

TRUST BOARD ITEM: BRIEFING NOTE

Meeting Details:	7 th May 2026
Director:	Dr Brendan Lavery
Issue Title:	Corporate Risk Register Summary and Corporate Risk Register Assurance Framework
Indicate the connection with the Trust's Mission and Vision <i>(please tick)</i>	<ul style="list-style-type: none"> ✓ People who need us feel cared for ✓ People who work with us feel proud ✓ People who live in our communities trust us
Indicate the link to Trust's strategic priorities <i>(please tick)</i>	<ul style="list-style-type: none"> ✓ Quality and Safety <input type="checkbox"/> Workforce Stabilisation <input type="checkbox"/> Performance and Access to Services <input type="checkbox"/> Delivering Value <input type="checkbox"/> Culture
Summary of issue to be discussed:	<p>For approval:</p> <p>New Corporate Risk for approval;</p> <ul style="list-style-type: none"> - ID1781 Phlebotomy Service Risk – escalation from Unscheduled Care, Medicine, Cancer and Clinical Services directorate risk register for consideration as Corporate Risk. Briefing note attached. - New risk for consideration – Children's Safeguarding Documentation on encompass. Briefing note attached. <p>Material change;</p> <ul style="list-style-type: none"> - Current Corporate Risk ID1809 Obs & Gynae Consultant Workforce AHH – to be updated using detail from Directorate Risk ID1811. If approved, ID

	<p>1811 will close and action taken forward through Corporate Risk ID 1809. Briefing note attached.</p> <ul style="list-style-type: none"> - ID1254 – Inability to deliver safe, high quality and sustainable services due to workforce supply and disruptions. Proposal to close Corporate Risk. Briefing note attached. - De-escalate Corporate ID6 Risk of Children awaiting allocation of Social Worker may experience harm or abuse. Briefing paper attached. - De-escalate Corporate Risk ID 1409 relates to Mental Health patients in ED. Briefing paper attached. - De-escalate Corporate Risk ID 1653 relating to NSTEMI risk in ED. Briefing note attached. <p>Action summary;</p> <ul style="list-style-type: none"> - All action plans have been reviewed within this quarter. - All risks have been reviewed within this quarter. - Copy of action plan from Trust Board workshop held 2nd April, for approval.
<p>Trust Board Response Required <i>(please tick)</i></p>	<p>X For approval</p> <ul style="list-style-type: none"> <input type="checkbox"/> To note <input type="checkbox"/> Decision

CORPORATE RISK REGISTER & ASSURANCE FRAMEWORK

BRIEFING NOTE PREPARED FOR TRUST BOARD ON 7th MAY 2026.

There are 26 risks on the Corporate Risk Register as approved at Trust Board 5th March 2026.

Summary

- Proposed New Risks;
 - Escalation of ID 1781 relating to Phlebotomy Service Risk from Unscheduled Care, Medicine, Cancer and Clinical Services Directorate Risk Register for consideration as a new Corporate Risk. Briefing paper attached.
 - New risk for consideration – Children’s Safeguarding Documentation on encompass. Briefing note attached.
- Material changes;
 - ID1254 – Inability to deliver safe, high quality and sustainable services due to workforce supply and disruptions. Proposal to close Corporate Risk and briefing note has been attached for consideration.
 - Current Corporate Risk ID1809 Obs & Gynae Consultant Workforce AHH – to be updated with detail from Directorate Risk ID1811. Pending approval for updating, directorate risk ID 1811 will close and action taken forward under current Corporate Risk ID 1809.

- De-escalation of Corporate Risk ID6 Risk of Children awaiting allocation of Social Worker may experience harm or abuse. Briefing paper attached.
 - De-escalation of Corporate Risk ID1409 relating to mental health patients in ED to Unscheduled care Directorate Risk register. Briefing pare attached.
 - De-escalation of Corporate Risk ID1653 relating to NSTEMI to Unscheduled Care Directorate Risk register. Briefing paper attached.
- Summary report for action;
 - All action plans have been reviewed within this quarter.
 - All risks have been reviewed within this quarter.
 - Copy of action plan from Trust Board workshop held on 2nd April 2026, for approval.

