

**TRUST BOARD ITEM: BRIEFING NOTE**

<b>Meeting Details:</b>	8 <sup>th</sup> Jan 2026
<b>Director:</b>	Dr Brendan Lavery
<b>Issue Title:</b>	Corporate Risk Register Summary and Corporate Risk Register Assurance Framework
<b>Indicate the connection with the Trust's Mission and Vision (please tick)</b>	<input checked="" type="checkbox"/> People who need us feel cared for <input checked="" type="checkbox"/> People who work with us feel proud <input checked="" type="checkbox"/> People who live in our communities trust us
<b>Indicate the link to Trust's strategic priorities (please tick)</b>	<input checked="" type="checkbox"/> 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
<b>Summary of issue to be discussed:</b>	<p>For approval:</p> <p>New Corporate Risk for approval;</p> <ul style="list-style-type: none"> <li>- 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.</li> </ul> <p>Briefing note and risk attached for further information.</p>

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

# CORPORATE RISK REGISTER & ASSURANCE FRAMEWORK

BRIEFING NOTE PREPARED FOR TRUST BOARD ON 8<sup>th</sup> JANURARY 2026.

There are 25 risks on the Corporate Risk Register as approved at Trust Board 23<sup>rd</sup> 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	
<b>1656</b>	Director Professional Nursing, AHP Services	Risk of Roster – Pro System Failure	<ol style="list-style-type: none"> <li>1. Continue with action plan to manage this risk</li> <li>2. Proposal to remove this risk possibly in October 25 as system will be fully implemented *UPDATE will remain risk until June 2026</li> </ol>	Low	Low (target score between 1-6) Current target score 6	
<b>1657</b>	Director Adult Mental Health and Disability Services	Medium Secure Placement deficit for patients with highly complex needs	<ol style="list-style-type: none"> <li>1. To be considered at Trust Board on 03.07.25 for de- escalation back to Directorate Risk Register. Update – approved for de-escalation</li> </ol>	High	Risk to de- escalate	De- escalated
<b>1692</b>	Director Surgery, Paediatrics and Women's Health	Paediatric Consultant Workforce in SWAH	<ol style="list-style-type: none"> <li>1. Complete Assurance Map</li> <li>2. Continue to manage as per action plan</li> </ol>	High	Low (target score between 1-6) Current target score 6	
<b>1694</b>	Director of Surgery,	ENT Consultant Workforce	<ol style="list-style-type: none"> <li>1. Progress to amalgamate</li> </ol>	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	
<b>1</b>	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	
<b>1183</b>	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	
<b>1219</b>	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 <sup>rd</sup> July 2025. Decision to deescalate risk approved	Low	Low (target score between 1-6) Current Target score 6	Approved
<b>1334</b>	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	
<b>1469</b>	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	
<b>49</b>	Director of Performance, Planning and Corporate Services	The potential impact of a Cyber Security incident on Western Trust				
<b>1216</b>	Director of Unscheduled Care, Medicine, Cancer and Clinical Services	Risk of patient harm in Trust EDs due to capacity, staffing and patient flow issues	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	
<b>1307</b>	Director of Surgery Paediatrics and Women's Health	Clinical Risk regarding delayed transfer of Babies, Children and Adults to Other Hospitals	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	
<b>6</b>	Director of Social Work/Children and Families	Children awaiting allocation of Social Work may experience harm or abuse	1. Review the risk detail for possible de-escalation	High	Low (target score 1-6) Current target score 6	
<b>284</b>	Director Performance, Planning and Corporate Services	Risk of breach of data protection legislation through loss, mishandling or inaccessibility of personal or sensitive personal information	1. Keep controls/actions under review	High	Low (target score 1-6) Current target score 6	

1236	Director of Finance	Stabilisation of Financial sustainability	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	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	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	1. Risk owner to consider for de-escalation	Low	Low (target score between 1-6) Current target score 6	



## Risk Register

12/16/2025

Sort

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 directorate
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.

