancer consultant 4 times nationally and 5 times internationally with no success since 2018. Currently 2 benign Head and Neck with interest in thyroid surgery consultant and general ENT consultant posts advertised via IMR and global	head and neck consultant re-advertised, including IMR and global options explored. Validation process undertaken of retired consultant's lists with oversight by clinical Lead. Look back review for patients in the last 2 years that underwent thyroid surgery in Trust and via Independent Sector providers to include patients care and management. ENT locum consultant with experience in benign head and neck is managing a cohort of identified patients on theatre waiting list for benign disease until her contract ends on the 22/3/24. There will remain an active waiting list for benign head and neck surgery. The current ENT team does not have the skill set to operate on this cohort of patients. A red flag diagnostic service will continue to be delivered for	newly appointed consultant working in the Western Trust. At present there is no provision or pathway for patients following oncology treatment and surgical surveillance follow up. Those patient post 2 years are currently reviewed by speciality doctor. Those patients in first 2 years post treatment have been validated by Belfast Trust Head and Neck consultant and temporary clinics x 3 in place to review identified patients. Ongoing discussion via ENT regional meeting for this cohort of patients. Any retraction in funding will see the collapse of On Call rota. Current rota agreed at 1:7. Resulting in impact for wider hospital service to manage airway emergencies. Direct impact on training programme for registrars, as number of consultants reduced. We currently have 3 REGISTRARS	renewed approach with regional colleagues with agreed referral pathway for new Head and Neck cancer patients and regional weekly MDT. Weekly service meetings. All waiting lists have been subjected to validation by a Consultant peer. Plan to continue focus on the recruitment and retention of consultant's surgeons for service delivery and sustainability of the Western Trust to provide the commissioned level (S&A) for ENT. Networked approach with regional colleagues to include regional waiting lists, reach in/out activity. Monthly consideration of Trust position at RPDG in relation to the Trust Performance meeting with the SPDG. Monthly Business Unit meeting with Clinical Lead, Service Manager, Assistant Director of Operations and Business and the	No gaps identified	Recruitment of head and neck consultants x 2 Potential service delivery redesigns Formal Pathway to be agreed with Belfast Trust and Western Trust regarding transfer of patients Formal feedback to be undertaken in relation to patients underwent thyroid surgery in trust and via IS provider in relation to patient care and management for the last 2 years
1629	9/19/2024	9 Medium (Yellow)	9 Medium (Yellow)	6 Medium (Yellow)	Ensuring Stability of Our Services, improving the Health of Our People, improving the Quality and Experience of Care, Supporting and Empowering Staff	Alcohol Related Brain Disease: Non Commissioned service within WHSCT	THE WHSCT is not commissioned, and does not have the workforce resource to manage this service user group. Typically this service user group require a multi-professional approach, i.e. GP, Psychiatry, psychology, addiction support, nursing, OT, social work, to achieve good outcomes. This service is not commissioned within the WHSCT resulting in early intervention not being achieved and crisis intervention sometimes being required, with on-going delayed discharges within hospital as a result of difficulties in placing service user, increased care home placements, increased community care and domiciliary packages and increased need for care management. Overall cost to services is significant to support individuals with a formal or suspected diagnosis of ARBD and individuals whose addiction is the primary concern. The WHSCT has its tender for the provision of contracted out domiciliary care services. It is intended that this new tender will be awarded during early 2025 and when the outcomes are known this could potentially lead to a level of disruption and change for both the service providers and service users. Should a current provider not win the new tender, TUPE will apply and their workforce and clients will transfer to one of the successful providers. Whilst TUPE will help mitigate the change there will still be a level of associated disruption during the transition. Current clients will experience a change in provider should their current provider not be successful in this new tender exercise. The new contract arrangements will not be in place prior to the current contract termination.	