Proposed New Risk

1. **Escalation of ID 1781 relating to Phlebotomy Service Risk** from Unscheduled Care, Medicine, Cancer and Clinical Services Directorate Risk Register for consideration as a new Corporate Risk. With the introduction of Encompass this has affected the WHSCT phlebotomy services including;

- User errors – requesting bloods and not completing several different new workflows.
- No administrative resources
- Increased workloads not manageable on snap boards

The phlebotomy workload in WHSCT has been impacted, as a result of the Northern Ireland General Practitioner (GP) contract being imposed for 2025/2026. GP practices across the region are taking collective action to protect the future of General Practice and manageable workloads. Therefore, from September 2025 the GP practices will no longer be able to carry out tasks requested by secondary care, which includes blood tests ordered by hospital specialists. This has resulted in a significant increase in the referrals to the WHSCT phlebotomy services for taking secondary care bloods. .

Some funding has been approved to stabilise the service however this is not yet place. This funding will not address the user errors identified in the attached paper.

With the impact of encompass workflow change evident, the development of phlebotomy hub staffing model in the WHSCT requires future investment opportunities. With the limitation of space within OPD the staffing model development would be the quickest and most cost effective pathway to stabilize phlebotomy services in the WHSCT. Briefing note attached.

Responsible Director: Director of Unscheduled Care, Medicine, Cancer and Clinical Services

2. **Children's Safeguarding Documentation on encompass**. The Trust is progressing with a pilot project as per presentation to CMT regarding the management of children's safeguarding documentation on encompass. The pilot will ensure that children's safeguarding documentation is behind appropriate Break the Glass so that information is available as required for safeguarding purposes and in line with sharing to safeguard principles. This will mean that staff will be able to 'break the glass' using their password and record their rationale for doing so in order to see children's safeguarding documentation.

This creates a new potential risk for safeguarding documentation to be accessed inappropriately.

It is the assessment of professional social work that the risk of information being accessed inappropriately is more palatable than information being on the system and not being available to staff when it may be required for the purposes of safeguarding. Proposal for this risk to remain at a corporate level for duration of the pilot.

Responsible Director: Director of Children and Family or Director of Planning, Performance and Service Improvement

Material changes;

1. ID1254 – Inability to deliver safe, high quality and sustainable services due to workforce supply and disruptions.

Proposal to close Corporate Risk and briefing note has been attached for consideration. Summary of points to consider include;

- The wide scope means that the risk lacks specificity, clarity and measurable actions. It cannot be used to distinguish between corporate level workforce risks and normal operational Trust pressures.
- Limited usefulness for governance and decision-making - the risk aggregates so many workforce issues, it does not support targeted actions, meaningful assurance, or timely escalation/de-escalation. This means it is difficult to clearly identify where intervention is required. There are significant activities ongoing to support both operational and corporate level workforce risks but this cannot be captured making it difficult to provide governance and assurance in a useful way.
- Benchmarking with other Trusts - Regional feedback indicates that only one other Trust holds a generic workforce risk at corporate level. Other Trusts have either no corporate risk for workforce or use specific risks (e.g., medical staffing, specialist shortages, or recruitment/retention in specific professional groups).

Responsible Director: Director of Human Resources & Organisational Development

2. **Current Corporate Risk ID1809 Obs & Gynae Consultant Workforce AHH** – to be updated with detail from Directorate Risk ID1811. Pending approval for updating, directorate risk ID 1811 will close and action taken forward under current Corporate Risk ID 1809. Briefing note attached however summary of additional points to consider;

- The post for clinical lead in northern sector remains vacant.
- Friday antenatal clinic stood down due to reduced obstetric staffing.
- Preterm birth clinic unable to be established.
- Currently there is no colposcopy lead for the trust.
- PMRT backlog, only two consultants have 2 hours per week to review cases.

Responsible Director: Director of Surgery, Paediatrics and Women's Health

3. **De-escalation of ID6 Risk of children awaiting allocation of Social Worker may experience harm or abuse.**

Proposal to de-escalate this risk to the Directorate Risk register of Children and Families. Briefing paper attached.

The Trust reported zero unallocated Child Protection, zero unallocated Looked after Children, the Trust continue to report a small number of unallocated Family Support cases across the Trust area. At the final 2025/26 Statutory Functions meeting with SPPG held March 2026 – unallocated cases was moved from Rag Status Amber to Green for the WHSCT.

Responsible Director: Director of Children and Families

4. De-escalation of ID1409 Risk relating to mental Health patients in ED.

Proposal to de-escalate this risk to the Directorate Risk register of Unscheduled Care. Briefing paper attached. It is proposed that the risk is de-escalated to directorate level, as the Directorate has sufficient governance structures and mitigations in place to manage and reduce the risk as far as reasonably practicable.

