Western Health and Social Care Trust

TRUST BOARD ITEM: BRIEFING NOTE

Meeting Details:	27th August 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 *(please tick)*	✓ 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 *(please tick)*	✓ Quality and Safety ☐ Workforce Stabilisation ☐ Performance and Access to Services ☐ Delivering Value ☐ Culture
Summary of issue to be discussed:	For approval: New Corporate Risk for approval; - No new risks for consideration. Material change; - No new risks for consideration. Action Plans - All action plans have been reviewed within this quarter.
Trust Board Response Required *(please tick)*	X For approval ☐ To note ☐ Decision

we are west
Caring together.
Committed to better.

Western Health and Social Care Trust

CORPORATE RISK REGISTER & ASSURANCE FRAMEWORK

BRIEFING NOTE PREPARED FOR TRUST BOARD 27th AUGUST 2026.

There are 26 risks on the Corporate Risk Register as approved at Trust Board on 2nd July 2026.

Summary

Proposed New Risks;

- No new risks for consideration

Material changes;

- No amendments for consideration

Summary report for action;

- All risks have been reviewed within this reporting period.
- All action plans have been reviewed within this reporting period.

Action Plan from Trust Board Workshop on 2nd April 2026

Risk ID	Lead Director	Risk Title	Workshop action	Update
947	Director Adult Mental Health and Disability Services	Lack of senior medical staff in ED		
1396	Director Adult Mental Health and Disability Services	Approved Social Work pressures and pressures due to protracted waits for Psychiatric Bed	1. Consider target score query change to Mod x Unlikely = 6	Target score amended
1717	Director of Social Work/Director of Children & Families	Risk of Fire in accommodation provided to CLA	1. Subject to Deep Dive June 2026	Completed June 2026
1770	Director of Community Older People's Service	Risk of service disruption to Service Users in receipt of Dom Care in Fermanagh	1. For review with ID1647 – may combine both risks and re-grade	
1809	Director Surgery Pead & Women's Health	Obs & Gynae Consultant Workforce in AHH	1. Consider for escalation of risk through SIF	
1825	Director of planning performance and corporate Services	Risk associated with failure to meet statutory obligations under climate	1. Review appropriateness of Corporate Objective aligned	

		change act 2022 NI		
1307	Director Surgery Pead & Women's Health	Clinical Risk regarding Delayed transfer of Babies, Children and Adults to other hospitals	1. NISTAR communication – update risk to reflect this 2. Consider the current Extreme score in light of KPIs and controls since raised initially raised. 3. Raise through the SIF request for possible escalation	
1334	Director Surgery, Paediatrics and Women's Health	Sustainability of Surgical Services in Southern Sector	1. Consider for closure of risk 2. Consider creation of a new risk	
1409	Director of unscheduled care	ED mental Health Patients	Proposal to de-escalate – action plan complete	De-escalated to Directorate Risk
1469	Medical Director/Director of nursing/Midwifery and AHP's	H&S risk V&A	1. Keep Low tolerance aim reducing risk rating towards target this year	
1601	Director Surgery, Paediatrics and Women's Health	Inability to retain ENT Head & Neck	Consider possible escalation through SIF process.	
1653	Director of unscheduled care	NSTEMI in ED	Ward 22 in use - Proposal to de-escalate – action plan complete	De-escalated to Directorate Risk
1656	Director of Professional, Nursing and AHP	Risk of roster pro	De-escalate possibly in Sept	
1	Director of Planning, Performance and Corporate Services	Fire Risk	Keep high tolerance	
49	Director of Performance, Planning and Corporate Services	The potential impact of a Cyber Security incident on Western Trust		

1216	Director of unscheduled care	Risk of potential harm in Trust ED	1. Develop Flow risk	
1647	Director of Community and Older Peoples Services	Dom Care disruption to service	1. Consider amalgamating with ID1770	
6	Director of Social Work/Children and Families	Children awaiting allocation of Social Work may experience harm or abuse	Consider change in most relevant Objective and de-escalate to directorate level.	Deescalated to Directorate Risk Register
284	Director Performance, Planning and Corporate Services	Risk of breach of data protection legislation through loss, mishandling or inaccessibility of personal or sensitive personal information	1. Revise title or consider separate risk related to data access breaches.	
1183	Director of Adult mental Health and Disability Services	MCA	1. Review and update risk	
1236	Director of Finance	Stabilisation of Trust Financial position	1. Update risk following final accounts position known	
1254	Director of HR	Inability to deliver safe, high quality care due to workforce stability	1. Corporate risk proposed for closure 2. Individual risks managed through Directorates and supported by HR	Risk closed on DATIX system
1288	Director of Planning, Performance and Corporate Service	Failure to meet regulatory standards and compliance		

		associated with Trust		
1423	Director of Social Work/ Children and families	Human Milk Bank	1. Dr Cassidy to follow up the Trust's response by arranging a meeting with the Chief Officer of CAWT.	
1629	Director of Adult Mental Health and Disability Services	Alcohol relate Brain Disease		
1692	Director Surgery, Paediatrics and Women's Health	Paediatric consultant workforce	1. Consider for de-escalation in second quarter of year.	

Proposed Deep Dive

Corporate Risk ID	Governance Committee Meeting
ID1717 – risk of Fire in accommodation relating to Looked After Children (LAC)	June 2026
ID1307 – Clinical Risk regarding delayed transfer of babies, children and adults to other hospitals	Sept 2026
ID1601 – Inability to retain ENT Head and Neck	Dec 2026
ID284 – Risk of breach of data protection legislation through loss, mishandling or inaccessibility of personal or sensitive personal information	March 2027
ID1183 – Mental Capacity Act	TBC

