

## TRUST BOARD ITEM: BRIEFING NOTE

<b>Meeting Details:</b>	5 <sup>th</sup> March 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</b> <i>(please tick)</i>	<ul style="list-style-type: none"> <li>✓ People who need us feel cared for</li> <li>✓ People who work with us feel proud</li> <li>✓ People who live in our communities trust us</li> </ul>
<b>Indicate the link to Trust's strategic priorities</b> <i>(please tick)</i>	<ul style="list-style-type: none"> <li>✓ Quality and Safety</li> <li><input type="checkbox"/> Workforce Stabilisation</li> <li><input type="checkbox"/> Performance and Access to Services</li> <li><input type="checkbox"/> Delivering Value</li> <li><input type="checkbox"/> Culture</li> </ul>
<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>- No new risk to consider</li> </ul> <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</b> <i>(please tick)</i>	X For approval <input type="checkbox"/> To note <input type="checkbox"/> Decision
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# CORPORATE RISK REGISTER & ASSURANCE FRAMEWORK

BRIEFING NOTE PREPARED FOR TRUST BOARD ON 5<sup>th</sup> MARCH 2026.

There are 25 risks on the Corporate Risk Register as approved at Trust Board 5<sup>th</sup> Feb 2026.

## Summary

- Proposed New Risks;
  - No new risks to consider
- Material changes;
  - No material changes to consider
- Summary report for action;
  - All risks have been updated within reporting quarter.
  - Action plans have been reviewed within 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 BHST	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 of	1. Keep risk updated with actions ongoing	Low	Low (target score 1-	

		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	<ol style="list-style-type: none"> <li>1. Keep risk updated with actions ongoing</li> <li>2. Consider risk further at Directorate Risk Workshop in September 2025</li> </ol>	High	Low (target score 1-6) Current target score 6	
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"> <li>1. Progress Deep Dive amendments through CMT and TB.</li> <li>2. Create new hospital flow risk</li> </ol>	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"> <li>1. Review risk scoring as there is low tolerance for score remaining as is.</li> <li>2. Ensure risk update provided</li> </ol>	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"> <li>1. Review the risk detail for possible de-escalation</li> </ol>	High	Low (target score 1-6) Current target score 6	
284	Director Performance, Planning and	Risk of breach of data protection legislation through loss, mishandling or	<ol style="list-style-type: none"> <li>1. Keep controls/actions under review</li> </ol>	High	Low (target score 1-6)	

	Corporate Services	inaccessibility of personal or sensitive personal information			Current target score 6	
<b>1236</b>	Director of Finance	Stabilisation of Financial sustainability	<ol style="list-style-type: none"> <li>1. Review current score</li> <li>2. Review wording of the risk</li> </ol>	High	Low (target score between 1-6) Current target score 6	Risk rating reviewed and wording updated. Risk rating remains unchanged
<b>1254</b>	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"> <li>1. Risk lead to consider actions from Directorate plan against this risk and reference this through action plan</li> <li>2. Consider updating the assurance map</li> </ol>	High	Low (target score between 1-6) Current target score 6	
<b>1288</b>	Director of Planning, Performance and Corporate Services	Ensuring efficient use of resources	<ol style="list-style-type: none"> <li>1. Risk owner keep risk under review</li> </ol>	High	Low (target score between 1-6) Current target score 6	
<b>1409</b>	Director Unscheduled Care, Medicine, Cancer and Clinical Services	ED Mental Health Patients	<ol style="list-style-type: none"> <li>1. Risk owner to consider for de-escalation</li> </ol>	Low	Low (target score between 1-6) Current target score 6	



Risk Sub-Category	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 Appetite	Mths since score changed	Change in score since last review			
Regulation & Compliance	1	Director of Performance, Planning and Corporate Services	Fire Risks	20	EXTREM	15	EXTREM	6	MEDIUM	High	1. Complete deep dive in Dec 2025	18	No change	0	Actions listed with future due dates	[07/01/2026] Fire risk assessments currently at 73%, rectification plan to achieve 100% compliance by 31/03/2026. Resilience - Estates continue to have difficulties regarding the recruitment of fire officers. Recently Estates have successfully recruited an additional fire officer however there is a shortfall of 50% of WTE staff. Estates continue to actively recruit these positions.
Quality of Care	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	51	No change	2	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.
ICT & Physical Infrastructure	49	Director of Performance, Planning and Corporate Services	The potential impact of a Cyber Security incident on the Western Trust													
Regulation & Compliance	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	21	No change	0	Actions listed with future due dates	[15/01/2026] In December 2025, separate training sessions were attended for Information Asset Owners and Assistant Information Asset Owners. In January 2026, 170 Social Work Placement Students were trained in bespoke data protection training. IG Awareness Training remains at 87% across the Trust
Regulation & Compliance	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.	24	No change	1	Actions listed with future due dates	[16/12/2025] Risk Actions updated to reflect plan to transition TA Extensions into Encompass system
Quality of Care	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	40	No change	0	Actions listed with future due dates	20/01/2026 January SWAH Update: The Emergency Department in South West Acute Hospital continues to be very busy. The morning report for 13/1/26 shows 56 patients in the ED and 38 DTAs. There are currently 70 DTCOs on site which is severely restricting flow across the full site. There are 47 escalated beds across the site with 18 of these beds undesignated corridor beds. This level of escalation is unprecedented whilst ED still remains severely congested. Additional staffing is being sought daily through bank, agency and EPS to manage the high level of DTAs remaining in the Department for long periods of time and to care of the patients in undesignated beds across the wards. Securing this level of cover is not always successful. Silver has been activated along with twice daily bed meetings. January Update: <del>Allocation - Risk remains unchanged.</del>
Financial	1236	Executive Director of Finance, Contracts & Capital Development	Stabilisation of Trust Financial Position including planning for breakeven in the current financial year.	16	HIGH	16	HIGH	6	MEDIUM	High	1. Review current score 2. Review wording of the risk	23	No change	2	Actions listed with future due dates	[26/02/2026] The Trust has complied with its obligations to provide a Financial Plan and Contingency Savings Plan for 2025/26. The Trust has effectively communicated its ambition to deliver £38.6m of low and medium impact savings and £0.5m of high impact savings and has identified further opportunities of £14.2m which includes targeted arrangements relating to the management of growth in year. SPPG has provided £15.3m of deficit funding to the Trust bringing the Trust to a breakeven position. SPPG has confirmed the pay award for 2025/26 will be funded in full.