ID	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 Summary)
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 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 inspections of Regulatory bodies e.g. NIFRS and RQIA. Fire Safety Controls Assurance Standard action plan. Regular fire drills and emergency exercises Fire improvement works All Trust fire safety advisors to hold appropriate external	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. Target is 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 Directorate have included fire on their directorate risk register. Current risks not aligned to the corporate risk ID01. To ensure that nominated fire officer are aware of their fire safety responsibilities in each Directorate SMT's	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 HOS/AD's to identify staff compliance. Fire risk assessment audits. Fire Safety Working Group. Monthly drilldown of nominated fire officers throughout the Trust. Incidents are investigated by the Trust incident management process. Learning is cascaded both locally and regionally. Oversight over regional learning and good practice Systems are currently not in place for annual attendance at Directorate SMT's	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 HOS/AD's to identify staff compliance. Fire risk assessment audits. Fire Safety Working Group. Monthly drilldown of nominated fire officers throughout the Trust. Incidents are investigated by the Trust incident management process. Learning is cascaded both locally and regionally. Oversight over regional learning and good practice Systems are currently not in place for annual attendance at Directorate SMT's	Accuracy of Learn HSCNI reporting of mandatory training compliance. Potential Exists for Premises to be operational without a Nominated Fire Officer in the Department. Non-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. Directorate Fire Safety Risk currently not reviewed at fire safety group and at SMT's. Irregular meetings of Task and Finish Group and poor representation at walkarounds. Funding for smoke-free wardens retracted.	Emergency Lighting replacement. Implement fire safety improvements. Implement Fire Safety Improvements -18/19. NIFRS to speak with clients. Implement fire safety improvement works 17/18. Fire safety objectives review for 16/17. Fire Safety Report 15/16. Priority list of firecode works to be prepared. Fire Improvement Works 14/15. Implementation of Directorate Action Plans. Fire Improvement Works 15/16. Hospital Fire Storage. Working Group to be set up. Working Group to be established to Review Inappropriate draining of Medical Gas Cylinders leading to a Fire/Explosion		
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 & Childcare, children may not always be allocated a Social Worker in a timely manner and it is likely that children may experience harm as a result of Staff not being able to provide appropriate support and implement safe plans.	Ongoing action to secure recurring funding. Update meetings between F&CC ADs and Director. Performance Manager. Review is being undertaken by HSCB with all 5 Trusts focusing on Unallocated cases and timescales. Early Help staff returned to their substantive posts within gateway to increase the ability to allocate. Principal Social Work redeployed will monitor Action Plan and progress to stabilise team. Service Managers and Social Work Managers monitor and review unallocated cases on a weekly basis. Service and SW Managers constantly prioritise workloads.	Inability to get sick leave covered numbers of families. There is no assurance of the mitigations put in place to ensure safeguarding of children awaiting allocation. DSF reporting is bi-annually and taken at a point in time. It does not demonstrate trends over the full reporting periods.	Feedback given to Performance & Service Improvement for accountability meetings with HSCB. Quarterly governance reports to Governance Committee. Up-dates by Director to CMT and Trust. Action Plan to review and Address Risks within FIS Enniskillen Delegated Statutory Functions	Reports to SPPG only detail numbers of families. There is no assurance of the mitigations put in place to ensure safeguarding of children awaiting allocation. DSF reporting is bi-annually and taken at a point in time. It does not demonstrate trends over the full reporting periods.	Establish a generic model of practice. FIS Early Help Team established to help address unallocated cases. Principal SW temporarily redeployed to review all unallocated cases in FIS and then SW caseloads in FIS. Action Plan Developed to address and Monitor Risks in FIS Enniskillen. Increased student placements to work on Family support casess and provide positive practise experience to encourage students to take up posts. Retirees working alongside family support workers and social workers assistants providing assessments, support and interventions to those cases on the waiting list (unallocated). Overtime offered in Enniskillen to allocate			