WHSCT Corporate Risk Register 8/19/2026

Risk Summary Report

				Initial		Current		Risk Appetite				Current Risk Status				
Risk Sub-Category	Risk ID	Lead Director	Risk Title	Score	Grade	Score	Grade	Target Score	Target Grade	Level of Tolerance	Action on Appitite	Mths since score changed	Change in score since last review	Mths since last updated	Action Plan Status	Latest Update
Regulation & Compliance	1	Director of Performance, Planning and Corporate Services	Fire Risks	20	EXTREM	15	EXTREM	6	MEDIUM	High	1. Continue to keep risk under review	23	No change	1	Actions listed with future due dates	[28/07/2026] In the month of July there has been a futher 2 fires on Western Trust properties. In addition Fire officers have raised concerns regarding the level of unauthorised storage and storage of medical equipment within each Dept. Report to be prepared to highlight issues with recommendations.
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. Complete Deep Dive in March 2027 Gov Committee	26	No change	1	Actions listed with future due dates	[31/07/2026] IG Awareness training remains at 87% in July 2026. Proposed changes to risk 284 have been agreed at CMT and Trust Board.
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. Continue to review and update risk	28	No change	2	Actions listed with future due dates	[12/06/2026] Amendments to be approved at CMT/TB and paper submitted to update on proposed changes
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. Develop a flow risk	45	No change	1	Actions listed with future due dates	[31/07/2026] Altnagelvin July Update: The risk unchanged – ED overcrowding and access remains challenging. No further update at this time. SWAH July Update: The Emergency Department in South West Acute Hospital continues to be very busy. The morning report for 28/7/26 shows 44 patients in the ED and 17 DTAs - 16 medical, 1 mental health. This level of DTAs has only been achieved by escalating ward to 3 non-designated spaces. There are currently high levels of DTOCs on site at 76 DTOCs (48% of funded beds) which is severely restricting flow across the full site. There are 32 escalated beds across the site with 3 of these beds undesignated corridor beds. This level of escalation is categorised as moderate as per regional escalation model. On the afternoon report at 2PM for 28/7/26 there were 72 patients in the Emergency Department with 22 treatment spaces. 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. Securing this level of cover is not always successful. Staffing therefore remains at unsafe levels to manage the levels of patients that remain in our Emergency Department.
Financial	1236	Executive Director of Finance, Contracts & Capital Devlopment	Stabilisation of Trust Financial Position including planning for breakeven in the current financial year.	16	HIGH	16	HIGH	6	MEDIUM	High	1. Update risk following final accounts position Known	28	No change	3	Actions listed with future due dates	[21/05/2026] The Trust has developed a draft Financial Plan for 2026/27 in which we illustrate a plan to deliver forecast break-even position including management of forecast growth 2026/27 but before additional savings targets 2026/27. Against the savings target of £61.5m, we have set out savings plans amounting to £26.5m which are categorised as low and medium risk to services. We have further savings plans outlined amounting to £35m which are categorised as high and catastrophic. The Minister has approved proceeding with low and medium risk plans implementation arrangements. It is understood that there is likely to be a requirement to deliver savings from high/catastrophic impact areas but this is yet to be confirmed.
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	45	No change	1	Actions listed with future due dates	[28/07/2026] Within the last quarter there was a failure of electrical switchgear wihtin the OHPPC site. The equipment was repaired and returned to use without any clinical impact to service. All electrical equipment within OHPPC site has been serviced.
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	High	1. NISTAR communication - update risk to reflect this 2. Consider the current extreme score in light of KPIs and controls since rasied initally 3.Raise thorugh SIF request for possible escalation 4. Deep Dive Sept 26	45	No change	2	Actions listed with future due dates	[23/06/2026] 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 transfers. • Allocate core staff from wards to carry out the transfer. • Hold babies to care for locally. • Staff to attend NISTAR transport updated training day Telephone advice available from regional neonatal unit Reliance of existing "good will" of staff to backfill /assist with high acuity cases and transfers. Two Consultant Paediatricians based in Altnagelvin Hospital have offered to support SWAH for backfill/support of high acuity case/transfer. NISTAR SOPs available via website and hard copy on each unit Recently procured up to date transport incubator with transport ventilator with entrainment (NIAS Vehicles do not carry medical air) and readily available consumables on both sites. Undertake staffing review to ascertain the requirement to optimize midwifery staffing; neonatal unit medical and nurse staffing in line with minimum national standards to commissioned capacity and compensate for potential additional transfers out and for stabilization and maintenance of higher acuity patients on both sites. Consider the need for shadow on call medical cover for higher acuity transfers out. (model adopted in other trusts). Request additional training from NISTAR and undertake scenario training. commissioning of two new transport incubators and ventilators (one on each
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. Consider for closure of risk 2. Consider creation of new risk	35	No change	2	Actions listed with future due dates	[10/06/2026] following feedback from trust board, plans to discuss at Operational SMT in June 2026 with a query to closure of this risk and formation of a new appropriate divisional risk regarding trust wide surgical service provision.
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 tolerance Low aim reducing rik rating towards target this year	13	No change	3	Actions listed with future due dates	[21/05/2026] MOVA workstreams continue to develop key areas of work such as policy, toolkits for staff and training needs. Incidents under review and reported to the group quarterly.
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	High	1. Consider escalation through SIF processes.	23	No change	1	Actions listed with future due dates	[28/07/2026] The recruitment activity has progressed with middle-grade interviews completed on 27 July 2026 and IMR Consultant interviews scheduled for 6 August 2026. These recruitment processes, together with the ECF-funded workforce proposals, are expected to improve rota resilience and support longer-term sustainability of ENT and Head & Neck service provision; however, the service remains reliant on interim staffing and regional support arrangements pending substantive appointments.

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. Keep risk under review	19	No change	1	Actions listed with future due dates	[14/07/2026] Further comments requested by finance- provided to finance in July 2026. Awaiting final version to progress through normative governance processes.
Financial	1656	Director of Nursing	Risk of Roster- Pro System Failure	9	MEDIUM	9	MEDIUM	6	LOW	Low	1. De-escalate by Sept 2026	17	No change	1	Actions listed with future due dates	[03/07/2026] Support Services successfully went live on 1 July 2026, marking a significant milestone in the project. The final implementation phase (Cohort 9 – Residential Services) remains on track for November 2026, after which the Trust plans to decommission the legacy RosterPro system.
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. Consider amalgamating with ID1770	16	No change	1	Actions listed with future due dates	[20/07/2026] Legal challenge is ongoing. Project team are scoping options for post-tender award, which are likely to include the risks associated with further temporary contract extensions for existing contract.
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	Dr Cassidy to follow up the Trust's response by arranging a meeting with the Chief Officer of CAWT	16	N0 change	0	Actions listed with future due dates	[12/08/2026] 12.08.26_Meeting held with CAWT, AD, Head of Service and Lead Nurse on 10th June 2026. CAWT requested an updated briefing paper as directed the the North South Consortium following the CE letter to them. A final briefing paper completed and submitted to CAWT on 24th July 2026. Actions_CAWT to discuss with the CE of the WHSCT before sharing with CAWT Management Board for discussions with the NWMC and both Depts. of Health.
quality of care	1692	Director of surgery, Paediatrics and Women's Health	Paediatric Consultant Workforce SWAH	16	High	16	High	6	LOW	High	1. Consider for de-escalation in second quarter of year	12	No change	2	Actions listed with future due dates	[23/06/2026] 1x consultant post filled and due to be in post 2weeks approx. Upgraded one IMR from middle leir to consultant tier - interview last week for Trust Locum and were successful. Planned reduction of locum post pending staff in post above.
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	High	1. Keep risk under review	11	No change	1	Actions listed with future due dates	[27/07/2026] Head of Service have met with Fire Safety Staff/management - Douglas McMorris and Paddy McNulty to review assurance controls and another date has been scheduled for 26th August for further review. The service continue to review all fire safety training certificates and training to ensure compliance.
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	High	1. Keep risk under review	10	No change	0	Actions listed with future due dates	[04/08/2026] All posts are filled by Substantive and Locum Doctors. International doctor has declined Fermanagh CMHT post and accepted a northern sector Consultant post with an expected Oct-26 start date. Ongoing recruitment campaigns continue and DoH have approved 10% RRP for Omagh CMHT Consultant post which has been re-advertised. Medical and Dental Framework implementation continues.
Quality of Care	1770	Director for Primary Care and Older People	Risk of Service Disruption to Service Users in Reciept of Domiciliary Care in areas of Fermanagh	20	high	20	high	9	Medium	High	1. For review with ID647 - may combine both risks	6	No change	3	Actions listed with future due dates	[17/05/2026] Description of risk is currently under review by service, with plans to update regarding pressures being felt within homecare service across Fermanagh area as an entirety.
Quality of Care	1809	Director of Surgery, Paediatrics and Women's Health	Obs & Gynae Consultant Workforce AAH	16	High	16	High	9	Medium	High	1.Consider for escalation of risk through SIF	8	No change	3	Actions listed with future due dates	[20/05/2026] Current Corporate Risk ID1809 has been amended with updates from Directorate Risk ID1811 as agreed at Trust board on 7th May 2026.
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	High	1. Review appropriateness of Corporate Objective aligned	6	No change	1	Actions listed with future due dates	[28/07/2026] As part of commmunity partnering arrangements, the ICAN - Fernanagh and Omagh DC have offered additonal training places to Trust representatives. These places will be targeted to members of the sustainability working groups.
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	6	Medium	High	1. Consider target score query change to modxunlikely = 6	3	No change	1	Actions listed with future due dates	[10/07/2026] Ongoing risk associated with RESWS capacity to accept handovers for protracted waits. WT/RESWS interface meeting is now established and has been attended by ED/RESWS/WT ASW day service staff to discuss interface issues, incidents and share learning.
Regulation & Compliance	1854	Executive Director of Social Work/Director of Women & Children Services	Children's Safeguarding Documentation on Encompass	16	High	16	high	4	HIGH	TBC	TBC	2	No change	3	Actions listed with future due dates	[22/05/2026] A 12 week pilot is commencing at the end of May. Fortnightly multi disciplinary meetings will be held after to review access, which is a 100% review in line with CMT request. This constitutes to be an item on the regional encompass programme . Further update after the 12 week pilot.
Quality of care	1781	Director of unscheduled care, medicine, Cancer and Clinical Services	Phlebotomy Service Risk	12	High	12	high	4	LOW	TBC	TBC	2	No change	1	Actions listed with future due dates	[31/07/2026] July 26 Update - posts are under going recruitment process.
Financial	1863	Executive Director of Finance, Contracts & Capital Devlopment	Risk to WHSCT achieving proposed equip Go Live dates	16	High	16	high	6	Medium	TBC	TBC	1	New Risk	1	Actions listed with future due dates	[27/07/2026] Release 1 Finance & PaLS User Acceptance Testing (UAT) commenced on 19th June. Test cases executed to date is below target, however, it is anticipated that it will improve as testers get more familiar with the system. Planning for training is underway with Trust trainers identified for each process area and training for these trainers is scheduled from 17th August. The actual date for go-live in November is yet to be confirmed.
Regulation & Compliance	1876	Director of Performance, Planning and Corporate Services	Inability to detect and identify unauthorised or inappropriate access of personal/sensitive information within encompass	15	High	15	High	9	Medium	TBC	TBC	0	New Risk	0	Actions listed with future due dates	[06/08/2026] New Risk added tot he Corporate Risk Register. Issue has been raised by all Trusts to DoHNI via the Chair of the HSCNI body, Information Governance Advisory Council.