Quality of Care	1254	Director of Human Resources & Organisational Development	Inability to deliver safe, high quality and sustainable services due to workforce supply and disruptions	16	HIGH	16	HIGH	6	MEDIUM	High	1. Risk lead to consider actions from Directorate plan against this risk and reference this through action plan 2. Consider updating the assurance map	39	No change	1	Actions listed with future due dates	[02/12/2025] While Medical and Dental recruitment has increased over the last year there continues to be significant challenges in many specialities. Targeted resourcing support to services in difficulty and supported successful applications to DoH for Recruitment and Retention premia for particularly hard to fill roles has been beneficial. We are pro-actively addressing new roles and ways of working including promotion and development of Specialist Doctor roles. Efforts to reduce reliance on agency staff to fill gaps in resident doctor rotas included early proactive identification and filling of gaps with Clinical Fellows and Locums for Service both locally and through international recruitment. Continuing engagement with specialist medical events including the 25th World Congress for Psychiatry on 5-8 October 2025 and the Doctors Job Fair in Dublin on 8 November 2025 have extended our attraction reach and engagement reach. Contacts made will form the basis of a Talent pipeline, addressing existing and future opportunities to interested doctors. The International Medical Recruitment Project continues to support recruitment too hard to fill consultants and SAS doctor positions. From the 1 April 2025 there has been 21 appointments. A further 2 are progressing through pre-employment checks. Recruitment of Nursing Assistants at Band 2 and 3 level remains a challenge for the Trust. As part of an invest to save, the Nursing workforce stabilisation group has funded, a temporary Band 4 post. This role will involve co-ordinating the recruitment aspect of this work, will analyse the data that will feed into the work of the Task and Finish Group and Nurse Stabilisation Group. ERST continue to develop bespoke recruitment exercises for hard to fill posts for staff Nurses Band 5 posts in ED and Care of the Elderly. Rolling adverts have been established for band 3 & 5 within Mental Health. This is maintaining a steady flow of candidates applying resulting in a more structured approach to their recruitment.
Regulation & Compliance	1288	Director of Performance, Planning and Corporate Services	Risk of failure to meet regulatory standards and compliance associated with Trust infrastructure and estate.	12	HIGH	12	HIGH	6	MEDIUM	High	1. Risk owner keep risk under review	40	No change	0	Actions listed with future due dates	[07/01/2026] During routine maintenance on the electrical infrastructure at Waterside Hospital there was an unexpected failure of the electrical switchgear which resulted in the temporary loss of electrical supply to the building. As a result the building is now operating without an automatic generator back up. Estates have worked with the relevant directorate to ensure business continuity plans are in place. Work is underway to permanently rectify the issue. This will be a number of months due to lead in times of electrical repair.
Quality of Care	1307	Director of Surgery, Paediatrics and Women's Health	Clinical Risk regarding Delayed Transfer of Babies, Children and Adults to Other Hospitals	25	EXTREM	25	EXTREM	6	MEDIUM	Low	1. Review risk scoring as there is low tolerance for score remaining as is. 2. Ensure risk update provided	40	No change	1	Actions listed with future due dates	[23/12/2025] Notification letter received 22.12.25 from BHSCT to inform trust that overnight neonatal emergency cover, currently provided by the NISTAR Paediatric team, is being withdrawn from 01.01.26. This will impact WHSCT neonatal services meaning that sick neonates will either need to be kept in WHSCT overnight (intensive care and high dependency care service not commissioned in SWAH NNU), or transferred with a local team, requiring additional staff and resources to perform the transfer or backfill staff on site to facilitate transfer.
Quality of care	1334	Director of surgery, Paediatrics and Women's Health	Sustainability of surgical services in Southern Sector of Trust due to recruitment & retention difficulties at Consultant and Mi	20	EXTREM	15	HIGH	6	MEDIUM	Low	1. Continue to manage as per action plan	30	No change	2	Actions listed with future due dates	[24/11/2025] Recruitment of speciality doctor remains ongoing. Service continually engaging with Medical HR. Recruitment update will be finalized in next update.

Quality of Care	1409	Director of unscheduled care, medicine, Cancer and Clinical Services	ED Mental Health Patients	25	EXTREM	16 HIGH	6 MEDIUM	Low	1. Risk owner to consider for de-escalation	●	35	No change	0	Actions listed with future due dates	[21/01/2026] January 26 SWAH Update: Current mitigations are in place for use of Rathview and are working well. Mental Health staff attended to these patients in ED. January Update Altnagelvin: Risk remains unchanged. Consideration for de-escalation to Directorate risk following recommendation at Risk Workshop June 25.