Responsible Director: Director of Director of Unscheduled Care, Medicine, Cancer and Clinical Services

5. De-escalation of ID1653 Risk relating to NSTEMI.

Proposal to de-escalate this risk to the directorate Risk Register of Unscheduled Care. Briefing note attached. It is proposed that the risk is de-escalated to directorate level, as the Directorate have sufficient governance structures and mitigations in place to manage and reduce the risk as far as reasonably practicable.

Responsible Director: Director of Director of Unscheduled Care, Medicine, Cancer and Clinical Services

Action plans and updates:

All action plans have been reviewed within this quarter.

All risks have been reviewed within this quarter.

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			
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	19	No change	0	Actions listed with future due dates 05/03/2026] Fire Risk Assessments - 80% Training - 78% Nominated Fire Officer Training - 105% Number of Fire Occurrences - 15 New HTM for Fire issued. review to take place of implications. [03/02/2026] Fire risk assessments-76% Training - 79% Nominated Fire Officer Training - 115% Number of Fire Occurrences - 15 Staffing continues to be a challenge. New fire officer has taken up post 02/02/2026. Phase 2 of SWAH fire safety works is progressing well, currently 10% complete. Manderwood - concerns raised in the current fire risk assessment as to the level of fire safety compliance.
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	52	No change	0	Under consideration for deescalation [16/03/2026] Awaiting update for consideration for de-escalation
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	22	No change	0	Actions listed with future due dates [13/03/2026] IG Awareness training remains at 87%. Regional AI policy now adopted by the Trust and all IG policies updated to reflect changes to data protection legislation and highlight inappropriate access.
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.	25	No change	2	Actions listed with future due dates [26/01/2026] Risk Actions updated to reflect closure of actions re remuneration of Panel Chairs; STDA support and Recruitment
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	41	No change	1	Actions listed with future due dates [17/02/2026] 16/2/26 Altnagelvin Update : Risk remains unchanged. SWAH Update: The Emergency Department in South West Acute Hospital continues to be very busy. The morning report for 16/2/26 shows 55 patients in the ED and 37 DTAs - 36 medical, 1 mental health. There are currently high levels of DTOCs on site which is severely restricting flow across the full site. There are 41 escalated beds across the site with 11 of these beds undesignated corridor beds. This level of escalation is categorised as severe as per regional escalation model. Additional staffing is being sought daily though 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. Daily bed meetings continue on site to improve flow.
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	24	No change	1	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 it's 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	40	No change	1	Actions listed with future due dates [26/02/2026] This Corporate Risk is currently under review and will be discussed at Trust Board workshop in April 2026. Work across all sectors of HR continues in line with the HR Directorate Plan along with bespoke recruitment interventions as indicated in specific risks noted in other sections of the Corporate Risk Register.
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	41	No change	0	Actions listed with future due dates [05/03/2026] On Tuesday 10th February the Trusts water supply was heavily contaminated due to a burst supply pipe on the NI water supply lines. This significantly impacted the integrity of the Trust potable water. Business continuity arrangements were established and an incident management group coordinated the response. Cold debrief will now be held to ascertain lessons learned.
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	41	No change	0	Actions listed with future due dates All reasonable attempts are being made to transfer antenatal women to avoid out of remit deliveries on both sites • Staff to maximise opportunities when NISTAR offer training regionally. Increased staffing in SWAH NNU to ensure x2 qualified in specialty staff on duty at all times to compensate for increased acuity care and potential transfer • Continue to review staffing and skill set to identify training needs and put measures in place to offer refresher training or provide one to one training as required. • Reliance on Trust staff who are called in from leave/days off to facilitate
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	31	No change	1	Under consideration for update [17/02/2026] Ongoing monitoring of temporary suspension of Emergency General Surgery with contingency arrangements in place.
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	36	No change	1	Actions listed with future due dates [17/02/2026] 16/2/26 Altnagelvin Update : Risk remains unchanged. SWAH Update: Current mitigations are in place for use of Rathview and are working well. Mental Health staff attended to these patients in ED
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	9	No change	0	Actions listed with future due dates [16/03/2026] MOVA meeting occurred in Feb 26, and this agenda meeting considered updates from all three main workstreams to include training update, draft start of policy and toolkit being developed for staff and managers to help advise in relation to V&A. A summary report of incidents and breakdown per directorate was also reviewed. Work remains ongoing in this area. A working group to take forward consideration of body cams remain

