

TRUST BOARD ITEM: BRIEFING NOTE

Meeting Details:	24 th September 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>	☒ 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>	☒ 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 <i>(please tick)</i>	☒ For approval ☐ To note ☐ Decision



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CORPORATE RISK REGISTER & ASSURANCE FRAMEWORK

BRIEFING NOTE PREPARED FOR TRUST BOARD 24TH SEPTEMBER 2026.

There are 26 risks on the Corporate Risk Register as approved at Trust Board on 27th August 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

				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 Appetite	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															
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 Development	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	The savings target at 4% places an unprecedented scale of risk to the Trust in relation to it's ability to deliver on it's statutory duty to break-even for 2026/27. The Trust has performed extremely well in previous years in relation to the delivery of savings, however, we could not be confident in our ability to deliver savings of this scale in the time provided, also given our obligations for EQIA, rural proofing and consultation. We are also dependent on Ministerial decision-making in relation to the high with mitigations categorised savings plans. There is a deliverability risk associated with implementation capacity and the Trust evidence-base for the categorisation of schemes included in forecasts may not align as implementation progresses."
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 within 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 initially 3.Raise thorough 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 speciality 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	NO 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 Receipt 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 community partnering arrangements, the ICAN - Fernanagh and Omagh DC have offered additional 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 Development	Risk to WHSCT achieving proposed equip Go Live dates	16	High	16	high	6	Medium	TBC	TBC		1	New Risk	0	Actions listed with future due dates	[17/09/2026] Release 1 (R1) Update – Finance, PaLS & Skinny HR The Equip Programme Board met on 26th August 2026 and approved the Go-Live Date for R1 of 1st December 2026. Whilst this is good news, a number of key risk areas remain such as data migration, training, non-functional testing, service delivery model and UAT completion. The R1 programme governance structures will become more agile as we count down to the go-live date. Work will begin now to prepare for the Release 1 cutover window to Go-Live to commence on 26th November and to establish an equip Cutover Board who will have delegated authority to make key Programme decisions at gate assessments through the cutover plan to Go-Live. The timelines are very challenging with a heavy reliance on key Finance staff to support work in a number of areas which are running concurrently. Release 2 (R2) Update – HR & Payroll The R2 plan is now over 7 months delayed and will require a full re-plan. The key risks for R2 is design closure and resourcing. The Equip Programme Board approved the closure of design for R2 and movement into System Integration Testing, the establishment of a task and finish group to accelerate the sign-off of any outstanding Low Level Designs and to concentrate on closing exceptional design items such as ETMO2, Pensions and Payroll. The key objective is to progress R2 into testing this calendar year to ensure momentum in R2 is maintained alongside R1 going live.

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.
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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)	Due date
1	11/19/2008	20	Extreme (Red)		15	Extreme (Red)	6	Medium (Yellow)	Planning & Performance	Safe & Effective Services	Fire Risks	Fire Safety Policy Fire Safety Policy and manual including: Site specific fire emergency plans for SWAH and A.T. Departmental fire procedures in place for all areas. Regional Group meetings are frequent. 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 assessment. Recommendations from Resulting from inspections of Band 3/4/5/6/7/8/9/10/11/12/13/14/15/16/17/18/19/20/21/22/23/24/25/26/27/28/29/30/31/32/33/34/35/36/37/38/39/40/41/42/43/44/45/46/47/48/49/50/51/52/53/54/55/56/57/58/59/60/61/62/63/64/65/66/67/68/69/70/71/72/73/74/75/76/77/78/79/80/81/82/83/84/85/86/87/88/89/90/91/92/93/94/95/96/97/98/99/100/101/102/103/104/105/106/107/108/109/110/111/112/113/114/115/116/117/118/119/120/121/122/123/124/125/126/127/128/129/130/131/132/133/134/135/136/137/138/139/140/141/142/143/144/145/146/147/148/149/150/151/152/153/154/155/156/157/158/159/160/161/162/163/164/165/166/167/168/169/170/171/172/173/174/175/176/177/178/179/180/181/182/183/184/185/186/187/188/189/190/191/192/193/194/195/196/197/198/199/200/201/202/203/204/205/206/207/208/209/210/211/212/213/214/215/216/217/218/219/220/221/222/223/224/225/226/227/228/229/230/231/232/233/234/235/236/237/238/239/240/241/242/243/244/245/246/247/248/249/250/251/252/253/254/255