•Risk and Finish and oversight group set up to scope current pressures and map potential solutions. •Business case as a result of work above to be submitted to commissioners •Review of delayed discharges with-giving review if incidents/SLAs/ IAHs •MOT Discussion in regards to individual cases with escalation if case remains unallocated to Head of Service, Assistant Director and Director	•Commissioned Pathway for this Service User group	Review of Incidents Oversight of Delayed Discharges Case Conferencing/care management. Review of Complaints Internal audit RGA Assurance from service users SPDG Oversight of Regional work and business case development	•Commissioned pathway for this client group	SCOPING EXERCISE TO BE COMPLETED COMPLETE ARBD RESEARCH CREATE REFERRAL CRITERIA REGIONAL WORK- LEAD TASK AND FINISH/OVERSIGHT GROUP BUSINESS CASE
1647	11/21/2024	20 Extreme (Red)	20 Extreme (Red)	6 Medium (Yellow)	Ensuring Stability of Our Services, improving the Quality and Experience of Care	Risk of disruption to the Trust's contracted out domiciliary care services as result of new procurement exercise	Demand on cardiology beds exceeds the capacity. Patients admitted with NSTEMI presentations should be monitored in a cardiology ward. In the past number of months it is a common occurrence to find on average 4 cardiology patients in ED with no identified bed in the cardiology ward. These patients are at greater risk of unmet clinical instability and are not receiving optimised care. Beds in ward 22 are not available due to site pressure demands. We have 10 beds which should be for Cardiology patients in ward 22 and on average we have only 2-3 patients there at any one time.	Project Management & Implementation Plan DLS & BSO PALS support Contract monitoring & management Meetings with providers Close links with social work staff who are the key workers for our clients	No gaps identified.	Regulated service with RGA and subject to regular inspection, internal audit inspections. Contract management	No gaps identified.	Implementation plan to be developed once tender outcomes are known Dedicated tender transition team to be identified
1653	12/9/2024	20 Extreme (Red)	20 Extreme (Red)	6 Medium (Yellow)	Ensuring Stability of Our Services	NSTEMI IN ED	Demand on cardiology beds exceeds the capacity. Patients admitted with NSTEMI presentations should be monitored in a cardiology ward. In the past number of months it is a common occurrence to find on average 4 cardiology patients in ED with no identified bed in the cardiology ward. These patients are at greater risk of unmet clinical instability and are not receiving optimised care. Beds in ward 22 are not available due to site pressure demands. We have 10 beds which should be for Cardiology patients in ward 22 and on average we have only 2-3 patients there at any one time.	patients are identified by the Cardiology Consultants each day who are suitable to outlay to our step-down beds in ward 22. The Cardiology Consultants attend ED each morning to identify and prioritise patients who need to come to the ward.	Beds in ward 22 are not available due to site pressure demands. We have 10 beds which should be for Cardiology patients in ward 22 and on average we have only 2-3 patients there at any one time.	Patient flow aware of priority list for admission.	Cardiology patients admitted following the morning post take will not be reviewed by a Consultant Cardiologist until the next morning due to staffing pressures	Action Required Action Required Action Plan Consider for de-escalation

1656	12/12/2024	9 Medium (Yellow)	9 Medium (Yellow)	6 Low (Green)	Supporting and Empowering Staff	Risk of Roster - Pro System Failure	<p>From 30 Sept 2022 the Roster Pro system has no software support in place.</p> <p>In the event that the Roster-pro System fails the following risks impact:</p> <ul style="list-style-type: none">•Loss of electronic rostering function until system function restored if possible.•Loss of ability to use electronic shift data to inform payroll for a large number of staff.•Loss of management data on workforce utilisation.•Additional workload for Roster Managers to revert to manual rostering processes as outlined in the contingency arrangements and to process payment for unsocial hours and enhanced rate shifts using ETMO2. This may delay staff receiving payment for specialist duty payments. <p>Note: System failed on 28 May 2024 due to expired Licence</p>	<p>WH&CT has procured a replacement E-Roster System. Implementation commencing March 2024 expected to be completed by September 2025 (18months). The Digital Services Team process a system back-up on a bi-monthly basis. This would maintain the data integrity up to the last update. Section 11 of the WH&CT Nursing and Midwifery Rostering Policy outlines the contingency arrangements in the event of roster system failure.