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 BHSTC	●	19	No change	0	All due dates for review end March 26	[12/03/2026] The service has now progressed and advertised of Locum ENT Consultant posts, which will begin to stabilise the rota and reduce service fragility. Recruitment is also underway for two ST3+ posts to address the middle tier gap within the ENT rota. In the interim, two ENT Consultants continue to deliver Head & Neck surveillance clinics on the 1st and 3rd Wednesdays of each month alongside oncology colleagues, ensuring continuity of care for high risk surveillance patients. An ENT Consultant continues to represent the service at the regional Head & Neck MDM, supporting safe treatment planning and pathway governance.
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	●	15	No change	1	Actions listed with future due dates	[17/02/2026] Business case is with finance to finalise costing for internal approval following which submission to SPPG
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 operational	●	13	No change	0	Actions listed with future due dates	[13/03/2026] [12/03/2026] From 1st December 2025 100% nursing rosters that was on Roster Pro now live on the Allocate roster system. Cohort 8 Support Services Planned for July 26 total 59 roster builds and training. Cohort 9 Residential Care 19 areas planned for Nov 26.
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	●	12	No change	1	Actions listed with future due dates	[16/02/2026] It is anticipated that tender outcomes will be known by March 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	●	12	No change	0	Actions listed with future due dates	[16/03/2026] CAWT colleagues are progressing with this issue for possible resolution as per update KD 11.03.26.
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	●	12	No change	1	Actions listed with future due dates	[17/02/2026] Update 16/2/26 : Risk remains unchanged, mitigations in place [21/01/2026] January 26 Update: Risk reviewed, Risk remains unchanged, mitigations to reduce the risk continue daily. Consideration for declassification 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	●	8	No change	0	Actions listed with future due dates	[05/03/2026] Interviews being held on the 20th March for Acute paediatrics and joint Acute/Community paediatric consultant posts. All locum posts are also currently advertised as Trust Locum posts.
Health & Safety	1717	Executive Director of Social Work/Director of Women & Children Services	Risk of Fire in accomodation provided to CLA	12	High	12 High	4 HIGH	TBC	TBC	●	7	No change	0	Actions listed with future due dates	[13/03/2026] 12/3/2026 Update -There have been no changes in this risk over the past month. All checks and mitigating measures remain in place, including regular visits and weekly inspections. Additionally, there have been no reported incidents during this period.
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	●	6	No change	0	Actions listed with future due dates	[15/03/2026] International Doctor has been offered AMH Community Consultant post. Interviews are being scheduled for April '26 for Consultant posts in Slievemore Recovery and Inpatients/ Crisis Services. 3 locum doctors have agreed to move to the M&D framework rate and discussions continue with other Doctors and CV's continue to be sought whilst continuing to advertise posts. Meeting arranged for consideration of two doctors potentially availing of CESR pathway. All medical posts across AMHDS continue to be filled between substantive and agency doctors.
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	●	3	No change	1	Actions listed with future due dates	[16/02/2026] One of the two remaining providers in Fermanagh is experiencing challenges sustaining all of the rota's that transferred to them from Northwest care and have stood down one rota.
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	●	3	No change	1	Actions listed with future due dates	[17/02/2026] We currently have 3 consultant vacancies, one has been successfully recruited into, earliest start date will be April 26. We have 2 retirements (x1 Mar26 & x1 May26). One of these consultants has expertise in high risk pregnancy resulting in one consultant covering this cohort of patients. This JD is currently with the RCOG for approval prior to advertising. There is no second oncology gynae consultant, no colposcopy lead and no early pregnancy lead in post. We have been unsuccessful three times in recruiting a second oncology gynae consultant.
Regulation & Compliance	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	●	2	No change	0	Actions listed with future due dates	[05/03/2026] Adaptation Report to CMT by 24/03/2026. Various working groups have been established however there remains a concern that a lack of designated risk will impact progress in delivering against statutory obligations.
Quality of care	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	●	1	No change	1	Actions listed with future due dates	[03/02/2026] Increase in Trust ASW's to 44 with additional staff in training. In-house rota ensures 4 ASW's Trust wide (2 per sector to enable 2 staff to respond when risk assessed as being required). Risk continues with RESWS not always accept handovers for protracted waits or accept referrals for assessment if abed is not available. Trust OOHs contingency plans are put in place as required (when staffing is available) with Trust in-hours ASW's and Direction 1 trained staff but this is at an additional cost to Trust. RESWS independent review report has been received for response to report options. Trust Director led ASW PM Board continues to meet.