/256/257/258/259/260/261/262/263/264/265/266/267/268/269/270/271/272/273/274/275/276/277/278/279/280/281/282/283/284/285/286/287/288/289/290/291/292/293/294/295/296/297/298/299/300/301/302/303/304/305/306/307/308/309/310/311/312/313/314/315/316/317/318/319/320/321/322/323/324/325/326/327/328/329/330/331/332/333/334/335/336/337/338/339/340/341/342/343/344/345/346/347/348/349/350/351/352/353/354/355/356/357/358/359/360/361/362/363/364/365/366/367/368/369/370/371/372/373/374/375/376/377/378/379/380/381/382/383/384/385/386/387/388/389/390/391/392/393/394/395/396/397/398/399/400/401/402/403/404/405/406/407/408/409/410/411/412/413/414/415/416/417/418/419/420/421/422/423/424/425/426/427/428/429/430/431/432/433/434/435/436/437/438/439/440/441/442/443/444/445/446/447/448/449/450/451/452/453/454/455/456/457/458/459/460/461/462/463/464/465/466/467/468/469/470/471/472/473/474/475/476/477/478/479/480/481/482/483/484/485/486/487/488/489/490/491/492/493/494/495/496/497/498/499/500/501/502/503/504/505/506/507/508/509/510/511/512/513/514/515/516/517/518/519/520/521/522/523/524/525/526/527/528/529/530/531/532/533/534/535/536/537/538/539/540/541/542/543/544/545/546/547/548/549/550/551/552/553/554/555/556/557/558/559/560/561/562/563/564/565/566/567/568/569/570/571/572/573/574/575/576/577/578/579/580/581/582/583/584/585/586/587/588/589/590/591/592/593/594/595/596/597/598/599/600/601/602/603/604/605/606/607/608/609/610/611/612/613/614/615/616/617/618/619/620/621/622/623/624/625/626/627/628/629/630/631/632/633/634/635/636/637/638/639/640/641/642/643/644/645/646/647/648/649/650/651/652/653/654/655/656/657/658/659/660/661/662/663/664/665/666/667/668/669/670/671/672/673/674/675/676/677/678/679/680/681/682/683/684/685/686/687/688/689/690/691/692/693/694/695/696/697/698/699/700/701/702/703/704/705/706/707/708/709/710/711/712/713/714/715/716/717/718/719/720/721/722/723/724/725/726/727/728/729/730/731/732/733/734/735/736/737/738/739/740/741/742/743/744/745/746/747/748/749/750/751/752/753/754/755/756/757/758/759/760/761/762/763/764/765/766/767/768/769/770/771/772/773/774/775/776/777/778/779/780/781/782/783/784/785/786/787/788/789/790/791/792/793/794/795/796/797/798/799/800/801/802/803/804/805/806/807/808/809/810/811/812/813/814/815/816/817/818/819/820/821/822/823/824/825/826/827/828/829/830/831/832/833/834/835/836/837/838/839/840/841/842/843/844/845/846/847/848/849/850/851/852/853/854/855/856/857/858/859/860/861/862/863/864/865/866/867/868/869/870/871/872/873/874/875/876/877/878/879/880/881/882/883/884/885/886/887/888/889/890/891/892/893/894/895/896/897/898/899/900/901/902/903/904/905/906/907/908/909/910/911/912/913/914/915/916/917/918/919/920/921/922/923/924/925/926/927/928/929/930/931/932/933/934/935/936/937/938/939/940/941/942/943/944/945/946/947/948/949/950/951/952/953/954/955/956/957/958/959/960/961/962/963/964/965/966/967/968/969/970/971/972/973/974/975/976/977/978/979/980/981/982/983/984/985/986/987/988/989/990/991/992/993/994/995/996/997/998/999/1000/1001/1002/1003/1004/1005/1006/1007/1008/1009/1010/1011/1012/1013/1014/1015/1016/1017/1018/1019/1020/1021/1022/1023/1024/1025/1026/1027/1028/1029/1030/1031/1032/1033/1034/1035/1036/1037/1038/1039/1040/1041/1042/1043/1044/1045/1046/1047/1048/1049/1050/1051/1052/1053/1054/1055/1056/1057/1058/1059/1060/1061/1062/1063/1064/1065/1066/1067/1068/1069/1070/1071/1072/1073/1074/1075/1076/1077/1078/1079/1080/1081/1082/1083/1084/1085/1086/1087/1088/1089/1090/1091/1092/1093/1094/1095/1096/1097/1098/1099/1100/1101/1102/1103/1104/1105/1106/1107/1108/1109/1110/1111/1112/1113/1114/1115/1116/1117/1118/1119/1120/1121/1122/1123/1124/1125/1126/1127/1128/1129/1130/1131/1132/1133/1134/1135/1136/1137/1138/1139/1140/1141/1142/1143/1144/1145/1146/1147/1148/1149/1150/1151/1152/1153/1154/1155/1156/1157/1158/1159/1160/1161/1162/1163/1164/1165/1166/1167/1168/1169/1170/1171/1172/1173/1174/1175/1176/1177/1178/1179/1180/1181/1182/1183/1184/1185/1186/1187/1188/1189/1190/1191/1192/1193/1194/1195/1196/1197/1198/1199/1200/1201/1202/1203/1204/1205/1206/1207/1208/1209/1210/1211/1212/1213/1214/1215/1216/1217/1218/1219/1220/1221/1222/1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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 PJ 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 DCH or existing funding re-prioritised to address the new critical issue. Estates Strategy 2015/16-2020/21. Annual review of building condition (B) and creation of prioritised BLM list. 2022/23 Backlog maintenance programme developed and implemented. Continued bidding for funding to address backlog maintenance.	Agging 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 Ward Safety Groups reports to Corporate Governance Sub-Committee/Governance Committee. Assurance standards Buildings, Land, Plant & Non-Medical Equipment. Calabari - 6 facet independent survey.	Lack of Funding for backlog maintenance.	Review or emerging issues and response required. Development of business cases for 2023/22 backlog maintenance agreed action plan. CMT approval of BLM 2023/22 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 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 26/27.	30/06/2022 30/09/2021 30/09/2021 30/09/2021 31/03/2022 31/08/2021 30/09/2025 31/03/2026 31/03/2022 30/09/2025 30/04/2026 31/03/2027 31/03/2027 31/03/2027 31/03/2028 31/03/2027 30/06/2022 30/09/2022 30/06/2026 30/06/2024 31/10/2024 31/10/2025 30/04/2024