Corporate Risk Register and Assurance Framework August 2026

ID	Opened	Rating (initial)	Risk level (initial)	Rating (current)	Risk level (current)	Rating (Target)	Risk level (Target)	Sub-Directorate	Corporate Objectives	Title	Description	Controls	Gaps in controls	Assurance	Gaps in assurance	Description (Action Plan Summary)	Due date	
1	11/19/2008	20	Extreme (Red)	15	Extreme (Red)	6	Medium (Yellow)	Planning & Performance - Facilities Management	Safe & Effective Services.	Fire Risks	As a result of the nature, use and condition of Trust owned, leased, occupied or unoccupied premises there is a risk of fire which could result in injury or death to staff, clients or public, damage to property, financial loss or loss of service.	Fire Safety Policy, procedures and manual. Including: Site specific fire emergency plans for SWAH and ALT. Departmental fire procedures in place for all areas. Staff Training and awareness. Mandatory Fire Safety awareness training. Recording and reporting of Fire Safety Mandatory Training Nominated Officers appointed and trained. Reporting of all fire incidents, unwanted fire alarms. Regional Fire Managers Group Nominated Officer Fire Safety Log Books Trust Fire risk assessments Recommendations from Resulting fromInspections of Regulatory bodies e.g.	Not all staff are trained in mandatory fire safety awareness training. Potential exists for Premises to be operational without a Nominated Fire Officer in the Department Regional Group meetings are infrequent Not all Fire Risk Assessment are completed within designated Timeframe. Target is 100%. Infrequent Drills due to competing Pressures. Financial Constraints Competing priorities Ageing Estate and deterioration of physical infrastructure Working with service to ensure service delivery/care is not impacted. Not all Directorates have included fire on their directorate risk register	Fire Safety Policy, procedures and manual. Including: Site specific fire emergency plans for SWAH and ALT. Departmental fire procedures in place for all areas. These policies are corporate documents that apply to all staff within the Trust. Contractual obligation under the employment contract. Monthly reports provided to Business managers for distribution to HOS/AD's to identify staff compliance. Fire risk assessment audits. Fire Safety Working Group. Monthly drilldown of nominated fire officers throughout the Trust. Incidents are investigated by the Trust incident management process. Learning is cascaded both locally and regionally. Oversight over regional learning and good practice To ensure that nominated fire officer are aware of their fire safety responsibilities in each department/premises. Monitored	Accuracy of Learn HSCNI reporting of mandatory training compliance Potential Exists for Premises to be operational without a Nominated Fire Officer in the Department None adherence to Learning Incomplete Documentation within fire safety log books Failure to sustain recommendations on a long term basis Failure to Update Fire Safety Controls assurance Action Plan. No scheduled intrusive surveys programmed. Directorates Fire Safety Risk currently not reviewed at fire safety group and at SMT's. Irregular meetings of Task and Finish Group and poor representation at walkarounds. Funding for smoke-free warden retracted.	Emergency lighting Replacement Implement fire safety improvements Implement Fire Safety improvements -18/19 NIFRS to speak with clients Nominated Fire Officer in the Department improvement works 17/18 Fire safety objectives review for 16/17 Fire Safety Report 15/16 Priority list of Firecode works to be prepared Fire Improvement Works 14/15. implementation of Directorate Action Plans. Fire Improvement Works 15/16 Hospital Fire Storage Working Group to be set up Working Group to be established to Review Inappropriate draining of Medical Gas Cylinders leading to a Fire/Explosion risk Review storage under Ward 31/ 32 stairwell Implement elearning fire safety training Head of SS and Fire Manager to	31/03/2021 31/03/2021 31/03/2019 30/09/2018 31/03/2018 30/06/2016 30/06/2016 31/07/2016 31/03/2015 31/12/2015 31/03/2016 31/03/2024 30/04/2024 30/06/2024 30/09/2017 30/06/2025 31/03/2024 31/03/2017 31/12/2023 03/01/2024 31/03/2021 30/01/2027 30/11/2025 31/03/2027 31/03/2027 31/03/2023 30/06/2022 31/04/2022	
49																		
284	12/13/2010	16	High (Amber)	12	High (Amber)	6	Medium (Yellow)	Planning & Performance - Performance Mgmt	Governance.	Risk of breach of Data Protection legislation through loss, mishandling, inaccessibility, unlawful or unauthorised access of p	The Trust faces reputation and financial risk from non-compliance across all Directorates with the UK GDPR, Data Protection Act 2018, DoHNI's Good Management, Good Records and the Public Records Act 1923. The risk comprises a number of key factors which increases the level of risk for the Trust: •Insecurely sharing the personal data of clients, patients and staff without a legislative basis under UKGDPR or supporting legislation •Unlawful or unauthorised access of electronic or manual systems containing the personal data or sensitive personal data of staff, patients/service clients	Subject Access and Data Access agreement procedures. Information Governance/Records Management induction/awareness training. Regional code of practice. Information Governance Steering Group. Records held securely/restricted access. ICT security policies. Raised staff awareness via Trust Communications/Share to Learn. Investigation of incidents. Fair processing leaflets/posters. Data Guardians role. Regional DHSSPS Information Governance Advisory Group. Electronic transmission protocol	Potential that information may be stored/transferred in breach of Trust policies. Limited uptake of Information Governance and Records Management training. No capacity within the team to take on provision of IG training	Reports to Risk Management Sub-Committee/Governance Committee BSO Audit of ICT and Information Management Standards. BSO Internal Audit of Information Governance. Revised composition and terms of reference of the Information Governance Steering Group as a result of the new SIRO/IAO framework.	No gaps in assurance identified	Band 3 0.5 post increased to full time Recruitment of Band 4 Information Governance Development of information leaflet for Support Services Staff to increase awareness of information governance Review of regional e-learning IG training Establishment of Regional Records Man Group Development of IG action plan to be finalised through IGSG Recruitment of band 5 IG post to support DPA Development of IG information leaflet for support staff Review of Primary (acute) records storage in AAH Restructure of IAO process Review of Secondary storage in Maple Villa Production of Records Storage guidance for home working staff working from home New secondary storage facility in the outer hebrides	31/03/2019 31/03/2019 31/03/2019 31/12/2020 30/09/2020 30/09/2020 31/12/2020 30/09/2020 30/09/2025 31/03/2025 30/04/2026 31/12/2021 31/03/2025 30/09/2026 01/04/2026 01/06/2022 01/04/2026 31/03/2023 30/09/2026	
947	6/30/2016	16	High (Amber)	20	Extreme (Red)	12	Medium (Yellow)	Directorate-wide (Risk Register Use only)	Addressing medical workforce challenges, Financial Management & Performance., Governance., Improving the Quality and Experience of Care, Partnerships., Public Confidence., Safe & Effective Services., Workforce stabilisation	Lack of Senior Medical staff in the AMHD Directorate	Due to the lack of Senior Medical staff in the AMHD Directorate there is insufficient capacity to deliver safe and effective care across all services. This may result in poorer than expected outcomes for patients, longer waiting list, longer waiting times for treatment and risk of harm to self and others. There are significant vacancies throughout the Directorate due to unfilled vacancies and sick leave. We have had a number of rounds of unsuccessful recruitment in an effort to fill these posts. In the interim, we have filled as many gaps as possible with locum staff. The filling of these gaps with locum staff contributes further to the	Ongoing recruitment drives, including international recruitment Use of locums - where availbalbe and competent Job plans and appraisals with existing staff to ensure collaborative working Monitoring of Datix and learning from SAIs A review of workforce and Allied Professionals to support the medical capacity Service review and improvement Medical oncall rota Best practice guidance Links with Regional Fora Contributing to regional workforce review Actively seeking alternatives to support existing staff including pharmacy, ANPs, Physician Assistants Development of OCs via	Lack of local medical school in Northern Ireland. Research would suggest Doctors live and work within a 30 mile approx. radius of their training school. Inadequate work force planning Regionally has resulted in a lack of suitable candidates. The National Terms and Conditions are not suitably attractive to successful recruit overseas' candidates. Staff numbers have NOT been expanded in recent years in line with increased demand and complexity; particularly compared to other trusts and specialities. This makes advertised posts less attractive on the whole. Poor/Nil response to recent recruitment	Directorate Governance systems Appraisals and job plans Policies and Protocols Close working with relevant HR Ability to meet access targets for services Monitoring of complaints and compliments Monitoring of relevent datix incidents NIMDTA placement reviews	Full implementation of relevant policies and protocols Need to prioritize urgent and emergency care activities including MHO functions Challenges in maintaining urgent, non-clinical activities including SARs Risk of burnout and stress relatedconditions in existing workforce, further diminishing capacity See also risk IDs 1443, 1456, 414, 828 and 1470	Analyse the medical time in relation to .5 addictions post DSD and AD to review current medical structure in southern sector of the Trust Review of AMH Services and Structures CIC Psychiatry Provider Collaborative Continue to progress recruitment opportunities including Trust contracts for Locums DoH and NIMDTA workstreams on Medical Staffing Medical Workforce group established with HR input agreed Part II consultants sought form region for suppt to on-call rota Support sought from regional directors for secondment of staff 3 months/trust Support Implementation of Regional Medical Workforce Plan for Psychiatric Specialties 2022 – 2031 Recruitment stand booked for RCPsych Congress 2025	01/09/2017 01/09/2017 31/12/2024 29/05/2027 30/06/2027 31/12/2025 30/07/2025 11/08/2025 28/07/2025 31/08/2031 31/07/2025 31/05/2022 07/08/2026 31/12/2025 30/06/2022 31/12/2024 30/01/2026	