49															
284	12/13/2010	16 High (Amber)	12 High (Amber)	6 Medium (Yellow)	Governance.	Risk of breach of Data Protection legislation through loss, mishandling or inaccessibility of personal or sensitive personal inf	The Trust faces reputation and financial risk from non-compliance across all Directorate with the UK GDPR, Data Protection Act 2018, DoHNI's Good Management, Good Records and the Public Records Act 1923. The risk comprises a number of key factors which increases the level of risk for the Trust: <ul style="list-style-type: none"><li>Insecurely sharing or accessing the personal data of clients, patients and staff without a legislative basis under UKGDPR or supporting legislation</li><li>The unavailability of records for provision of patient and client care or for legal or public interest purposes</li><li>Concerns on the adherence to records management responsibilities – notably the storage, categorisation and disposal/PRONI transfer of patient, client and staff records</li></ul> Scoping exercise to identify volume and location of	Subject Access and Data Access agreement procedures. Information 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. Fair processing leaflets/posters. Investigation of incidents. Data Guardians role. Regional DHSSPS Information Governance Advisory Group. Electronic transmission protocol. Investigation of incidents. 2 secondary storage facilities available across NS & SS Trust Protocol for Vacating & Decommissioning of HSC Facilities. Scoping exercise to identify volume and location of	Potential that information may be stored/transferred in breach of Trust policies. Limited uptake of Information Governance and Records Management training. No capacity within the team to take on provision of IG training	Reports to Risk Management Sub-Committee/Governance Committee. BSO Audit of ICT and Information Management Standards. BSO 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	band 3 & 5 post increased to full time. Recruitment of Band 4 Information Governance Development of information leaflet for Support Services Staff to increase awareness of information governance. Review of regional e-learning IG training. Establishment of Regional Records Man Group. Development of IG action plan to be finalised through IGSG. Recruitment of band 5 IG post to support DPA. Development of IG information leaflet for support staff. Review of Primary (acute) records storage in AAH. Restructure of IAO process. Review of Secondary storage in Maple Villa. Production of Records Storage guidance for			
947	6/30/2016	16 High (Amber)	20 Extreme (Red)	12 Medium (Yellow)	Financial Management & Performance., Governance., Partnerships., 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 lists, longer waiting times for treatment and risk of harm to self and others.	Ongoing recruitment drives, including international recruitment. Use of locums - where available and competent. Job plans and appraisals with existing staff to ensure collaborative working. Monitoring of Data and learning from SALS. A review of workforce and Allied Professionals to support the medical capacity. Service review and improvement. Medical on-call rota. Best practice guidance. Links with Regional Fora. 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 local medical school 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 suitable attractive to successful recruit overseas' candidates. CEsAs not currently available in NI, but are throughout the rest of the UK. ROI 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. Lack of investment in clinical support to	Ability to meet access targets for services. Monitoring of complaints and compliments. Monitoring of relevant data incidents. NIMDTA placement reviews. Directorate Governance systems. Appraisals and job plans. Policies and Protocols. Close working with relevant HR	Full implementation of relevant policies and protocols. Need to prioritize urgent and emergency care activities including MHO functions. Monitoring of complaints and compliments. Monitoring of relevant data incidents. Challenges in maintaining urgent, non-clinical activities including SARS. Risk of burnout and stress related conditions in existing workforce, further diminishing capacity. See also risk IDs 1443, 1456, 414, 828 and 1470	Analyse the medical time in relation to 5 additons post DSD and AD to review current medical structure in southern sector of the Trust. Review of AMH Services and Structures. DoH and NIMDTA workstreams on Medical Staffing. Medical Workforce group established with HR input agreed. Part II consultants sought form region for support on call rota. Support sought from regional directors for seconddment of staff 3 months/trust. Recruitment stand booked for RCPsych Congress 2025. Write to local RCPsych Chair and faculty leads highlighting challenges, risks and seeking support.			