1307	6/10/2021	29 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 is also replicated in A&E but not as frequently. NISTAR will make ambulance and driver available if local team can do transfer. Consultants if called to hospital when a transfer takes place out of hours are remunerated appropriately. AMH Neo Natal have a contingency means of transport in theatre (i.e. helicopter).	Transfer of children and adults to other hospitals. NISTAR 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 training as they all have separate roles. 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 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 BRG. 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 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 services. 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 24/7 emergency service.	Sustainable Surgical Services project to examine surgical services post-Trust wide 18/10/21. Recruitment campaign is continuous at Specialty Dr and trainee level. Funded establishment should be 6.5 wte consultant Surgeons - current baseline is 3.0 wte with 3.5 wte gap. Specialty Drs funded for 8.0 wte, 5.0 in place of 2 of whom are locums and one getting 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 February 2023 (see below).	Reluctance from other surgeons across NI to participate in providing locum cover due to the generality of surgical cover required. Difficulties recruiting and retaining locum and permanent level as above. Difficulty securing Royal College approval for general surgical posts.	Continuing support from Altnagavin 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 03/11/2023. 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 appointments, when start dates confirmed.	01/09/2023 01/09/2026 31/03/2026 31/03/2026
1396	5/5/2022	15 High (Amber)	15 High (Amber)	6 Medium (Yellow)	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) pressures due to protected 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 protected waits leading to AMH on an ad-hoc basis requiring out of staff cover arrangements in place to ensure patient safety. In addition, there are instances DCH when RESWS are not accepting referrals for assessment due to workforce capacity issues during protected waits. Risks include: *Patient coming to harm as ED is an admission point.	Currently 2 Full-time ASWs are on Trustwide rota 3x per week 9am - 5pm. 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 established and reported on incidents. ASW Leadership report Escalation of issues to AMH Governance/ Directorate Governance and ASW Improvement Board.	Impact of unpredictable service pressures in other organisations: PSNI/NIAS/RESWS Trust Intergency Group re-established and meeting monthly. Complaints ASW Co-ordinator / Project Lead appointed in January 2024. Incident Reviews and ASW Complaints Review.	PSNI proposed Right Care Right Person Protocol	Establish Director Led ASW Project Management Group. CMT Paper - ASW Coordination risk. SPNG 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 31/03/2023 30/09/2025 31/03/2027 31/03/2027 15/09/2025 31/03/2025	
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 WHSC and the HSE and between WHSC and Cu Chulainn Blood Bank 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 Rel.	DLS working with adjustments to current WHSC 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.	•BLS have completed an all returned track back labels for quality. •BLS have provided a Draft Transport Agreement. •Engagement with ISO Pals. •Engagement with Logistics UK. •Member Advice Centre - MAC. •BLS support and advice re appropriate adjustments required for the contract. •There has been no SA'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. •WHSC 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 Group (BAG).	Develop Business Case. Secure funding. ROI Units. Training of staff. Progress transport agreement. 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	
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 group in place 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 Risk remedy, have all contributed to an already high level of abuse. 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, in communities and home environments leading to:	Management of violence and Aggression (MOVA) guidance. 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 DASH - identification of trends. Risk Register process in place. RIDDOR notification of staff	MOVA policy - aware implementation of regional guidance. Limited Legal support available for staff from the Trust when seeking prosecution/molestation orders against violent individuals. No Acute Liaison Psychiatry service in ED. No programme of regular education regarding mental health presentations in ED and other acute settings of risk. CAMHS referral pathways not clarified for patients aged 0-18. CAMHS not co-located in hospital. No dedicated area for intoxicated or consistently violent patients to be treated in ED. Lack of resource to provide safety intervention training following CEC cessation of training provision. Part alert system not utilised in	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 embed 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 HSE premises".	