1183	11/27/2019	25	Extreme (Red)	15	High (Amber)	6	Medium (Yellow)	Directorate-wide (Risk Register Use only)	Governance., Safe & Effective Services.	Where MCA processes are not being followed, patients may be deprived of their liberty, without having safeguards in place	Where MCA processes are not being followed, there is the risk that patients may be deprived of their liberty, without having the relevant safeguards in place, with the result that individual staff may be held criminally liable with appropriate sanctions, including financial penalties and imprisonment. For patients that lack capacity and for whom safeguards are not in place, there is the risk that statutory services may not be delivered. Emergency provisions should be considered where deemed appropriate, to support continuing service delivery until the safeguards are approved	Encompass System OCt 25 - MCA supporting Acute wards to identify patients to consider for DoLS processes, using information contained within Encompass System Staff training is available online & classroom, provided by Trust Trainers. Progressing interactive online training via VC. Training videos developed MCA resources are available via MCA HUB on StaffWest DOLs office supports administration processes, including advice to support completion of forms Staff training is available via eLearning as well as from CEC. Training available online & classroom, provided by	Encompass does not automatically progress DoLS through the process this require manual intervention from MCA team MCA reporting within Encompass does not fully meet operational or governance needs in relation to tracking, escalation, or the production of statistics required for regional returns. MCA team need to operate and maintain an additional Excel / Sharepoint system to manage specific work such as Rule 6's as he General Attorney's office and the Northern Ireland Review Tribunal services are not part of the Encompass system Late progression of TPAs to support discharge from	First Line of Assurance STDA Operational Group MCA Team, including Supervision MCA Information T&F group (systems, processes & reporting) Training T&F group Second Line of Assurance MCA Project Board Updates to Trust Board Corporate Risk Internal Audit Third Line of Assurance MCA Legislation / Code of Practice Mental Health Order Role of General Attorneys Office Role of Northern Ireland Review Tribunal SPPG Regional monthly activity reporting Role of RQIA MCA Regional Leads Group MCA Mitigagency Group (NIRT, AG, RQIA, DLS, SPPG, MCA Leads	Identification and completion of STDA lowest in the region Systems, Processes & Reporting to be strengthened & formalised Encompass is the Regional Direction, Western Trust go live is April 25 Escalation processes to be bedded in across Acute and Community Issues in relation to Gap between MCA and MHO Conveyance issues between Health Trusts, PSNI & NIAS Encompass not in use with key stakeholders - Northern Ireland Review Tribunal and General Attorneys Office, necessitating maintenance of dual Excel system	Ongoing Mca Training Data and team Scope potential Mental Capacity/DoLs assessments A Programme Implementation Officer to continue engaging on leading implementation. Trust Lead Directors and Responsible leads in each Sub-Directorate to be identified Quantification of Costs and completion of the IPT bid to ensure fully funded MCA arrangements and minimise financial risk HR & remunerations for staff identified to undertake duties on panels Seek Interest from relevant staff to sit on panels. Ensure sufficient staff attend training to allow them to undertake statutory functions commencing 2nd December 2019 Seek Interest from Nurses at Band 7 and above to sit on panels. Rotas for panel activity and short	31/12/2020 31/03/2020 31/03/2020 31/03/2020 29/10/2021 31/03/2020 31/03/2020 31/03/2020 31/03/2021 30/07/2021 28/06/2024 30/06/2023 31/03/2023 08/05/2025 30/09/2026 30/09/2026 30/09/2027 28/03/2025 01/02/2026 28/02/2026 30/09/2026 30/04/2024 30/11/2022 30/11/2022 31/03/2024	
1216	10/10/2025	15	Extreme (Red)	15	Extreme (Red)	6	Medium (Yellow)	Acute - Unscheduled Care	Improving the Quality and Experience of Care	Risk of Patient Harm in Trust Emergency Department	A combination of rising attendances, higher patient acuity, and increased levels of medically optimised patients in an acute setting alongside an older, frailer population has resulted in increasing pressure in the Emergency Department. System wide flow challenges, higher patient acuity, an older, frailer population with increased complex needs alongside an increase in ED attendances have resulted in a significant risk of patient harm, risk to staff health and wellbeing, public confidence and Trust reputational damage.	Clinical Streaming Model by dedicated HALO (Hospital Ambulance Liaison Officer Rota Management Workforce Stabilisation Governance structures Audit and Nursing KPI's Site co-ordination (7days per week) model in place with regional RCC escalation and a key focus on ED Safety metrics Encompass – heat map On call managers/consultant rotas MDT/Discharge planning Patient ambulatory pathways Minor Injuries Unit Post take consultant reviews in ED Intentional rounding for patients in ED Patient flow teams & Night Service Manager Full capacity & escalation	Implementation of SAFER principles challenged due to Medical Job plans and current Medical team models in operation Medical Job plans and current Medical team models in operation Workforce Challenges Challenges releasing staff for training Nursing KPI's (temporarily due to Encompass there is limited information on NEWS 2 available) ED environment no longer meets the needs of the service and patients	•DATIX, Complaints, Litigation and Risk Register reviewed at directorate and trust governance meetings •Learning from DATIX, Complaints Litigation, SEA's/SAI's shared widely were appropriate •Learning from the above in other directorates/regionally shared widely were appropriate •Site Co-ordination in place 7 days per week with focus on ED safety metrics and actions to address critical issues in real time •Patient flow/Night Service Management teams in place 24/7 •On call Manager Rota in place OOH •Engagement with RCC model, regional meetings up to twice daily with RCC chairs and all other Trusts, escalation and regional support were appropriate •Engagement with RCC affiliates to develop and implements reform plans •Patient pathways in place both	•Operational challenges to implementation of patient pathways due to demand, congestion •Gaps in funded establishment of nursing staff, gaps in medical workforce	PACE implementation to commence March 2020. Improvement QI work commencing with aim to address communication within department. Full capacity protocol Reform Plan Scoping Exercise Assessment Regional Work Engagement	31/03/2022 30/09/2026 28/02/2022 30/09/2026 30/09/2026 30/09/2026 30/09/2026 30/09/2026	
1236	8/21/2020	16	High (Amber)	16	High (Amber)	6	Medium (Yellow)	Finance	Ensuring Stability of Our Services	Stabilisation of Trust Financial Position including planning for breakeven in the current financial year.	The financial challenges for HSCNI have become even much more significant as a consequence of the NI Executive draft Budget for 2026/27, following a very challenging year in 2025/26. DoH has forecast a deficit of £0.78bn representing funding gaps in relation to Pay inflation and associated uplifts and non pay uplifts for 2025/26 and 2026/27. Also included in this is a Year 1 of 3 repayment of the reserve claim received against the DoH deficit in 2025/26. The DoH/SPPG approach and assumptions have been set out in their draft Strategic and Operational Planning Guidance. The Trust has had a recurring budget retraction	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		Internal Audit. Assurance obtained by the Chief Executive from his assurance meetings with Directors and regular updates External Audit (NIAO) . DHSSPS/HSCB monthly financial monitoring. Monthly financial performance reporting to CMT and Trust Board Assurances from Director of Finance and ADF 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 SIP reviews	31/03/2027 31/03/2027 31/12/2024 31/12/2024 31/03/2026	