1183	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.	Staff training is available online & classroom, provided by Trust Trainers. Progressing interactive online training via VC. Training videos developed. MCA resources are available via MCA HUB on StaffWest DOLS office supports administration processes, including advice to support completion of forms. Staff training is available via eLearning as well as from CEC. Training available online & classroom, provided by Trust Trainers. Progressing interactive online training via VC. Emergency provisions to be used, where deemed appropriate, to support continuing service delivery until the safeguards are approved. Where emergency provisions apply, fully authorisations are required to be urgently followed up.	Staff training is available online & classroom, provided by Trust Trainers. Progressing interactive online training via VC. Emergency provisions to be used, where deemed appropriate, to support continuing service delivery until the safeguards are approved. Directorate resource to support Directorate related MCA activity. Progression of DOLS via Encompass System. Review of requirement for DOLS in Special Schools. Structures to be developed to ensure relevant identification and completion of STDA processes within Acute settings.	First Line of Assurance STDA Operational Group MCA Team, including Supervision MCA Information & T&F group (systems, processes & reporting) Training T&F 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 SPPG Regional monthly activity Role of RQIA MCA Regional Leads Group MCA Litigacy Group (NIRT, AG, RQIA, DLS, SPPG, MCA Leads MCA Project Board	Systems, Processes & Reporting to be strengthened & formalised. Encompass is the Regional Direction, Western Trust go live is 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, PSNI & NIAS. 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	Systems, Processes & Reporting to be strengthened & formalised. Encompass is the Regional Direction, Western Trust go live is 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, PSNI & NIAS. 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	Engage with programme board and team. Scope potential Mental Capacity/Dols assessments. A programme implementation Officer to continue engaging on leading implementation. Trust Lead Directors and Responsible leads in each Sub-Directorate to be identified. Quantification of Costs and completion of the ITP bid to ensure fully funded MCA arrangements and minimise financial risk. HR & remunerations for staff identified to undertake duties on panels. Seek interest from relevant staff to sit on panels. Ensure sufficient staff attend training to allow them to undertake statutory functions commencing 2nd			
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, frailer population has resulted in increasing pressure in the Emergency Department. System wide flow challenges, higher patient acuity, an older, frailer population with increased 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.	Implementation of SAFER principles challenged due to Medical Job plans and current Medical team models in operation. Medical Job plans and current Medical team models in operation. Workforce Challenges. Challenges releasing staff for training. Nursing KPI's (temporarily due to Encompass there is limited information on NEWS 2 available). ED environment no longer meets the needs of the service and patients	DATIX, Complaints, Litigation and Risk Register reviewed at directorate and trust governance meetings. Learning from DATIX. Complaints Litigation, SEA's/SAI's shared widely were appropriate. Learning from the above in other directorates/regionally shared widely were appropriate. Site Co-ordination in place 7 days per week on ED safety metrics. Encompass - heat map. On call managers/consultants rota. MDT/Discharge planning. Patient ambulatory pathways. Minor Injuries Unit. Post take consultant reviews in ED. Intentional rounding for patients in ED. Patient flow teams & Night Service Manager. Full capacity & escalation protocol as approved by CMT, Business Continuity Plans and Major Incident Protocol. Tier 4 structure.	DATIX, Complaints, Litigation and Risk Register reviewed at directorate and trust governance meetings. Learning from DATIX. Complaints Litigation, SEA's/SAI's shared widely were appropriate. Learning from the above in other directorates/regionally shared widely were appropriate. Site Co-ordination in place 7 days per week on ED safety metrics and actions to address critical issues in real time. Patient flow/Night Service Management teams in place 24/7. On call Manager Rota in place OOH. Engagement with RCC model, regional meetings up to twice daily with RCC chairs and all other Trusts, escalation and regional support were appropriate. Engagement with RCC affiliates to develop and implement reform plans. Patient pathways in place both	PACE implementation to commence March 2020. Improvement QI work commencing with aim to address communication within department. Full capacity protocol Reform Plan Scoping Exercise Assessment Regional Work Engagement				