Health & Safety	1469	Medical Director	Health & Safety Risk to Staff as a result of Violence and Aggression	12	HIGH	16 HIGH	4 HIGH	Low	1. Keep risk updated with actions ongoing	●	8	No change	0	Actions listed with future due dates	[21/01/2026] Next MOVA meeting is due to take place on 24th Feb 2026. All working groups have been asked to priorities action plans and provide update at the next meeting. An update on body worn cameras will be presented also.
Quality of Care	1601	Director of surgery, Paediatrics and Women's Health	Inability to retain ENT Head & Neck Service Provision	16	High	16 High	6 MEDIUM	Low	1. Amalgamate risk with ID1649 and include mitigations re BHSCT	●	18	No change	0	Actions listed with future due dates	15/01/2026 : The service is going out for two permanent ENT consultants and one temporary ENT Consultant. There was a H+N meeting with SPPG and BHSCT regarding the pathway for WHSCT ENT patients. Currently all patients are discussed at the MDM and BHSCT then decide whether to accept patients for surgery and a post-op appointment. Patients are then seen at a joint oncology and ENT clinic on the 1st and 3rd Wednesday of the month. SPPG are supporting the H+N service in BHSCT which hopefully will allow mutual aid regionally to WHSCT H+N patients. Interim arrangements for H&N service provision continues to remain in place locally as the risk remains unchanged.
Quality of Care	1629	Director of Adult Mental Health & Disability Services	Alcohol Related Brain Disease: Non Commissioned service within WHSCT	9	MEDIUM	9 MEDIUM	6 MEDIUM	High	1. Review/update description 2. Review grading of the risk 3. Subject to a Deep Dive in Sept 2025	●	14	No change	1	Actions listed with future due dates	[08/12/2025] Business case is currently being finalised for submitted to SPPG once approved internally.
Financial	1656	Director of Nursing	Risk of Roster- Pro System Failure	9	MEDIUM	9 MEDIUM	6 LOW	Low	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	●	12	No change	2	Actions listed with future due dates	[21/11/2025] From 1st December 2025 all nursing rosters that was on Roster Pro will be live on the Allocate roster system. Residential and Support services remain on Roster Pro with transition scheduled June 2026 following roster builds and training.
Quality of care	1647	Director for Primary Care and Older People	Risk of disruption to the Trust's contracted out domiciliary care services as result of new procurement exercise	20	Extreme	20 Extreme	6 MEDIUM	High	1. Continue to progress as per the action plan	●	11	No change	1	Actions listed with future due dates	[22/12/2025] As per October's update, the tender will not now be awarded until January 2026.
Regulation & Compliance	1423	Executive Director of Social Work/Director of Women & Children Services	Human Milk Bank - Does not meet Governance and Information requirements	12	MEDIUM	12 MEDIUM	1 LOW	High	1. Continue to progress as per the action plan	●	11	NO change	0	Actions listed with future due dates	[21/01/2026] January 26 Update: Risk reviewed, Risk remains unchanged, mitigations to reduce the risk continue daily. Consideration for de-escalation to Directorate risk following recommendation at Risk Workshop June 25.
Quality of care	1653	Director of unscheduled care, medicine, Cancer and Clinical Services	NSTEMI IN ED	20	Extreme	20 Extreme	6 MEDIUM	Low	1. Review risk and action plan and consider this risk for de-escalation	●	11	No change	0	Actions listed with future due dates	[21/01/2026] January 26 Update: Risk reviewed, Risk remains unchanged, mitigations to reduce the risk continue daily. Consideration for de-escalation to Directorate risk following recommendation at Risk Workshop June 25.
quality of care	1692	Director of surgery, Paediatrics and Women's Health	Paediatric Consultant Workforce SWAH	16	High	16 High	6 LOW	High	1. Complete Assurance Map 2. Continue to manage as per action plan	●	7	No change	1	Actions listed with future due dates	[15/12/2025] service remains reliant on agency locum cover with x3 locum consultants covering rota. Positive outcome from recruitment advertisement : x3 applicants for each post :Acute paediatrics and joint community/Acute paediatrics. Interviews planned for early February. Additional x1 trust locum post advertised and one internal applicant (IMR). Project that SWAH acute paediatric consultant posts will be established in the near future.
Health & Safety	1717	Executive Director of Social Work/Director of Women & Children Services	Risk of Fire in accommodation provided to CLA	12	High	12 High	4 HIGH	TBC	TBC	●	6	No change	1	Actions listed with future due dates	[19/12/2025] There has been no change in this risk in the last month. All checks and mitigating factors continue to be maintained including visits and checks. There has been no further incidents within the last month.
Quality of Care	947	Director of Adult Mental Health & Disability Services	Lack of Senior Medical staff in the AMHD Directorate	16	High	20 High	12 Medium	TBC	TBC	●	5	No change	3	Actions listed with future due dates	[21/10/2025] There have been no applicants to the recruitment exercises to date for substantive Consultant posts. The current recruitment open is open until end of October 2025. AMH Services including Alcohol & Drugs Service have Consultant cover through a combination of Substantive and Locum Consultants. A locum has been secured for the vacant part-time Eating Disorder Service/ RTN service post. HR have continued to support psychiatry with recruitment campaigns to promote and attract interest in the substantive medical vacancies through International recruitment and hosted a stall at the recent 25th World Congress of Psychiatry event taking which place in Prague in October 2025 - interest from the event is being followed up. Meetings are arranged with all Locum Consultants to discuss potential for Trust contracts.