30/06/2026 30/09/2026 30/09/2026 01/07/2026 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 and global options. 4 consultants in post. 2 vacant post currently filled with Locum. One head and neck consultant who has retired on the 8th September 2023. This consultant managed both complex cancer and benign head & neck conditions, including thyroid. This Consultant returned following retirement for 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	recruitment for replacement head and neck consultant re-advertised, including H&R and global options Validation process undertaken of retired consultant's lists with oversight by clinical lead Look back review for patients in the last 2 years that underwent thyroid surgery in Trust and via Independent Sector providers to include patients care and management. ENT locum consultant with experience in benign head and neck is managing a cohort of identified patients on theatre waiting list for benign disease until her contract ends on the 22/5/24. There will remain an	currently no ENT head and neck oncology trained consultant working in the Western Trust. At present there is no provision of pathway for patients following oncology treatment and surgical surveillance follow up. Those patients in first 2 years post treatment have been validated by Belfast Trust Head and Neck consultant and temporary clinics x 3 in place to review identified patients. Ongoing discussion via ENT regional meeting for this cohort of patients. Any retraction in funding will see the collapse of On Call rota. Current rota agreed at 1:1. Resulting in impact for wider hospital service to manage airway emergencies. Direct impact on training programme for registrars, as number of consultants reduced. the current rota has 3.11/2024	revisions are agreed with regional colleagues with agreed regional 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 (S&A) for ENT. Newer approach with regional colleagues to include regional waiting lists, reach in/out activity. Monthly consideration of Trust position at BPOs in relation to the Trust Performance meeting with the SPO. Monthly Business Unit meeting with Clinical lead, Service Manager, Assistant Director of operations and business 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 redeigns Formal Pathways 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 WHCST	The service 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, addition of support, nursing, OT, social work, to achieve good outcomes. This service is not commissioned within the WHCST 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	Back 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/SAUs/ SAs MDT discussion in regards to individual cases with escalation if case remains unallocated to Head of Service, Assistant Director and Director	Commissioned Pathway for this Service User group	Review of Incidents Oversight of Delayed Discharges Case Conference/Care management Review of Complaints Internal audit RQIA Assurance from service audits SPICE Oversight of Regional work and business case development	Commissioned pathway for this client group	SCOPING EXERCISE TO BE COMPLETED COMPLETE ARBD RESEARCH CREATE REFERRAL CRITERIA REGIONAL WORK- LEAD TASK AND FINISH/OVERSIGHT GROUP BUSINESS CASE	29/08/2024 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 service is not advertised to 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 level of disruption and change for both the service providers and service users Should a current provider not win in the new tender, TUPR will apply and their workforce and clients will transfer to one of the successful providers. Whilst TUPR will help mitigate the change there will still be a level of associated disruption during the transition.	Project Management & Implementation Plan SLs & SDO SLs support Contract monitoring & management Meeting 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	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 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 (OHR rota). We have two consultants recently returned from long term sick but not working on the OHR rota One consultant heavily weighted to community 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 substantive post consultant recruited	WHSC 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 WHCST 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	No software maintenance support available from 30 Sept 2023. Alternative electronic option to manage processing data on special duties enhancements to payroll	Roster-pro system functionality tested daily by E-Roster Team System back-up processed by Digital Services Team Use Bank Office produce weekly report on shifts bookings as back up Roster preparation will revert to paper based option. RTM02 available for staff to record special duty enhancements to inform payroll	Additional workload for line managers to approve numerous RTM02 claims for special duty enhancements	Full Implementation of e-roster software	30/11/2026	