1288	4/8/2021	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 environment which could lead to loss of service and non-compliance with regulatory and statutory standards (e.g. water, electrical, asbestos and physical infrastructure).	Monitoring and review by PSI SMT 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 reprioritised to address the new critical issue Estates Strategy 2015/16-2020/21 Annual review of building condition (3i) and creation of prioritised BLM list. 2022/23 Backlog maintenance programme developed and implemented Continual bidding for funding to address backlog maintenance Transfer of existing **	Ageing infrastructure resulting in deterioration of buildings Insufficient funding to carry out full remedial works identified.	Back-log Maintenance list Health & Safety audits Environmental Cleanliness audits Authorising Engineer audits Annual inspections carried out Membership at Health and Safety/ Water Safety Groups Reports to Corporate Governance Sub Committee/Governance Committee Assurance standards Buildings, Land, Plant & Non-Medical Equipment Oakleaf - 6 facet independent survey	Lack of Funding for backlog maintenance.	Review of emerging issues and response required Development of business cases for 2021/22 backlog maintenance agreed action plan. CMT approval of BLM 2021/22 for submission. Development of 2021/22 BLM bid Completion of six facet condition survey Review of emerging issues and response required Monthly review of Backlog Maintenance capital investment plan Review Ward 50 ventilation system performance Develop BLM Plan 25/26 Condition surveys to be undertaken for 25/26 BLM and Capital Plan Project Delivery for 21/22 BLM and Capital Plan Delivery 24/25 Deliver 25/26 BLM Plan Deliver Water Safety Works for 24/27	30/06/2022 30/09/2021 30/04/2021 30/04/2021 30/09/2021 30/09/2021 31/03/2022 31/08/2021 30/09/2025 31/03/2026 31/03/2022 30/05/2025 30/04/2026 31/03/2027 31/03/2027 31/03/2027 31/03/2027 30/06/2022 30/09/2022 31/03/2027 30/06/2026 30/06/2024 31/10/2024 31/10/2025 30/04/2024	
1307	6/16/2021	25	Extreme (Red)	25	Extreme (Red)	6	Medium (Yellow)	Paediatrics & Womens Health	Ensuring Stability of Our Services, 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 regional neonatal transport provision from 01.01.26	Consultant assisting and holding patient until NISTAR available. Ensure staff are trained in use of transport equipment in case required to transfer patient in absence of NISTAR There is on-site training / role play within SWAH ED and paediatrics regularly. This is also replicated in AAH but not as frequently. NISTAR will make ambulance and driver available if local team can do transfer AAH Neo Natal have a contingency means of transport in theatre (i.e. trolley with pod etc.) Consultants if called to backfill when a transfer takes place out of hours are remunerated appropriately	Not always someone available in SWAH for a 2nd On-call Rota due to the small number of Trust Drs living in this area. Impact on Services when Trust 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 tailored to all disciplines i.e. Paediatricians require different training to anaesthetists, and nurses also require different	NISTAR have moved to EPIC for booking and recording NISTAR transfers. NISTAR are implementing call recording so that all requests for transfer will be available if required for evidence	No gaps in assurance identified	Escalate to Director of Acute services for discussion with counterpart in Belfast as he/she is responsible for NISTAR. Raise at corporate safety huddle and RRG Escalate through child health partnership. Review the fragility of medical staff within Paediatrics,Trust Wide Review of staff training needs in line with possible training opportunities within the region	30/06/2022 31/03/2022 31/03/2022 01/09/2026 01/09/2026	
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 MI	Inability to recruit and retain permanent general surgical staff particularly at Consultant and middle tier level in South West Acute. 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 4 months due to inability to sustain a Surgical On-Call and Trust Approved Date	Trust have commenced a Sustainable Surgical Services project to examine surgical services pan-Trust wef 18/10/21 Recruitment campaign is continuous at Speciality Dr and trainee level. Funded establishment should be 6.5 wte consultant Surgeons - current baseline is 3.0 wte with 3.5 wte gap Speciality Drs funded for 8.0 wte; 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 25/10/21 Ongoing efforts to recruit - interviews planned for 2.0 wte Consultants late October 2021 (now	Reluctance from other surgeons across NI to participate in providing locum cover due to the generality of surgical cover required. Difficulties recruiting and retaining at locum and permanent level as above. Difficulty securing Royal College approval for general surgical posts.	Continuing support from Altnagelvin 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 and in place. Project lead has been seconded full time to Project team. Project Lead currently briefs CMT twice weekly This will be taken over by Programme Board with fortnightly oversight from 01/11/2021 CMT will continue to support service and project	No gaps in assurances 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 Consider risk for closure and develop a new updated risk Continue with ongoing recruitment to fill vacant consultant posts Develop plan for the release of locum surgeons to align with on boarding of recent consultant surgeon appointees, when start dates confirmed	01/09/2023 31/03/2026 01/09/2026 31/03/2026 31/03/2026	
1396	5/5/2022	15	High (Amber)	15	High (Amber)	6	Medium (Yellow)	AMHDS - 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) pressures and pressures due to protracted waits for Psychiatric Bed	Work (ASW) service does not have sufficient ASW staff available to remain with a patient on a prolonged wait for a bed, particularly out of hours. There are instances when the Regional Emergency Social Work Service cannot accept a handover for protracted waits leading to AMH on an adhoc basis requiring to put staff cover arrangements in place to ensure patient safety. In addition, there are instances OOHs when RESWS are not accepting referrals for assessment due to workforce capacity issues during protracted waits. Risks include: •Patient coming to harm in ED or from absconding	Currently 2 Full-time ASWs are on Trustwide rota 3x per week 9am – 9pm. Other ASWs populate the rota 1-2 per month. Positive development that almost 100% Trustwide rota cover (3 ASWs on rota), apart from sick leave or unforeseen circumstances. All incidents and complaints reviewed and reported on incidents Complaints ASW Leadership report Escalation of issued to AMH Governance/ Directorate Governance and ASW Improvement Board	Impact of unpredictable service pressures in other organisations, PSNI/NIAS/RESWS Trust Interagency Group re-established and meeting monthly	Updates provided at monthly AMH Governance Meetings ASW Hub Project continues with project board meeting 4 x per year. – 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 Incident Reviews Complaint Reviews	PSNI proposed Right Care Right Person Protocol	Establish Director Led ASW Project Management Group CMT Paper - ASW Coordination role SPPG meeting regarding ASW and service pressures Independent Review of ASW service across WT Area ASW QI and Leadership Report to be developed RESWS Independent review Interface with RESWS to address risks and challenges Respond to RESWS Independent Review report Pressures paper develop for CMT consideration Pressures paper to Trust Board	30/06/2023 31/07/2023 30/09/2025 31/05/2023 31/01/2025 31/01/2027 31/01/2027 30/04/2026 15/08/2025 31/10/2025	
1423	8/17/2022	12	Medium (Yellow)	12	Medium (Yellow)	1	Low (Green)	Childrens Health & Disability	Ensuring Stability of Our Services, Improving the Quality and Experience of Care	Human Milk Bank - Does not meet Governance and Information requirements	A review was undertaken of the current contracts between the WHSCT and the HSE and between WHSCT and Cu Chulainn Blood Bike Group due to a change in the delivery and collection of DEBM. During the review, a number of contractual issues were identified by DLS (see-attached report) which questions the Trusts statutory powers and functions and current corporate governance arrangements regarding provision of service to RoI.	DLS assisting with adjustments to current WHSCT contract with HSE and SLA with Cu Chulainn.	Need for further negotiations and buy in from HSE. Currently no Departmental oversight. There is no express departmental direction nor policy, nor any cross border governmental agreement, which would provide policy and governance cover for the Trusts provision of this all Ireland service.	Recent audit completed of all returned track back labels for quality •BLS have provided a Draft Transport Agreement •Engagement with BSO PaLS. •Engagement with Logistics UK 'Member Advice Centre - MAC'. •BLS support and advice re appropriate adjustments required for the contract. •There has been no SAI's regarding the delivery of DEBM •No reported incidents regarding service delivery in the last 5 years. •BLS have not identified any clinical 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 Bike Groups (BoI)	•RSE agreement to the amended contract •There is no express departmental direction nor policy, nor any cross border governmental agreement, which would provide policy and governance cover for the Trusts provision of this all Ireland service.	Develop Business Case Secure Funding ROI Units Training of staff progress transport agreement Progress work required in relation to contract	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 Staff as a result of Violence and Aggression	Increases in the number and complexity of patients being treated and awaiting treatment in all our settings; along with social; economic; and environmental factors; restrictive guidelines / practices resulting increased social media challenges; and the absence of a Corporate legal remedy; have all contributed to an already high level of abuse, violence and aggression against Trust staff. The result is that staff are increasingly subjected to both sporadic and longer consistent patterns of patients/client/visitors displaying abusive, challenging, aggressive and violent behaviours in our facilities, communities and home environments leading to	Management of Violence and Aggression (MOVA) group in place. Zero Tolerance & Security policy Trust adherence to The Management of Health and Safety at Work Regulations NI (2000). Health and Safety at Work NI Order 1978 Lone Working Guidance Staff support through Occupational Health Safety Intervention training - available to relevant staff. V&A risk assessment. Usage of Trust General Risk Assessment form for document of specific risks. Incident reporting on DATIX – identification of trends. Risk Register process in place RIDDOR reporting of staff /people safety	MOVA Policy - Await implementation of regional guidance Limited Legal support available for staff from the Trust when seeking prosecutions/non-molestation orders against violent individuals. No Acute Liaison Psychiatry service in ED No programme of regular education regarding mental health presentations in ED and other acute settings of risk. CAMHS referral pathways not clarified for patients aged 0-18. CAMHS not co-located in hospital. No dedicated area for intoxicated or consistently violent patients to be treated in ED. Lack of resource to	Audit Trust controls assurance standards reporting Risk assessment compliance reporting on corporate risk register, directorate governance Incident reporting to MOVA Steering Group Audit Regional Benchmarking and DOH return on violence against staff Health and Safety Inspections	no gaps in assurances identified	Adopt and imbed regional MOVA policy in Trust Policy and Procedures Draft business case to expand resources for Safety Intervention Training Increase security within ED Implement "Powers to remove from HSC premises"	30/06/2026 30/09/2026 31/07/2026 01/09/2026	