Quality of Care	1770	Director for Primary Care and Older People	Risk of Service Disruption to Service Users in Receipt of Domiciliary Care in areas of Fermanagh	20	High	20 High	9 Medium	TBC	TBC	●	2	No change	1	Consider actions and due dates	[16/12/2025] All 3 Lots have transitioned successfully, Lisnaskea on the 15 September, Irvinestown on 13 October and Enniskillen on 10 November. While it was successful, it is important to note the impact this is having on the providers to accept new referrals. As at 16 December there was 29 patients delayed in SWAH waiting on a package of care and 5 delays in OHPCC waiting on a package of care.
Quality of Care	1809	Director of Surgery, Paediatrics and Women's Health	Obs & Gynae Consultant Workforce AAH	16	High	16 High	9 Medium	TBC	TBC	●	2	No change	1	Actions listed with future due dates	[16/12/2025] staffing is slightly better now in December: Current staffing is 7.56wte We have one on short term sick leave, hopefully back end of Dec Two retirements next year, first one in Feb. Gynae-Oncology consultant recruitment round unsuccessful – still only have one oncology consultant Temporary locum consultant – interview in January (only 1 applicant) Permanent consultant post – interview 23 Oct – 1 successful candidate who can't take up post until CCT completion March

<b>Regulation &amp; Compliance</b>	1825	Director of Performance, Planning and Corporate Services	Risk Associated with failure to meet statutory obligations under the Climate Change Act 2022 NI	16	High	16	High	6	Medium	TBC	TBC	●	1	No change	0	New Corporate Risk action plan under review	[07/01/2026] Within the last quarter the Sustainability Steering Group has been established. The group has committed to review the Terms of Reference and seek nominations for relevant sub groups. There is a requirement for the Trust to undertake an adaption report by 31/03/2026. Working group to be established from across directorates' to complete submission.
<b>Quality of care</b>	1396	Director of Adult Mental Health & Disability Services	Approved Social Work (ASW) pressures and pressures due to protracted waits for Psychiatric Bed	15	High	15	high	4	low	TBC	TBC	●	0	No change	0	New Corporate Risk action plan under review	[29/01/2026] Risk has been updated as approved as a new Corporate Risk in Jan 2026 at Trust Board. [08/12/2025] Risks continue with RESWS unable to accept handovers for protracted waits at times and ability to accept referrals for MHO assessments at times due to service demands. A meeting was held with Trust Directors on 17/11/25 in relation to RESWS independent review but no decision has been made as yet.



1236	8/21/2020	16 High (Amber)	16 High (Amber)	6 Medium (Yellow)	Finance	Ensuring Stability of Our Services	Stabilization of Trust Financial Position including planning for breakeven in the current financial year.	The financial challenges for HSCNI have become much more significant as a consequence of the NI Executive approved Budget for 2025/26. Doh 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 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...	Chief Executive Assurance meetings to review performance Annual Financial Plan to review risks to financial position and opportunities for savings. Trust Board (and Finance & Performance Committee, DVMB and CMT) oversight of the financial position monthly. Monthly budget reports for all levels in the organisation, with follow-up on movements in services. Monthly Finance focus meetings between Finance and Directors / Senior Directorate Officers	Occupational Health - absence of locums and increasing demands on team without additional resources. Low uptake of mandatory training and completed annual appraisal. Inability to follow normal activities and procedures during periods of industrial action and also during emergency situations such as Pandemic. Lack of co-ordinated information on agency staffing. Due to demand in services, compliance with Working Time Regulations and New Deal. HR Strategy: Business Partner identified for each Directorate. Targeted interventions in relation to absence, agency usage, temporary staffing and other identified Directorate priorities. (Risk 6, 2025) Pension information sessions (Joint Forum, Joint LMC and Consultation Group)	Internal Audit. Assurance obtained by the Chief Executive from his assurance meeting with Directors and External Audit (NIAO). DVMB/MSD monthly financial monitoring. Monthly financial performance reports to CMT and Trust Board. Assurances from Director of Finance and ADR to CMT & Trust Board.	Gaps in assurance that budget holders are applying effective budgetary control in the management of their service. Gaps in assurance that budget holders are trained to manage their budgets accordingly. Gaps in assurance that managers are reviewing their staff in post reports.	Ongoing financial management and monitoring. Operation of DVMB (Delivering Value Management Board) Monitoring and reporting of management attendances at Budgetary Control training. Support to managers in accessing and using CP to support budgetary management. Performance of Managers against SP reviews	31/03/2026 31/03/2026 31/03/2024 31/03/2026
1254	1/18/2021	16 High (Amber)	16 High (Amber)	6 Medium (Yellow)	Trust-wide (Risk Register use only)	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	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 with a reduction in service provision.	Trust support Community Trust with full HR support on hospital / community workforce groups. Delivering Care: Nurse Staffing in Northern Ireland Organisation Development Steering Group Health and Wellbeing Strategy Engagement & Involvement Strategy Doh Workforce Strategy & Trust Workforce Strategy and key actions. Policy: Rec & Selection Framework, Attendance at Work, Flexible Working, Redundancy and Redeployment, etc. HR Strategy: Business Partner identified for each Directorate. Targeted interventions in relation to absence, agency usage, temporary staffing and other identified Directorate priorities. (Risk 6, 2025) Pension information sessions (Joint Forum, Joint LMC and Consultation Group)	Occupational Health - absence of locums and increasing demands on team without additional resources. Low uptake of mandatory training and completed annual appraisal. Inability to follow normal activities and procedures during periods of industrial action and also during emergency situations such as Pandemic. Lack of co-ordinated information on agency staffing. Due to demand in services, compliance with Working Time Regulations and New Deal. HR Strategy: Business Partner identified for each Directorate. Targeted interventions