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 given a significant dependency in recent years across the system on the availability of non-recurring funding to support financial balance. Non-recurrent funding which is not available to the same scale for 2025/26. In addition, the regional enablers required to deliver sustained and recurrent savings have not been supported to the scale required to date. This risk therefore remains high.	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 variances. 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 Strategic 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 (Devolving 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 SPI reviews	31/03/2027 31/07/2026 31/12/2024 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, Performance, Redundancy and Redeployment, etc. HR Strategic 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 Strategic 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 engagement on initiatives that contribute to achievement of Trust Great Place ambitions (staff life, live well and grow old). Person Register - Compliance with Doh's Hours monitored twice yearly and returns compliance with Working Time Regulations and New Deal. HR Strategic 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)	Looking After our People Growing for the Future (Review of the HSC New Ways of Working 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.	30/06/2026 30/06/2026 30/06/2026 30/06/2026	
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 services which could lead to loss of service and non-compliance with regulatory and statutory standards (e.g. water, electrical, asbestos and physical infrastructure).	Staff of electronic 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 prioritised 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.	Back-log Maintenance list Health & Safety audits Environmental Compliance 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. Completion of six facet condition survey. Review of emerging issues and response required. Monthly review of Backlog Maintenance capital investment plan. Review of 10 ventilation system performance. 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 31/08/2021 30/09/2025 31/03/2026 31/03/2022 30/06/2022 30/04/2026 30/06/2022 31/03/2027 30/06/2026 31/03/2024 31/03/2024 31/03/2023 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 are completed using sub-optimal alternatives. This may result in harm to patients being transferred, the patients in the services covering the transfer as well as additional financial cost to the Trust. Additionally, withdrawal of overnight neonatal transport provision from 01.01.26	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/source Trust Time Critical Transfer. Training delivered to all disciplines i.e. paediatricians require different training to anaesthetists, and nurses also require different training as they do not 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. Present of staff training needs in line with possible training opportunities within the region.	30/06/2022 31/03/2022 30/04/2026	
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	This is threatening the ability to deliver 24/7 emergency service and the range of commissioned elective activity. 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.	01/09/2023 31/03/2026 31/03/2026 31/03/2026
1396	5/5/2021	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. Risks include: +Patient coming to harm in ED or from at-scoping +ASW, other staff or other patients coming to harm due to aggression escalating +ASW and staff burnout +ASW and other staff exhaustion.	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. Complaints ASW Leadership report. Escalation of issue to AMH Governance/ Directorate Improvement Board	Impact of unpredictable service pressures in other organisations (PSNI/NIRESUS). 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. Complaint Reviews	PSNI proposed Right Care Right Person Protocol	Establish Director Led ASW Project Management Group. CMT Paper - ASW Coordination role. SPWG 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 Review Report to Trust Board	30/06/2023 31/07/2023 30/09/2025 31/05/2023 31/03/2023 30/04/2026 15/08/2025 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/MIU 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. Overall congestion and capacity issues within ED compounds the challenge in managing this group of patients.	Daily engagement with MIU 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 31/12/2024 31/05/2026
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 Cl Chulaime.	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 in place. HLS have provided a Draft Transport Agreement. Engagement with BSO PALS. Engagement with Logistics UK Member Advice Centre - MAAC. HLS support and advice re appropriate adjustments required for the contract. There has been no SA's regional delivery of DEBM. No reported incidents regarding service delivery in the last 5 years. HLS have not identified any price 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.	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 30/06/2023 31/12/2022 30/06/2023 30/06/2026 30/06/2026
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 patient/client/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 Risk Register process in place. RIDDOR reporting of staff absence and further scrutiny Policy for the Use of Restrictive Interventions with Adult Service Users - May 2022 Trust Security Working Group	Review 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 identified or consistently violent patients to be treated in ED. Lack of resource to provide safety intervention training following CEC cessation of training provision. Trust alert system not utilised in ED.	Audit Trust controls assurance Risk assessment compliance Reporting on corporate risk register. Annual governance Incident reporting to MOVA Steering Group Audit Regional Benchmarking and DCH Review of violence against staff 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"	30/06/2026 31/05/2026 30/04/2026 31/05/2026
1501	6/1/2024	18 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 6 WTE 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 Trust is not commissioned, and does not have the workforce resource to manage this service user group. Typically this service user group require a multi-professional approach, i.e. GP, Psychiatry, psychology, addiction support, nursing, OT, social work, to achieve good outcomes. 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 domestic 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 until her contract in funding will end 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. ENT locum consultant with experience in benign head and neck in managing a cohort of identified patients. ENT locum consultant with experience in benign head and neck in managing a cohort of identified patients. ENT locum consultant with experience in benign head and neck in managing a cohort of identified patients.	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	ENT Focused Plan Recruitment of head and neck consultant 2 Potential Service delivery redesign Formal Pathway to be agreed with Belfast Trust and Western Trust regarding transfer of patients Engaging discussion ENT regional meeting for this cohort 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	30/06/2026 31/03/2026 31/03/2026 31/03/2026
1529	9/19/2024	9 Medium (Yellow)	9 Medium (Yellow)	6 Medium (Yellow)	AMHDS - 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	Work 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 On-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 Overnight of Delayed Discharges Case Conference/care management Review of Complaints Internal audit RQA 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	30/08/2024 31/12/2024 23/10/2024 31/12/2025 31/03/2026 30/04/2026	
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 Trust's 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 OLA & 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 RQA and subject to regular inspection. Internal audit inspections. Meetings with providers Close links with social work staff who are the key workers for our clients.	Implementation plan to be developed once tender outcomes are known Dedicated tender transition team to be identified	30/04/2026 30/04/2026	