1601	6/11/2024	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	Inability to retain ENT 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 post currently filled with Locum. One head and neck consultant who has retired on the 6th September 2023. This consultant managed both complex cancer and benign head & neck conditions, including 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.	Recruitment for replacement head and neck consultant re-advertised, including IMR and global options explored. Validation process undertaken of retired consultant's lists with oversight by clinical Lead. Look back review for patients in the last 2 years that underwent thyroid surgery in Trust and via Independent Sector providers to include patients care and management. ENT locum consultant with experience in benign head and neck is managing a cohort of identified patients on theatre waiting list for begin disease until her contract ends on the 22/5/24. There will remain an	Currently no ENT Head and Neck oncology trained consultant working in the Western Trust. At present there is no provision or pathway for patients following oncology treatment and surgical surveillance follow up. Those patient post 2 years are currently reviewed by speciality doctor. Those patients in first 2 years post treatment have been validated by Belfast Trust Head and Neck consultant and temporary clinics x 3 in place to review identified patients. Ongoing discussion via ENT regional meeting for this cohort of patients. Any retraction in funding will see the collapse of On Call rota. Current rota	Networked approach with regional colleagues with agreed referral pathway for new Head and Neck cancer patients and regional weekly MDT. Weekly service meetings. All waiting lists have been subjected to validation by a Consultant peer. Plan to continue focus on the recruitment and retention of consultant's surgeons for service delivery and sustainability with the Western Trust to provide the commissioned levels (SBA) for ENT. Networked approach with regional colleagues to include regional waiting lists, reach in/out activity. Monthly consideration of Trust position at RPOG in relation to the Trust Performance meeting with the SPPG. Monthly Business Unit meeting with Clinical lead, Service Manager, Assistant Director of operations and finance, and the	Assurance remains limited as current mitigations rely on interim and mutual-aid arrangements; recruitment process is ongoing and existing controls are interim measures only	ENT Focused Plan Implementation of ENT Recruitment Outcomes and Workforce Sustainability Measures 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 Formal lookback to be undertaken in relation to patients underwent thyroid surgery in trust and via IS provider in relation to patient care and management for the last 2 years	30/09/2026 30/10/2026 30/09/2026 30/09/2026 31/03/2026 31/03/2026	
1629	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	The Western 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. This service is not commissioned within the WHSCT resulting in early intervention not being achieved and crisis intervention sometimes being required, with on-going delayed discharges within hospital as a result of difficulties in placing service user, increased care home placements, increased community care and domiciliary packages and increased	•Task 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 •On-going review if incidents/SEAs/ SAIs •MDT discussion in regards to individual cases with escalation if case remains unallocated to Head of Service, Assistant Director and Director	•Eommissioned Pathway for this Service User group	Review of Incidents Oversight of Delayed Discharges Case Conferencing/care management Review of Complaints Internal audit RQIA Assurance from service audits SPPG Oversight of Regional work and business case development	•Eommissioned pathway for this client goup	SCOPING EXERCISE TO BE COMPLETED COMPLETE ARBD RESEARCH CREATE REFERRAL CRITERIA REGIONAL WORK- LEAD TASK AND FINISH/OVERSIGHT GROUP BUSINESS CASE	29/08/2024 31/12/2024 23/10/2024 31/12/2025 31/03/2026 30/09/2026	
1647	11/21/2024	20	Extreme (Red)	20	Extreme (Red)	6	Medium (Yellow)	COP - Intermediate Care & Rehabilitation	Ensuring Stability of Our Services, Improving the Quality and Experience of Care	Risk of disruption to the Trust's contracted out domiciliary care services as result of new procurement exercise	The Western HSC Trust has advertised its tender for the provision of contracted out domiciliary care services. It is intended that this new tender will be awarded during early 2025 and when the outcomes are known this could potentially lead to a level of disruption and change for both the service providers and service users Should a current provider not win 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 client will	Project Management & Implementation Plan DLS & BSO PaLS support Contract monitoring & management Meetings with providers Close links with social work staff who are the key workers for our clients	No gaps identified.	Regulated service with RQIA and subject to regular inspection. Internal audit inspections. Contract management	No gaps identified.	Implementation plan to be developed once tender outcomes are known Dedicated tender transition team to be identified	31/08/2026 31/08/2026	
1656	12/12/2024	9	Medium (Yellow)	9	Medium (Yellow)	6	Low (Green)		Supporting and Empowering Staff	Risk of Roster - Pro System Failure	From 31 Sept 2023 the Roster-Pro system has no software support in place. In the event that the Roster-pro System fails the following risks impact. •Loss of electronic rostering function until system function restored if possible. •Loss of ability to use electronic shift data to inform payroll for a large number of staff •Loss of management data on workforce utilisation. •Additional workload for Roster Managers to revert to manual rostering processes as outlined in the contingency arrangements and to process payment for unsocial hours and enhanced rate shifts using ETM02. The manual	WHSCT has procure a replacement E-Roster System. Implementation commencing March 2024 expected to be completed by September 2025 (18months). The Digital Services Team process a system back-up on a bi-monthly basis. This would maintain the data integrity up to the last update. Section 11 of the WHSCT Nursing and Midwifery Rostering Policy outlines the contingency arrangements in the event of roster system failure. Contingency measures tested during the Roster-Pro system outage 28 – 30 May 2024. Updated to reflect learning and need for more process directed instruction to Roster Managers. Updated Contingency measure	•No software maintenance support available from 30 Sept 2023. •No alternative electronic option to manage processing data on special duties enhancements to payroll.	•Roster-pro system functionality tested daily be E-Roster Team. •System back-up processed by Digital Services Team. •Nurse Bank Office produce weekly report on shifts bookings as back-up •Roster preparation will revert to paper based option. •ETM02 available for staff to record special duty enhancements to inform payroll	•Additional workload for line managers to approve numerous ETM02 claims for special duty enhancements.	Full Implementation of e-rooster software	30/11/2026	
1692	5/7/2025	16	High (Amber)	12	Medium (Yellow)	6	Low (Green)	Paediatrics & Womens Health	Addressing medical workforce challenges, Ensuring Stability of Our Services, Supporting and Empowering Staff, Workforce stabilisation	Paediatric Consultant Workforce SWAH	within this service; Cause We currently have gaps at consultant level with only 2 out of 6 substantive consultants working on the Out of Hours Rota (OOH rota). Events We have two consultants recently returned from long term sick but not working on the OOH rota. One consultant heavily weighted to community. One requires DDRG involvement having returned from long term sick leave. This consultant is not covering clinical duties currently x3 agency locum consultants in post advertised as trust locum. one substataive post consultant recruited	•3wte locum Consultants in place covering current gaps. •1wte Speciality Dr (IMR) to CESR to progress to Consultant tier. •3wte consultant recruited 20.03.26 •81 post not filled to be readvertised •Review locum agency in short/medium term as x1 wte has returned from sick leave	•Unable to offer Agency Drs sufficient hours between 9 – 5, Monday to Friday, due to the nature of the service, resulting in dissatisfaction with Agency Drs, impacting our ability to retain same. •3 •There continues to be a shortage of eligible candidates within the local area. Senior paediatric trainee Drs are not allocated to the SWAH, therefore there is less staff exposed to this unit, who may return for a consultant post.	•Ability to maintain a full rota. •Feedback from the Clinical Lead •Feedback from members (MDT) Nursing and Management within the Sub-Directorate.	No gaps identified	Escalate workforce challenges at the Child Health Partnership. Undertake a financial assessment to recruit a perm Consultant to reduce locum spend	01/06/2026 30/09/2026	
1717	7/25/2025	12	High (Amber)	8	High (Amber)	4	High (Amber)			Risk of Fire in accommodation provided to CLA	Children Looked After residing in accommodation provided by the Trust without 24/7 staff supervision presents an increased risk of accidental fire. 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. Given young people are unsupervised without a 24/7 staffing model, there is a significantly high corporate risk to life. Please refer to Datix incident numbers... for past incidents. No Fire incidents have been reported during the				Further discussions with Planning Performance and Corporate Services and on an ongoing basis on how best to support each other to reduce the risk. To ensure that newly developed Accommodation Agreement is given to and signed off by all young people residing in Trust Owned Accommodation & AirB&B accommodation. Increase electrical sockets in Trust Owned Properties. Currently insufficient sockets which can result in the extensive use of extension leads thereby increasing the risk of overloading circuits. Staff to continue to visit young people under 18years living independently on a daily basis, to offer support and review risks.	01/07/2027 01/07/2027 01/07/2027 01/07/2027	