1236	8/21/2020	16 High (Amber)	16 High (Amber)	6 Medium (Yellow)	Ensuring Stability of Our Services	<p>The financial challenges for Health &amp; Social Care are more significant as a consequence of the NI Executive approved Budget for 2025/26. Don't to review a real increase in maximum of 2.6% and a real increase of 2.0% over 2024/25 levels. Studies indicate that the Needs Assessment and Care Model instead Health &amp; Social Care is a factor up to 17%. For 2025/26, the Trust has provided delivery of 1.5% real increase. The Trust have never been more challenged and this comes in addition to having levels 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 Trust is required to deliver sustained and required savings have not been supported to the scale required. Update - This is not a new risk.</p>	<p>Chief Executive Assurance meetings to review performance and opportunities to review risks to Financial position and opportunities for savings across the Board of Directors &amp; Performance Committee, DVMB and CMT oversight of the financial position monthly. Monthly Finance focus meetings between Finance and Directors / Senior Directorate Officers</p>	<p>Internal Audit: Assurance provided by the Chief Executive from his assurance meetings with Directors and regular updates External Audit (NIAO) Directorate monthly financial monitoring. Monthly Financial Performance Report to CMT and Trust Board. Assurance from Director of Finance and ADF to CMT &amp; Trust Board.</p>	<p>Gaps in assurance that budget holders are trained to manage budgetary control in the management of their service areas. Gaps in assurance that budget holders are trained to manage budgetary control in the management of their service areas. Gaps in assurance that managers are reviewing their staff in post reports</p>	<p>Ongoing financial management and monitoring Operation of DVMB (Delivering via Board) Monitoring and reporting of management attendance at Budgetary Control meetings Support to managers in accessing and using CP to reports 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	<p>Due to an inability to attract, recruit and retain staff throughout the Trust, service may not be able to maintain high quality and sustainable services due to workforce supply and disruptions</p>	<p>Trust business continuity plans with full HR support on hospital / community workforce groups. Delivering Care Nurse Staffing in Northern Ireland Organisation Development, Learning &amp; Development Strategy Engagement &amp; Recruitment Strategy, Workforce Strategy and Key actions. Flexible Working, Redundancy &amp; Redeployment, etc. Hiltongen Business Partner identified for each Directorate to provide targeted interventions in relation to short term staffing and identify a Directorate priorities. Risk X, Risk 6, Risk 7, Risk 8, Risk 9, Risk 10, Risk 11, Risk 12, Risk 13, Risk 14, Risk 15, Risk 16, Risk 17, Risk 18, Risk 19, Risk 20, Risk 21, Risk 22, Risk 23, Risk 24, Risk 25, Risk 26, Risk 27, Risk 28, Risk 29, Risk 30, Risk 31, Risk 32, Risk 33, Risk 34, Risk 35, Risk 36, Risk 37, Risk 38, Risk 39, Risk 40, Risk 41, Risk 42, Risk 43, Risk 44, Risk 45, Risk 46, Risk 47, Risk 48, Risk 49, Risk 50, Risk 51, Risk 52, Risk 53, Risk 54, Risk 55, Risk 56, Risk 57, Risk 58, Risk 59, Risk 60, Risk 61, Risk 62, Risk 63, Risk 64, Risk 65, Risk 66, Risk 67, Risk 68, Risk 69, Risk 70, Risk 71, Risk 72, Risk 73, Risk 74, Risk 75, Risk 76, Risk 77, Risk 78, Risk 79, Risk 80, Risk 81, Risk 82, Risk 83, Risk 84, Risk 85, Risk 86, Risk 87, Risk 88, Risk 89, Risk 90, Risk 91, Risk 92, Risk 93, Risk 94, Risk 95, Risk 96, Risk 97, Risk 98, Risk 99, Risk 100, Risk 101, Risk 102, Risk 103, Risk 104, Risk 105, Risk 106, Risk 107, Risk 108, Risk 109, Risk 110, Risk 111, Risk 112, Risk 113, Risk 114, 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1423	8/17/2022	12 Medium (Yellow)	12 Medium (Yellow)	12 Medium (Yellow)	1 Low (Green)	Ensuring Stability of Our Services, Improving the Quality and Experience of Care	Human Well-being, Equality, and Inclusion: 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 Bank. Both contracts were reviewed for the delivery and collection of DBRM. During the review, a number of issues were identified which questions the Trusts statutory powers and functions and current governance arrangements regarding provision of service to ROI.	