in relation to absence, agency usage, temporary staffing and other identified Directorate priorities. (Risk 6, 2025) Pension information sessions (Joint Forum, Joint LMC and Consultation Group)	Working together delivering Value Health check measurements on absence hours lost, mandatory training, appraisal, time to fill posts, job posting completion rate. Involvement Committee - Quarterly monitoring of staff and procedures during periods of industrial action and also during emergency situations such as Pandemic. People Committee - Workforce Strategy, Recruitment and Retention. MANDIA Allocation Leaders twice yearly. People Committee - Quarterly mentoring of Absence, Appraisal, Mandatory Training, Constant Job Planning, Temporary Staffing Agency Staffing, Turnover and Retention/Disciplinary/Statutory Cases. Risk 6, 2025	Insufficient training places being procured by Department of Health to meet the demands of medical and nursing workforce. HMRC Regulations and impact on staff HSC Pension particularly high earners. Impact of McCloud and Sergeant Employment Law cases. Safe staffing model for social work. Lack of regional cap on medical agency rates. Legal challenges to Terms and Conditions arising from changing employment law e.g. PSE and Absence Cases. Impact of PSE on social work.	Looking After our People Growing for the Future Realigning the HSC New Ways of Working	31/03/2026 31/03/2026 31/03/2026
1288	4/6/2021	12 High (Amber)	12 High (Amber)	6 Medium (Yellow)	Trust-wide (Risk Register use only)	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.	There is a risk of deterioration in the Trust Estate due to ageing and lack of capital investment in the maintenance of building services infrastructure and physical evidence associated with Trust infrastructure and estate.	Workforce Information Support Staff of directorate risks including water, electrical, fire safety, vacant estate asbestos and physical infrastructure. Should a critical issue materialise further funding can be sought from Doh or existing funding re-allocated to address the new critical issue. Estates Strategy 2015/16-2020/21 Annual review of building condition (3) and creation of professional BLM list. 2022/23 Backlog maintenance programme developed and implemented. Continual bidding for funding to address backlog maintenance. Targeting of priority areas as funding becomes available. Monthly review of Backlog Maintenance capital investment plan. Priority Backlog Maintenance capital investment plan 2024/25 Backlog maintenance	Ageing infrastructure resulting in deterioration of buildings. Insufficient funding to carry out full remedial works identified.	Backlog Maintenance list Health & Safety audits Environmental Cleanliness audits Authorising Engineer audits Annual inspections carried out Monitoring at Health and Safety Water Safety Groups Reports to Corporate Governance Sub Committee/Governance Assurance standards Buildings, Land, Plant & Non-Medical Equipment - 6 - Facet independent survey	Lack of Funding for backlog maintenance.	review of emerging issues and response required. Development of Business cases for 2022/23 backlog maintenance agreed action plan. CMT approval of BLM 2022/23 for submission. Development of 2023/22 BLM bid 30/09/2021 Completion of six facet condition survey 30/09/2021 Review of emerging issues and response required 31/03/2026 Monthly review of Backlog Maintenance capital investment plan 30/09/2022 Review of 10 ventilation system performance 30/09/2024 Develop BLM Plan 25/26 Condition surveys to be undertaken for 25/26 BLM and Capital Plan Project Delivery for 22/22 BLM and Capital Plan Delivery 24/25 Review 25/26 BLM plan	30/06/2022 30/09/2021 30/04/2021 30/09/2021 30/09/2021 31/03/2022 30/09/2021 30/09/2025 31/03/2026 31/03/2022 30/05/2025 31/03/2026 30/06/2022 30/09/2022 30/06/2024 31/03/2024 31/10/2025 30/04/2024
1307	6/16/2021	25 Extreme (Red)	25 Extreme (Red)	6 Medium (Yellow)	Paediatrics & Womens Health	Supporting and Empowering Staff	Clinical Risk regarding Delayed Transfer of Babies, Children and Adults to Other Hospitals	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 completed using sub-optimal alternatives. This may result in harm to patients being transferred, the pig patients in the services covering the transfer as well as additional financial cost to the Trust.	There is no on-site training / role play with NISTAR and paediatrics regularly. This is also replicated in A&E but not as frequently. NISTAR will make ambulance and driver available if local team can do transfers. Consultants if called to backfill when a transfer takes place out of hours are remunerated appropriately. A&E New Natal have a contingency means of transport in theatre (i.e. trolley with pod etc.)	Staff are called away to facilitate transfer. Working with neonatal shortage - no adequately trained staff to backfill and training delivered during core time. No funding for dedicated rota difficulty ensuring ongoing professional development to maintain skills. Requirement to provide/cover Trust Time Critical Transfer Training available to all disciplines i.e. paediatricians require different training to anaesthetists, and nurses also require different training as they all have separate roles. Not always someone available in SWAH for a 2nd On-call rota due to the small number of Trust Doh living in this area. The equipment for transport needs replaced in both units and is not of an optimal quality. Business case being taken forward to replace same.	NISTAR are implementing call recording so that all requests for transfer will be available if required for evidence. NISTAR have moved to EPC for booking and recording NISTAR transfers.	No gaps in assurance identified	Escalate to Director of Acute services for discussion with NISTAR. Raise at corporate safety huddle and RRG. Escalate through child health partnership. Review the fragility of medical staff with Paediatrics Trust Wide. Review of staff training needs in line with possible training opportunities within the region	30/06/2022 31/03/2026 31/03/2026