</p> <p>Contingency measures tested during the Roster Pro system outage 28 – 30 May 2024. Updated to reflect learning and need for more precise directed instruction to Roster Managers. Updated Contingency measure communicated to all Roster Managers June 2024.</p>	<ul style="list-style-type: none">•No software maintenance support available from 30 Sept 2023.•No alternative electronic option to manage processing data on special duties enhancements to payroll.	<ul style="list-style-type: none">•Roster-pro system functionality tested daily by E-Roster Team.•System back-up processed by Digital Services Team.•Nurse Bank Office produce weekly report on shifts bookings as back-up•Roster preparation will revert to paper based option.•ETMO2 available for staff to record special duty enhancements to inform payroll	<ul style="list-style-type: none">•Additional workload for line managers to approve numerous ETMO2 claims for special duty enhancements.	Full implementation of e-roster software
1692	5/7/2025	16 High (Amber)	16 High (Amber)	6 Low (Green)	Ensuring Stability of Our Services	Paediatric Consultant Workforce SWAH	<p>Cause</p> <p>We currently have gaps at consultant level with only 2 out of 6 substantive consultants working on the Out of Hours Rota (OOH rota).</p> <p>Events</p> <ul style="list-style-type: none">•We have one consultant recently returned from long term sick but not working on the OOH rota.•One consultant heavily weighted to community.•One consultant currently on long term sick. One requires SDMG involvement having returned from long term sick leave. This consultant is not covering the out of hours rota, resulting in two consultants unable to provide out of hours cover.•Anticipation of one permanent consultant retiring within the next 12 months. <p>Effect</p> <p>The impact financial on our ability to provide a safe service.</p>	<ul style="list-style-type: none">•Write locum Consultants in place covering current gaps.•Recruited 1 x Late Speciality Dr (IMR) to middle tier. Will review skill set in one year's time, query possibility C&B to progress to community tier.•Write temp 2 year fixed term contract advertised.•Job Description sent to Royal College for approval to recruit to further permanent consultant.•Use of IMR	<ul style="list-style-type: none">•Unable to offer Agency Drs sufficient hours between 9 – 5, Monday to Friday, due to the nature of the service, resulting in dissatisfaction with Agency Drs, impacting our ability to retain same.•Some IMR Drs require significant support and investment however are unable to practice independently on the OOH rota.•Where continues to be a shortage of eligible candidates within the local area. Senior paediatric trainee Drs are not allocated to the SWAH therefore there is less staff exposed to this unit, who may return for a consultant post.	<ul style="list-style-type: none">•Ability to maintain a full rota.•Feedback from the Clinical Lead•Feedback from members (MDT) Nursing and Management within the Sub-Directorate.	No gaps identified	Escalate workforce challenges at the Child Health Partnership. Undertake a financial assessment to recruit a perm Consultant to reduce locum spend
1717	7/25/2025	12 High (Amber)	8 High (Amber)	4 High (Amber)		Risk of Fire in accommodation provided to CLA	<p>Children Looked After residing in accommodation provided by the Trust without 24/7 staff supervision presents an increased risk of accidental fire.</p> <p>Fire Safety Officers completed Fire Risk Assessment Action Plans on Trust properties. The Risk Assessments record a high likelihood of fire and moderate harm consequences of fire.</p> <p>Given young people are unaccompanied without a 24/7 staffing model, there is a significantly high corporate risk to life.</p> <p>Please refer to Data incident numbers... for past incidents.</p>				Further discussions with Planning Performance and Corporate Services and on an ongoing basis on how best to support each other to reduce the risk. To ensure that newly developed Accommodation Agreement is given to and signed off by all young people residing in Trust Owned Accommodation/Harkin & Tansley Accommodation and AirB&B accommodation. Increase electrical sockets in Trust Owned Properties. Currently insufficient sockets which can result in the extensive use of extension leads thereby increasing the risk of overloading circuits. Staff to continue to visit young people under 18 weeks alone.	