1692	5/7/2025	16 High (Amber)	12 Medium (Yellow)	6 Low (Green)	Paediatrics & Women's Health	Addressing medical workforce challenges, Ensuring Stability of Our Services, Supporting and Empowering Staff, Workforce stabilisation	Paediatric Consultant Workforce SWAH	We have two consultants recently returned from long term sick but not working on the OHR rota One consultant heavily weighted to community 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 substantive post consultant recruited	Write locum Consultants in place covering current gaps. Write Speciality Dr (IMR) to CSR to progress to Consultant level. Write consultant recruited 20.03.26 Post not filled to be re-advertised Review locum agency in short/medium term as it allocated to the SWAH, therefore there is less staff exposed to this unit, who may return for a consultant post.	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. Where continues to be a shortage of eligible candidates within the local area. Senior paediatric trainee Drs are not allocated to the SWAH, therefore there is less staff exposed to this unit, who may return for a consultant post.	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 CIA	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 Data incident numbers - for past incidents. No Fire incidents have been recorded 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 & AHB&B accommodation. Understand a financial assessment to recruit a perm Consultant to reduce locum spend Currently insufficient sockets which can result in the extensive use of extension leads thereby increasing the risk of overheating circuits. Staff to continue to visit young people under 16 years 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 Receipt 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 •Bunskeela 15th September 2025 •Honeystown 13th September 2025 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 •Bunskeela 15th September 2025 •Honeystown 13th September 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 RQA and subject to regular inspection. Internal audit inspections	Contract Management	Incident monitoring & reporting	No gaps in assurance provided. RQA regulated service	Ongoing Rota Management and Optimisation Phased change of provider Unuskeela Change of Provider Inverness Change of Provider Enniskillen	30/09/2026 30/09/2025 13/10/2025 30/11/2025
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	Phlebotomy services were the introduction of Encompass that 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 have been impacted	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 Greshin established Meetings are taking place with estates and community for space requirements	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	Within this service, Cause The Altaghevin Obs & Gynae consultant team 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.	Jawie consultant and one ad-hoc locum to cover current gaps Exploring the use of IMR interviews planned Anti-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 CO, 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 bits in delivery suite. Affects all staffing groups	Ability to maintain a full rota Feedbacks from members (MDT) Nursing and Management within the sub-directorate	Oncology Gynae performance data Escalation processes followed MSM 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		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 Executive representation The above risk could result in financial carbon penalties, failure to comply with legislative standards as well as risk to damage to Trust Estate with future environment changes in climate e.g. flooding, power loss, overheating, snow/ice conditions. Not achieving the associated 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: 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 30/09/2026		
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 print. Should be print be mainstreamed the Corporate risk ID 284 will need to be retired, 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 CWOI and SWOIT 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 Commis via Trust intranet & email	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		
1869	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 live date for 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 & HR 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 immediately re-plan activities based on a an	WHSCT Equip Programme Plan WHSCT Equip Programme Board WHSCT HR and Finance implementation Readiness Group Regional Equip Programme Board Regional BSU / BSF for a now recognised and listed to the Regional Programme Board. Regional Equip Project Management Office DRICI Portfolio Management over Digital Programmes Staff 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 team User Acceptance Testing	WHSCT project plan developed with known activities. WHSCT risk register	WHSCT Communications plan	Formal Gateway assurance processes	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 30/09/2026 30/09/2026

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 persons/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 BIG 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 access to staff in a 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 31/03/2027 01/02/2027
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