1334	10/26/2021	20 Extreme (Red)	15 High (Amber)	6 Medium (Yellow)	Surgical Services	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 SR	There has been a high turn-over of locum consultant surgeons who have been appointed to cover gaps, leading to gaps and concerns about continuity of care. It has been highlighted that emergency surgical services are at risk within the next 6 months due to inability to sustain a Surgeon of the Week and On-call emergency rota at consultant level	Trust have authorised a Sustainable Surgical Services project to examine surgical services post Trust ref 18/10/21. Recruitment campaign is continuous at Specialty Or and trainee level. Funded establishment should be 6.5 w/e consultant Surgeons - current baseline is 3.0 w/e with 1.5 w/e Specialty Or funded for 8.5 w/e, 5.0 in place 2 of whom are locums and one acting up. Ongoing use of locums from within the Trust to sustain the rota at South West Acute. Newly appointed Consultant taking up post 25/12/21. Ongoing efforts to recruit - interviews planned for 2.0 w/e Consultants later October 2021 (now currently deferred pending Royal College approval)	Reluctance from other surgeons across NI to participate in providing locum cover due to the generally poor locum cover required. Difficulties recruiting and retaining at locum and permanent level as above. Difficulty secure Royal College approval for general surgical posts.	Continuing support from Allergan Surgical body to provide locum cover for rota gaps. Programme Board will have fortnightly oversight of all of the actions within the Review Programme. Senior clinical support to project identified in place. Project lead has been seconded full time to Project team. Project Lead currently leads CMT twice weekly. This will be taken over by Programme Board with fortnightly oversight from 01/11/2021. CMT will continue to support service and project	No gaps in assurance identified	A Proposal for Sustainable Surgical Services will be developed by end January 2022 to address the most emergent issue eg. emergency surgical services in the Southern Sector of the Trust. Ongoing monitoring of the temporary suspension of emergency surgery and contingency arrangements in place, through the Project Team. Continue with ongoing recruitment to fill vacant consultant posts. Develop plan for the release of locum surgeons to align with onboarding of recent consultant surgeon appointees, when start dates confirmed.	02/09/2023 31/03/2026 31/03/2026 31/03/2026
1396	5/5/2022	15 High (Amber)	15 High (Amber)	4 Low (Green)	AMHS - Adult Mental Health	Ensuring Stability of Our Services, Ensuring efficient use of resources, Improving the Quality and Experience of Care, Supporting and Empowering Staff	Approved Social Work (ASW) service does not have sufficient ASW staff available to remain with a patient on a prolonged wait for a bed. There are instances when the Regional Emergency Social Work Service cannot accept a handover for protracted waits leading to AdMs on an ad-hoc basis requiring to put staff cover arrangements in place to ensure patient safety. In addition, there are instances Dohs when RESWs are not accepting referrals for assessment due to workforce capacity issues during protracted waits.	Trust approves Social Work (ASW) service does not have sufficient ASW staff available to remain with a patient on a prolonged wait for a bed. There are instances when the Regional Emergency Social Work Service cannot accept a handover for protracted waits leading to AdMs on an ad-hoc basis requiring to put staff cover arrangements in place to ensure patient safety. In addition, there are instances Dohs when RESWs are not accepting referrals for assessment due to workforce capacity issues during protracted waits.	Currently 2 Full-time ASWs are on Trustwide rota 3x per week 9am - 5pm. Other ASWs undertake the rota 1-2 per month. Positive development that almost 100% Trustwide rota cover (8 ASWs on rota), apart from sick leave or unforeseen circumstances. All incidents and complaints reviewed and reported on. ASW Leadership report. Escalation of issues to AMH Governance/ Directorate Governance and ASW Improvement Board	Impact of unpredictable service pressures in other organisations (PSNI/NIRESWS). Trust interagency Group re-established and meeting monthly.	ASW Hub Project continues with project board meeting 4 x per week. Further development in meeting ASW minimum standards. Escalation Meetings continue when required to put in contingency plans when there are low staffing in RESWS, bed pressures and expected protracted waits. Escalation meetings are chaired by Assistant Director. ASW co-ordinator / Project Lead appointed in January 2024. Updates provided at monthly AMH Governance Meetings. Incident Reviews. Complaints Reviews	PSNI proposed Right Care Right Person Protocol	Establish Director Led ASW Project Management Group. CMT Paper - ASW Coordination role. SPFG meeting regarding ASW and service pressures. Independent Review of ASW service across WT Area. ASW QI and Leadership Report to be developed. ASW co-ordinator / Project Lead appointed in January 2024. Updates provided at monthly AMH Governance Meetings. Incident Reviews. Complaints Reviews. Pressures paper to Trust Board	30/06/2023 31/07/2023 30/09/2025 31/05/2023 31/03/2023 15/02/2026 15/04/2025 31/10/2025

1409	7/1/2022	25 Extreme (Red)	16 High (Amber)	9 Medium (Yellow)	Acute - Unscheduled Care	Ensuring Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering Staff	ED Mental Health Patients	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 harm while awaiting transfer or identification of a Mental Health bed due to inadequate supervision.	ERIS/MLI will review all patients every 24 hours and liaise with psychiatry as required. ED will complete Kade's - Psych Consultants will be available for advice if needed. Additional staffing support when available from Mental Health. Agree to ED when a threshold of three or more has been reached. Weekly meetings planned for ED and Mental Health to work collaboratively to improve the safety and experience for patients (commenced 16th June 2022). Continue to report and review all associated incidents via data to further understand risk and mitigation. MAPA training.	Timely access to Mental Health beds continue. (Review congestion and capacity issues within ED compounds the challenge in managing this group of patients)	Daily engagement with MH and ED to manage risk. Newly established weekly meetings between ED and mental health teams.	No gaps in assurances identified	Meetings Workforce Improvement Meetings Consider for de-escalation	03/07/2023 21/12/2024 31/12/2024 01/03/2026