DLS, in association with the DLS, is reviewing the current WHSCT contract with HSE and SLA with Cu Chulainn.	Need for further negotiations and buy-in from HSE. Currently no Departmental oversight. No express departmental or cross border government agency which would provide policy and governance cover for the Trusts provision of this all Ireland service.	Recent audit completed or as near as possible back labels for quality. •HSE have provided a Draft Transport Agreement. •Engagement with Puls, drug and medical logistics, UK Member Advice Centre - MAC.	•HSE agreement to the amended contract and payments required for the contract.	Develop Business Case	Secure Funding	RDI Units
										•Where is no express departmental direction nor policy, nor any cross border government agency which would provide policy and governance cover for the Trusts provision of this all Ireland service.	Training of staff	Progress transport agreement			
										•HSE have provided a Draft Transport Agreement. •Engagement with Puls, drug and medical logistics, UK Member Advice Centre - MAC.	Progress work required in relation to contract				
1460	1/6/2023	12 High (Amber)	16 High (Amber)	16 High (Amber)	4 High (Amber)	Supporting and Empowering Staff	Health & Safety Risk to Staff as a result of Violence and Aggression	Increases in the number and complexity of patients being treated and managing incidents in all our settings, along with social, economic and environmental factors, has increased patient / practitioner resulting in increased social media challenges; and the absence of a Corporate culture which have all contributed to an already high level of abuse, violence and aggression in our settings. The result is that staff are increasingly subjected to both sporadic and longer consistent patterns of abuse, threatening patients/clients/visitors displaying abusive, threatening, aggressive and violent behaviour in our facilities, communities and home environments leading to significant risk of emotional and physical harm.	Management of violence and Aggression (MOVA) group in place. Trust adherence to the Management of Health and Safety at Work Regulations NI 2009. Work Survey at Work NI Order 1978.	•No Acute Liaison Psychiatry service in ED	Audit	Adopt and embed regional MOVA policy in Trust Policy and practice			
								•Incident reporting on DATIX – identification of trends.	•No dedicated area for intoxicated or consistently violent patients to be treated in ED.	•Risk controls assurance standards reporting	Draft business case to expand resources for				
								•RIDDOR reporting of staff injuries and further scrutiny. Policy for staff protection and interventions with Adult Service Users – May 2017	•Lack of resources to provide following training and CQC training provision.	Risk assessment committee	Incident reporting to MOVA				
								•Paris alert system not utilised in clinical settings.	•Paris alert system not utilised in clinical settings.	•Regional benchmarking and DOH return on violence against staff	Incident reporting to MOVA				
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	Health and Social Care Trust is funded 6 WTE consultants. 4 consultants in post. 2 vacant posts currently in locum. One head and neck consultant who has retired from the service. This consultant managed both complex cancer and benign head & neck conditions, including thyroid. This consultant is following retirement for a short period (September to December) and will be replaced by a consultant. Moving forward this surgeon is no longer available.	The ENT service in the Western Health and Social Care Trust is recruited to 2nd Head and Neck cancer consultant 4 times nationally and 3 times internationally and no success since 2019. Currently 2 benign Head and Neck with interest in thyroid and cancer. There are no general ENT consultant posts re-advertised via IMR and global advertisements have been placed.	•Head and neck oncology consultant who has retired from the service. This consultant managed both complex cancer and benign head & neck conditions, including thyroid. This consultant is following retirement for a short period (September to December) and will be replaced by a consultant. Moving forward this surgeon is no longer available.	•Head and neck oncology trained consultant advertising, including IMR and global options explored.	•Regional benchmarking and DOH return on violence against staff	Adopt and embed regional MOVA policy in Trust Policy and practice			