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 19/05/2026</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"> Loss of electronic rostering function until system function restored if possible. Loss of ability to use electronic shift data to inform payroll for a larger number of staff. Loss of management data on working hours. Additional workload for Roster Managers to revert to manual rostering processes as outlined in the contingency arrangements and to process payment for unsocial hours and enhanced rate shifts using ETMO2. This may delay staff receiving payment for specialist duty payments. <p>Note: System failed on 28 May 2024 due to expired Licence</p>	<p>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>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 Data incident numbers... for past incidents. No fire incidents have been reported during the quarter Nov-Jan 26</p>	<p>Recruitment 1 year Specialist 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 DDIH 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.</p> <p>Feedback from the Clinical Lead and feedback from members (MDT) Nursing and Management within the Sub-Directorate.</p>	<p>No gaps identified</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 & Tarsis Accommodation and IMR's 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>01/06/2026 01/06/2026</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>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 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 & Tarsis Accommodation and IMR's 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>01/07/2026 01/07/2026 01/07/2026</p>
1770	9/19/2025	20 Extreme (Red)	20 Extreme (Red)	6 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, Inverinstown 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>Large management review on 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 on their care 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>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 inspections</p> <p>Contract Management</p> <p>Incident monitoring & reporting</p>	<p>No gaps in assurance provided. RQIA regulated service</p>	<p>Ongoing Rota Management and Optimisation</p> <p>Phased change of provider</p> <p>Lisnaskea</p> <p>Change of Provider</p> <p>Inverinstown</p> <p>Change of Provider</p> <p>Enniskillen</p>	<p>30/04/2026 30/09/2025 13/10/2025 10/11/2025</p>
1809	11/21/2025	16 High (Amber)	16 High (Amber)	6 Medium (Yellow)	Paediatrics & Womens Health	Ensuring Stability of Our Services	Onc & Gynae Consultant Workforce A&H	<p>Current vulnerabilities within this service:</p> <p>Cause</p> <p>The Altnaghean Onc & Gynae consultant team is funded for 10.96 WTE consultants. Current vacancies in Sept 2025 is 4.56 WTE. This is due to unplanned leave and permanent & temporary vacancies.</p> <p>Events</p> <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 Gynae Oncology). The trust is funded for two gynae oncology consultants, one recently left and the other is on unplanned leave. Interviews are planned for 23rd October 2025.</p> <p>We anticipate two permanent consultants retiring within the next 6 months.</p>	<p>Two consultant and one ad-hoc locum to cover current gaps</p> <p>Exploring the use of IMR interviews planned</p> <p>A&H Gynae 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&G Gynae which presents challenges when recruiting and retaining staff</p>	<p>Ability to maintain a full rota</p> <p>Feedback from members (MDT) Nursing and Management within the sub-directorate</p> <p>Oncology Gynae performance data</p>	<p>Consultant Workforce</p>	<p>30/04/2026</p>	