1423	8/17/2022	12 Medium (Yellow)	12 Medium (Yellow)	1 Low (Green)	Childrens Health & Disability	Ensuring Stability of Our Services, Improving the Health of Our People, 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 Blue Spoon due to a change in the delivery and collection of DEBM. During the review a number of contractual issues were identified by OLS (see attached report) which question the Trust's statutory powers and functions and current corporate governance arrangements regarding provision of service to Rec.	OLS assisting with adjustments to current WHSCT contract with HSE and SA with C/Chairman.	Need for further negotiations and law in HSE. Currently no Departmental oversight. There is no express departmental direction nor policy, nor any cross border government agreement, which would provide policy and governance cover for the Trusts provision of the all Ireland service.	Recent audit completed or air returned truck back labels for quality. H.S have provided a Draft Transport Agreement. Engagement with BSO PALS. Engagement with Logistics UK. Member Advice Centre - MAAC. H.S support and advice re appropriate adjustments required for the contract. There is no express departmental direction nor policy, nor any cross border government agreement, which would provide policy and governance cover for the Trusts provision of this all Ireland service. H.S have not identified any policy governance risks in relation to the operational delivery of the service. WHSCT 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 Bank.	HSE agreement to the amended contract. There is no express departmental direction nor policy, nor any cross border government agreement, which would provide policy and governance cover for the Trusts provision of this all Ireland service. Progress work required in relation to contract.	Develop Business Case Secure Funding ROI Units Training of staff governmental agreement, which would provide policy and governance cover for the Trusts provision of this all Ireland service.	31/12/2022 20/06/2023 21/12/2022 30/06/2023 10/03/2026
1469	1/6/2023	12 High (Amber)	16 High (Amber)	4 High (Amber)	Trust-wide (Risk Register use only)	Supporting and Empowering Staff	Health & Safety Risk to 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 in increased social media challenges; and the absence of a Corporate legal remedy, have all contributed to an increased 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/visitors displaying abusive, challenging, aggressive and violent behaviours in our facilities, communities and home environments leading to a significant risk of emotional and physical harm.	Aggression (MOVA) group in place. Zero Tolerance & Security policy. Trust adherence to the Management of Health and Safety at Work Regulations 19 (2000), Health and Safety at Work No 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 forms for document of specific risks. Incident reporting on DATTX - identified or consistently violent patients to be treated in ED. Lack of resource to provide safety intervention training following CEC cessation of training provision. Trusts alert system not utilised in ED.	Review policy / update implementation of regional guidance. Limited legal support available for staff from the Trust when seeking prosecution/non-prosecution 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. Trusts alert system not utilised in ED.	Audit Trust controls assurance reporting on corporate risk register. Reportable governance Incident reporting to MOVA Steering Group Audit: Regional Benchmarking and DCH Health and Safety Inspections	no gaps in assurances identified	Adopt and embed regional MOVA Policy in Trust Policy and Procedures Draft business case to expand resources for Safety Intervention Training Increase security within ED Implement "Power to remove from HSC premises"	31/03/2026 31/03/2026 31/03/2026 01/03/2026
1501	6/1/2024	16 High (Amber)	16 High (Amber)	6 Medium (Yellow)	Surgical Services	Ensuring Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care	Head and Neck service provision	The ENT service in the Western Health and Social Care Trust is funded by HSE consultants. 4 consultants in post. 2 vacant posts 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 thyroids. 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 3 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 IMH and global recruitment. The posts are 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. The 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 users. 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 driver for their presentation.	ENT locum consultant with experience in benign head and neck in managing a cohort of identified patients on theatre waiting list for benign disease and her contract in funding will end on 22/5/24. 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 the cohort.	ENT locum consultant with experience in benign head and neck in managing a cohort of identified patients on theatre waiting list for benign disease and her contract in funding will end on 22/5/24. 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 the cohort.	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. Plan to continue focus on the recruitment and retention of consultant's surgeons for service delivery and sustainability with the Western Trust to provide the commissioned levels (SBA) for ENT. Networked approach with regional colleagues to include key restriction in funding will be in/out activity. Monthly consideration of Trust position at SPOG in relation to the Trust Performance meeting with the SPOG. 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 consultant x 2 Potential Service delivery redesigns Formal Pathway to be agreed with Belfast Trust and Western trust regarding transfer of patients. Ongoing discussion ENT patients underwent thyroid surgery in trust and via its provider in relation to patient care and management for the last 2 years	31/03/2026 31/03/2026 31/03/2026
1620	9/19/2024	9 Medium (Yellow)	9 Medium (Yellow)	6 Medium (Yellow)	AAMHDS - Adult Mental Health	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	Alcohol Related Brain Disease: Non Commissioned service within WHSCT	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. In-going review of incidents/SAU SAU. MDT discussion in regards to individual cases with escalation if case remains unallocated to Head of Service, Assistant Director and Director.	Review of incidents Oversight of Delayed Discharges Case Conference/care management. Review of Complaints Internal audit. RPA Assurance from service audits. SPOG 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	29/08/2024 23/10/2024 31/12/2025 01/02/2026 01/02/2026	
1647	11/21/2024	20 Extreme (Red)	20 Extreme (Red)	6 Medium (Yellow)	COP - Intermediate Care & Rehabilitation	Ensuring Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care	Risk of disruption to the Trusts contracted out domiciliary care services as result of new procurement exercise	Should a current provider not win in 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 extension.	Project Management & Implementation Plan. OLS & 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.	Registered service with RQIA and subject to regular inspection. Internal audit inspections. Meetings with providers. Dedicated tender transition team to be identified	Implementation plan to be developed once tender outcomes are known. Dedicated tender transition team to be identified	31/03/2026 31/03/2026	