							•The Western Health and Social Care Trust is not able to recruit a Head and Neck cancer consultant 4 times nationally and 3 times internationally and no success since 2019. Currently 2 benign Head and Neck with interest in thyroid and cancer. There are no general ENT consultant posts re-advertised via IMR and global advertisements have been placed.	•Head and neck oncology consultant who has retired from the service. This consultant managed both complex cancer and benign head & neck conditions, including thyroid. This consultant is following retirement for a short period (September to December) and will be replaced by a consultant. Moving forward this surgeon is no longer available.	•Regional benchmarking and DOH return on violence against staff	Adopt and embed regional MOVA policy in Trust Policy and practice					
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 service user group for alcohol related brain disease non-commissioned service within WHSCT have a small number of service users, typically this service user group require a holistic and integrated approach, i.e. GP, Psychiatry, psychology, addiction support, nursing, and social care to achieve good outcomes. This service is not commissioned with the Western Health and Social Care Trust and the early intervention not being achieved and crisis interventions required are being required, with good outcomes. The service user group is within hospital as a result of difficulties in placing service user, increased community care and domiciliary packages and increased mental health management. Overall, the cost to services is significant to support individuals with a formal or suspected alcohol problem and individuals whose addiction is the main concern.	•Task and Finish and oversight group set up to scope current and future service delivery and map potential solutions.	Review of incidents. Oversight of delayed discharges	Commissioned Pathway for Service user group	SCOPING DEDICATE TO BE COMPLETED				
							•Bullock case as a result of service user group to be submitted to commissioners.	•Review of delayed discharges	•Review of delayed discharges	COMPLETE ARB RESEARCH					
							•TUPC will undergo a tender exercise. Whilst this will still be a level of associated disruption during this transition.	•Review of delayed discharges	•Review of delayed discharges	DETERMINE CRITERIA					
							•Current clients will experience a change in provider, unless their current provider not be successful in this new tender exercise.	•Review of delayed discharges	•Review of delayed discharges	REGIONAL WORK- LEAD TASK AND					
							•The new contract arrangements will not be in place prior to the current contract extension.	•Review of delayed discharges	•Review of delayed discharges	REGIONS/GOVERNMENT 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 ability to provide primary care services as result of new procurement exercise	The tender for the provision of community cardiology services is intended that this new tender will be awarded during the transition period. The outcomes are known this could potentially lead to a level of disruption and change for both the service providers and service users.	Project Management & Implementation Plan DLS & ISG will support and manage the transition and management Meetings with providers Close links with social work staff who are the key workers for our clients.	No gaps identified.	Regulated service with RQIA and subject to regular inspection. Internal audit inspections. Contract management.	No gaps identified.	Implementation plan to be developed once tender outcomes are known.			
							Should the new tender not win and their workforce and clients will transfer to one of the other providers. Whilst TUPC will undergo a tender exercise this will still be a level of associated disruption during this transition.	Project Management & Implementation Plan DLS & ISG will support and manage the transition and management Meetings with providers Close links with social work staff who are the key workers for our clients.	No gaps identified.	Regulated service with RQIA and subject to regular inspection. Internal audit inspections. Contract management.	No gaps identified.	Implementation plan to be developed once tender outcomes are known.			
							Current clients will experience a change in provider, unless their current provider not be successful in this new tender exercise.	Project Management & Implementation Plan DLS & ISG will support and manage the transition and management Meetings with providers Close links with social work staff who are the key workers for our clients.	No gaps identified.	Regulated service with RQIA and subject to regular inspection. Internal audit inspections. Contract management.	No gaps identified.	Implementation plan to be developed once tender outcomes are known.			