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 Reciept of Domiciliary Care in areas of Fermanagh	Following decision by North West Care not to extend their contract with the Western Trust in the Fermanagh area for a further year, service users supported by this provider in this geographical area were required to have a change to their provider. This required major adjustments to be made within the wider homecare provision in the Fermanagh localities as services required reorganisation to accommodate this change. Homecare service users in the Fermanagh were impacted on the following dates •Bisnaskea 15th September 2025 •Irvinestown 13th October 2025	Care Management review of all affected clients to ensure their assessed care needs continue to be met Contract Monitoring and Management Communication with Service Users within the geographical area to inform of the upcoming changes and potential impact this may have Implementation of Trust's contractual management plans for homecare provision. 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. Dedicated project resource Regular meetings with providers Close communication	No gaps in controls identified. Robust action plan in place.	Regulated service with RQIA and subject to regular inspection. Internal audit inspections Contract Management Incident monitoring & reporting	No gaps in assurance provided. RQIA regulated service	Ongoing Rota Management and Optimisation Phased change of provider Lisnaskea Change of Provider Irvinestown Change of Provider Enniskillen	30/09/2026 30/09/2025 13/10/2025 10/11/2025	
1781	10/8/2025	12	High (Amber)	12	High (Amber)	4	Low (Green)	Acute - Diagnostics & Cancer Services	Ensuring Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care, Workforce stabilisation	Phlebotomy Service Risk	1. From mid 2021 - With the introduction of Encompass this has affected the WHSCT phlebotomy services including; Increased workloads not manageable on snap boards User errors - requesting bloods and not completing Several different new workflows are now evident No administration resources No Hubs in the WHSCT 2. 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	Meetings are taking place with estates and community for space requirements BC for regional funding submitted. - £230,000 regional assigned Trust BC started to address the gap in funding. Admin staff recruited - new admin hub in Gransha established.	Initial regional BC not sufficient to re-establish the phlebotomy hubs Trust BC awaiting completion	work closely with Users and encompass to establish training needs	Is refresher/effectiveness of training established?	BC to be completed for the regionally assigned allocation	31/08/2026	
1809	11/21/2025	16	High (Amber)	16	High (Amber)	6	Medium (Yellow)	Paediatrics & Womens Health	Ensuring Stability of Our Services	Obs & Gynae Consultant Workforce AAH	Current vacancies within this service; Cause The Altnagelvin Obs & Gynae consultant team is funded for 10.96 WTE consultants. Current vacancies in Sept 2025 is 4.56 WTE. This is due to unplanned leave and permanent & temporary vacancies. Events We have two consultants on long term sick leave. One returning 16th October. Potential return date of end of October for the second. We have two consultant vacancies (one Gynae Oncology). The trust is funded for two gynae oncology consultants, one recently left and the other is on unplanned leave.	1wte consultant and one ad-hoc locum to cover current gaps Exploring the use of IMR Interviews planned AHH Gynae Oncology Clinic covered by SWAH consultant supported by two clinicians, reducing disruption to service. This allows presentation at regional MDT and some surgery to continue in Trust Locums must ensure that they are up to date with WHSCT procedure and policies Escalation policies in place to minimise risk reporting to CD, AD, HOS, and lead nurses. Capacity clinics reduced. Rapid review of incidents to ensure that learning is disseminated promptly.	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. The Western Trust operates a single rota for Obs& Gynae which presents challenges when recruiting and retaining staff Unplanned leave Availability of locum doctors Recruitment has not covered deficits Unable to separate scheduled and unscheduled lists indelivery suite. Affects all staffing groups	Ability to maintain a full rota Feedback from members (MDT) Nursing and Management within the sub-directorate Oncology Gynae performance data Escalation processes followed M&M meetings continue monthly Risk management meetings monthly Urgent rapid reviews as clinically indicated	Gaps in rota covered by non substantive staff - lack of continuity at times. Unplanned leave Ability to recruit in vacant positions - availability of locums	Consultant Workforce	01/09/2026	
1825	12/16/2025	16	High (Amber)	16	High (Amber)	6	Medium (Yellow)			Risk Associated with failure to meet statutory obligations under the Climate Change Act 2022 NI	Risk associated with the delivery of Sustainability targets set by Government and Department towards net zero by 2050. Risk associated with the impact of Climate Change throughout all areas of the Trust. Risk associated with the overall Trust engagement with Sustainability Steering Group and Directorate representation. The above risks could result in financial carbon penalties, failure to comply with legislative standards as well as risk to damage to Trust Estate with future environmental changes in climate e.g. flooding, power loss, overheating, snow/ice conditions. Not achieving the required targets will	Lead Director Appointed Proposed Sustainability Steering Group to be established Proposed Sub-groups to be established to provide an all-encompassing approach to Sustainability as follows o Estates & Infrastructure o Patient Travel & Staff Commute o Staff & Patient Travel o Medicines Management incl. Supply Chain o Medical & Non-medical Equipment & Consumables Governance arrangements established for Scope 1 & 2 (Energy, Waste & Transport) Limited Sustainability embedded in Procurement processes	Sustainability Policy not yet established Steering Group & sub-groups not yet fully embedded/established Path to Net Zero not yet defined due to significant financial constraints & the absence of a Sustainability team Sustainability Awareness & Training Limited Sustainability embedded in Procurement processes	Environmental Management System ISO 14001 in place for Scope 1 & 2 – Energy & Waste Multi-disciplinary Energy group established to monitor the use of energy consumption & as a result carbon Estates team benchmarked Scope 1 & 2 emissions and Mitigation report on track for submission to DAERA by 31st October	KPI for scope 3 not yet established/understood to allow Path to Net Zero to be defined. Limited resource in place to monitor the necessary all-encompassing Sustainability impacts. Third party assurance/ mechanism for audit not yet in place	Sustainability Plan to be developed with input from each working group Submission of Adaption Report	30/09/2026 30/04/2026	
1854	5/18/2026	16	High (Amber)	16	High (Amber)	4	High (Amber)		Reform and rebuild of services	Children's Safeguarding Documentation on Encompass	Children's safeguarding documentation being behind appropriate break the glass to reduce the risk of harm to ensure information accessibility introduces a new risk of inappropriate access to potentially highly sensitive information. NB – This risk is held by the DSW for the period of the pilot. Should be pilot be mainstreamed the Corporate risk ID 284 will need to be revised, mitigations mainstreamed, and corporate risk re-scored.	Report generated weekly by Information Governance for all instances of break the glass on children's safeguarding encounter in WT. Report exported and shared with CSWIO and SWDTL for review and presentation to the risk monitoring group fortnightly. Proactive audit of 100% of Safeguarding encounter break the glass e.g. follow up with staff and manager of anyone found to have broken the glass without professional rationale. Fortnightly risk monitoring meetings Incident reviews, Break the glass function Staff Comms via Trust intranet & email Policy &	Encompass's ability to provide the level of detail required to provide assurance of the proactive auditing tool is unclear until we begin active audit	Internal audit of 100% of BTG access for the safeguarding encounter	Assurances are limited due to the ability of the system to provide a clear report on the safeguarding encounter.	Monthly report to eCMT Summary outcomes reports to DSW and SIRO	30/09/2026 30/09/2026	
1863	6/12/2026	16	High (Amber)	16	High (Amber)	6	Medium (Yellow)	Directorate-wide (Risk Register Use only)	Ensuring Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering Staff	Risk to WHSCT achieving proposed equip Go Live dates	There is a risk to WHSCT achieving the proposed go live date for Equip due to Equip programme readiness activities for key HR and Finance staff. Timelines for key activities have slipped, however, the implementation dates have more recently been threatened by a failure to pass programme Stage Gate in early April 2026 with a decision made at the May Equip Programme Board for Release 1 Finance & PaaS to re-plan activities to a November 2026 go-live in order to mitigate further slippage in the plan and to allow effective planning for essential go-live activities; For Release 2 HR & Payroll, the decision was to immediate re-plan activities based on a re-	WHSCT Equip Programme Plan WHSCT Equip Programme Board WHSCT HR and Finance Implementation Readiness Group Regional Equip Programme Board Regional BSI / BSF for a now recognised and linked to the Regional Programme Board. Regional Equip Project Management Office DHCNI Portfolio Management over Digital Programmes DoF Gateway Review Process Informal prioritisation of workloads by Finance and HR managers Training to be delivered by guided learning via LMS as much as possible	BAU activities, where possible, may need to be stood down and less support will be available to the organization in relation to these HR and Finance activities. There is limited regional funding available in 26/27 to supplement resources. Inadequate timeframe to allow training of staff to take place.	Highlight to WHSCT Equip Programme Board, regional Equip Programme Board and regional Equip team User Acceptance Testing WHSCT project plan developed with known activities. WHSCT risk register. WHSCT Communications plan. Formal Gateway assurance processes	WHSCT project plan and communications plan to be developed in the conjunction with detailed regional Equip programme plan.	Establishment of Equip programme governance Development of WHSCT Project Plan Resource plan to be completed with business as usual tasks to be stood down as feasible	01/10/2026 31/10/2026 30/06/2026	