1653	12/9/2024	20 Extreme (Red)	20 Extreme (Red)	6 Medium (Yellow)	Acute - Emergency Care & Medicine	Ensuring Stability of Our Services	NSTEMI in ED	<p>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 a greater risk of arrhythmia/instability and are not receiving optimised care.</p> <p>Beds in ward 22 are not available due to site pressure demands. We have 50 beds which should be for Cardiology patients in ward 22 and on average we have only 2-3 patients there at any one time.</p>	<p>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.</p>	<p>Beds in ward 22 are not available due to site pressure demands. We have 50 beds which should be for Cardiology patients in ward 22 and on average we have only 2-3 patients there at any one time.</p>	<p>patient flow aware of priority for admission.</p>	<p>Cardiology patients admitted following the morning post take will not be reviewed by a Consultant Cardiologist until the next morning due to staffing pressures</p>	<p>Action Required Action Required Action Plan Consider for de-escalation</p>	<p>03/01/2025 09/12/2025 30/04/2025 01/02/2026</p>
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 2024 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 larger number of staff.</li> <li>Loss of management data on working hours.</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 ETMO2. 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>WHGCT 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 WHGCT 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>	<p>Software maintenance support available from 30 Sept 2023. Alternative electronic option to manage processing data on special duty enhancements to payroll.</p>	<p>Roster-pro system functionality issued daily by E-Roster Team. System back-up processed by Digital Services Team. Roster 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</p>	<p>Additional workload for line managers to approve numerous ETMO2 claims for special duty enhancements.</p>	<p>Full implementation of e-roster software</p>	<p>01/06/2026</p>
1692	5/7/2025	16 High (Amber)	16 High (Amber)	6 Low (Green)	Paediatrics & Womens Health	Ensuring Stability of Our Services	Paediatric Consultant Workforce SWAH	<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>Over young people are unsupervised 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. No fire incidents have been reported during the quarter Nov-Jan 26</p>	<p>Recruitment 1wte Speciality Dr (IMR) to middle tier. Will review shift in one year time, que possibility CSR to progress to Consultant tier</p> <p>Recruitment 2 year fixed term contract advertised.</p> <p>Discussion sent to Royal College for approval to recruit to further permanent consultant.</p> <p>IMR of IMR.</p>	<p>Inable to offer Agency Drs sufficient hours between 4-5, Monday to Friday, due to the nature of the service, resulting in dissatisfaction with Agency Drs, impacting our ability to retain same.</p> <p>Some IMR Drs require significant support and treatment however are unable to practice independently on the EDH rota.</p> <p>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.</p>	<p>Ability to maintain a full rota. Feedback from members (MDT) Nursing and Management within the Sub-Directorate.</p>	<p>No gaps identified</p>	<p>Escalate workforce challenges at the Child Health Partnership. Undertake a financial assessment to recruit a permanent Consultant to reduce locum spend</p>	<p>31/03/2026 31/03/2026</p>
1717	7/25/2025	12 High (Amber)	8 High (Amber)	4 High (Amber)			Risk of Fire in accommodation provided to LA	<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>Over young people are unsupervised 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. No fire incidents have been reported during the quarter Nov-Jan 26</p>				<p>Further discussions with Planning Performance and Corporate Services and 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 &amp; Tarsis Accommodation and Arlebury 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 where live.</p>	<p>11/03/2026 11/03/2026 31/03/2026</p>	
1770	9/19/2025	20 Extreme (Red)	20 Extreme (Red)	9 Medium (Yellow)	Directorate-wide Risk Register Use only	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 Reciprocal Domestic Care in areas of Fermanagh	<p>The Madden Trust currently holds contracts with 3 separate independent sector providers to deliver homecare services in the geographical areas of Lisnaskea, Inverstown and Emilliken. 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>Late management review on all affected clients to ensure their assessed care needs continue to be met</p> <p>Contact Monitoring and Management Communication with Service Users within the geographical area to inform of the upcoming changes and potential impact this may have on their care.</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 Regular meetings with providers Close communication with social work colleagues who are key workers for affected service users</p> <p>All clients that have been assessed as needing critical care, have been transferred to an</p>	<p>No gaps in controls identified. Robust action plan in place</p>	<p>Registered service with RQIA and subject to regular inspection. Internal audit inspectors Contract Management Incident monitoring &amp; reporting</p>	<p>No gaps in assurance provided. RQIA regulated service</p>	<p>Phased change of provider (Lisnaskea) Change of Provider Inspection Change of Provider Emilliken</p>	<p>30/09/2025 13/10/2025 10/11/2025</p>
1809	11/21/2025	16 High (Amber)	16 High (Amber)	9 Medium (Yellow)	Paediatrics & Womens Health	Ensuring Stability of Our Services	Onc & Gynaec Consultant Workforce A&H	<p>Current vulnerabilities within this service:</p> <p>Cause</p> <p>The Altnaghean Onc &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>Events</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>A&amp;H Gynaec Oncology Clinic covered by SWAH consultant supported by two clinicians, reducing disruption to service.</p> <p>This allows presentation of 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 O&amp;G Gynaec which presents challenges when recruiting and retaining staff</p>	<p>Ability to maintain a full rota feedback from members (MDT) Nursing and Management within the sub-directorate Oncology Gynaec performance data</p>	<p>Consultant Workforce</p>	<p>31/03/2026</p>	