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 managed on the cardiology ward. In the past number of months it is a common occurrence to find on average 4 patients per day ED with no identified bed in the cardiology ward. These patients are at risk of arrhythmia/ instability and are not receiving optimised care.	Patients are identified by the Cardiology Consultants and may be suitable to admit to our step down beds in ward 22. The Cardiology Consultants attend ED each morning to identify and admit 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 2023 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"> <li>•Loss of electronic rostering function until system function restored if possible.</li> <li>•Loss of ability to use electronic shift data to inform payroll for a large number of staff</li> <li>•Loss of management data on workforce utilisation.</li> <li>•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 ETM02. This may delay staff receiving payment for specialist duty payments.</li> </ul> <p>Note: System failed on 28 May 2024 due to expired licence</p>	<p>WHSCT 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 WHSCT Nursing and Midwifery Rostering Policy outlines the contingency arrangements in the event of roster system failure. Contingency measures tested during the Roster-Pro system outage 28 – 30 May 2024. Updated to reflect learning and need for more process directed instruction to Roster Managers. Updated Contingency measure communicated to all Roster Managers June 2024.</p>	<ul style="list-style-type: none"> <li>•No software maintenance support available from 30 Sept 2023.</li> <li>•No alternative electronic option to manage processing data on special duties enhancements to payroll.</li> </ul>	<ul style="list-style-type: none"> <li>•Roster-pro system functionality tested daily by E-Roster Team.</li> <li>•System back-up processed by Digital Services Team.</li> <li>•Nurse Bank Office produce weekly report on shifts bookings as back-up.</li> <li>•Roster preparation will revert to paper based option.</li> <li>•ETM02 available for staff to record special duty enhancements to inform payroll</li> </ul>	<ul style="list-style-type: none"> <li>•Additional workload for line managers to approve numerous ETM02 claims for special duty enhancements.</li> </ul>	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>Current vulnerabilities within this service;</p> <p><b>Cause</b></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><b>Events</b></p> <p>We have one consultant recently returned from long term sick but not working on the OOH rota. One consultant heavily weighted to community.</p> <p>One consultant currently on long term sick. One requires DRDG 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.</p> <p>Anticipation of one permanent consultant retiring within the next 12 months.</p> <p><b>Effect</b></p> <p>The impact financially to run this</p>	<ul style="list-style-type: none"> <li>•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.</li> <li>•Some IMR Drs require significant support and investment however are unable to practice independently on the OOH rota.</li> <li>•There 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.</li> </ul>	<ul style="list-style-type: none"> <li>•Ability to maintain a full rota.</li> <li>•Feedback from the Clinical Lead</li> <li>•Feedback from members (MDT) Nursing and Management within the Sub-Directorate.</li> </ul>	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 unsupervised without a 24/7 staffing model, there is a significantly high corporate risk to life.</p> <p>Please refer to Datix incident numbers... for past incidents.</p>				<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.</p> <p>To ensure that newly developed Accommodation Agreement is given to and signed off by all young people residing in Trust Owned Accommodation/Harkin &amp; Tarasis Accommodation and AirB&amp;B accommodation.</p> <p>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.</p> <p>Staff to continue to visit young people under 18 years living</p>	
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 Lisnaskea, Irvinestown 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 this 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</p> <p>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 areas on a phased basis throughout the next number of months.</p> <p>Dedicated project resource</p> <p>Regular meetings with providers</p> <p>Close communication with social work colleagues who are key workers for affected service users.</p>	<p>No gaps in controls identified.</p> <p>Robust action plan in place.</p>	<p>Regulated service with RQIA and subject to regular inspection.</p> <p>Internal audit inspections</p> <p>Contract Management</p> <p>Incident monitoring &amp; reporting</p>	<p>No gaps in assurance provided.</p> <p>RQIA regulated service</p>	<p>Phased change of provider Lisnaskea</p> <p>Change of Provider Irvinestown</p> <p>Change of Provider Enniskillen</p>
1809	11/21/2025	16 High (Amber)	16 High (Amber)	9 Medium (Yellow)	Ensuring Stability of Our Services	Obs & Gynaec Consultant Workforce AAH	<p>Current vulnerabilities within this service;</p> <p><b>Cause</b></p> <p>The Altanagelvin Obs &amp; Gynaec 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 &amp; temporary vacancies.</p> <p><b>Events</b></p> <p>We have two consultants on long term sick leave. One returning 16th October. Potential return date of end of October for the second.</p> <p>We have two consultant vacancies (one Gynaec Oncology). The trust is funded for two gynaec oncology consultants, one recently left and the other is on unplanned leave. Interviews are planned for 23rd October 2025.</p> <p>We anticipate two permanent consultants retiring within the next 6 months.</p>	<p>1wte consultant and one ad-hoc locum to cover current gaps</p> <p>Exploring the use of IMR interviews planned</p> <p>AHH Gynaec 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 &amp; Gynaec 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</p> <p>Oncology Gynaec 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 NI	<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>					