1876	8/6/2026	15	High (Amber)	15	High (Amber)	9	Medium (Yellow)		Ensuring Stability of Our Services, Supporting and Empowering Staff	Inability to detect and identify unauthorised or inappropriate access of personal/sensitive information within encompass	Within the Trust, there are no service areas, specialist ICT solution or dedicated staff resource identified for the proactive monitoring of or reactive response to Break the Glass/Bump the Glass reports within encompass. This means staff members potentially accessing records inappropriately will not be followed up on, despite being identified as individual BtG incidents, within the Privacy Module. This could lead to criticism from the ICO, reduced public confidence in the Trust's ability to keep confidential information secure, and harm and / or distress to patients, clients or staff whose records are accessed inappropriately.	Communication sent to all staff on inappropriate access of the encompass system Where a formal complaint is received by the Trust, alleging inappropriate access of an encompass record, a report from the Privacy Module in encompass is provided to the Head of Service/Manager for review	There is no dedicated staff resource to audit proactively or reactively review, investigate and work with Heads of Service to address the incidents.	There are limited assurance mechanisms to test these controls. The formal Complaints process, IG incident process and oversight by the Information Governance Steering Group provide limited assurance to the issue.	The availability and range of clinical data in within the encompass system, which is accessible to staff is a substantive risk. Education of staff in the consequences of accessing patient information inappropriately	Communication Planning with WHSCT Comms Team to target key messages on Inappropriate Access for all staff Regional work and Internal approval processes are being developed to create a Restriction Tool and put the records of VIP/Media Interest patients , behind a protective glass marking, within encompass Investigation of Inappropriate Access incidents via complaints process, via Privacy Module Reports within encompass Development of New AI tool for review by the Trusts (subject to funding for each Trust to adopt it)	30/09/2026 30/09/2026 31/03/2027 01/02/2027	