1770	9/19/2025	20 Extreme (Red)	20 Extreme (Red)	9 Medium (Yellow)	Ensuring Stability of Our Services, Ensuring efficient use of resources, Improving the Quality and Experience of Care	Risk of Service Disruption to Service Users in Receipt of Domiciliary Care in areas of Fermanagh	<p>The Western Trust currently holds contracts with 3 separate independent sector providers to deliver homecare services in the geographical areas of Lisnakeel, Inninstown and Enniskillen. One of the providers, North West Care have informed the Trust of their decision to cease their provision of homecare services in these Fermanagh areas at the end of their current contract. As a consequence, service users in the geographical area currently supported by North West Care will experience a change in their homecare provider. There will also need to be adjustments required for the wider homecare provision in these areas as services are reorganised to accommodate this change.</p>	<p>Care management review of all affected clients to ensure their assessed care needs continue to be met.</p> <p>Contract Monitoring and Management Communication with Service Users within the geographical area to inform of the upcoming changes and potential impact this may have implementation of Trust's contractual management plans for homecare provision.</p> <p>The Trust is working with all three providers to implement the transfer of homecare provision in the area on a phased basis throughout the next number of months.</p> <p>Dedicated project resource Regular meetings with providers Close communication with social work colleagues who are key workers for affected service users.</p>	<p>No gaps in controls identified. Robust action plan in place.</p>	<p>Regulated service with RQIA and subject to regular inspection. Internal audit inspections Contract Management Incident monitoring & reporting</p>	<p>No gaps in assurance provided. RQIA regulated service</p>	<p>Phased change of provider Lisnakeel Change of Provider Inninstown Change of Provider Enniskillen</p>
1809	11/21/2025	16 High (Amber)	16 High (Amber)	9 Medium (Yellow)	Ensuring Stability of Our Services	Obs & Gynae Consultant Workforce ASAH	<p>Current vulnerabilities within this service;</p> <p>Cause</p> <p>The Allagavin Obs & Gynae consultant team is funded for 10.96 WTE consultants. Current vacancies in Sept 2025 is 4.56 WTE. This is due to unplanned leave and permanent & temporary vacancies.</p> <p>Events</p> <ul style="list-style-type: none">•We have two consultants on long term sick leave. One returning 16th October. Potential return date of end of October for the second.•We have two consultant vacancies (one Gynae Oncology). The trust is funded for two gynae oncology consultants, one recently left and the other is on unplanned leave. Interviews are planned for 23rd October 2025.•We anticipate two permanent consultants retiring within the next 6 months.	<p>1 x locum consultant and one ad hoc locum to cover current gaps.</p> <p>Exploring the use of IMR interviews planned.</p> <p>Joint Gynae Oncology Clinic covered by SWAH consultant supported by two clinicians, reducing disruption to service. This allows presentation at regional MDT and some surgery to continue in Trust</p>	<p>Challenging to recruit suitable locums as previous appointments have not been of the standard required. Many who have worked in England do not have the ability to scan patients in Antenatal Clinic.</p> <p>The Western Trust operates a single rota for Obs&Gynae which presents challenges when recruiting and retaining staff</p>	<p>Ability to maintain a full rota</p> <p>Feedback from members (MDT) Nursing and Management within the sub-directorate Oncology Gynae performance data</p>		Consultant Workforce
1825	12/16/2025	16 High (Amber)	16 High (Amber)	6 Medium (Yellow)		Risk Associated with failure to meet statutory obligations under the Climate Change Act 2022 Nil	<p>Risk associated with the delivery of Sustainability targets set by Government and Department towards net zero by 2050.</p> <p>Risk associated with the impact of Climate Change throughout all areas of the Trust.</p> <p>Risk associated with the overall Trust engagement with Sustainability Steering Group and Directorate representation.</p> <p>The above risks could result in financial carbon penalties, failure to comply with legislative standards as well as risk to damage to Trust Estate with future environmental changes in climate e.g. flooding, power loss, overheating, snow/ice conditions. Not achieving the required targets will lead to reputational damage to the Trust.</p>					