

TRUST BOARD ITEM: BRIEFING NOTE

Meeting Details:	5 th Feb 2026
Director:	Dr Brendan Lavery
Issue Title:	Corporate Risk Register Summary and Corporate Risk Register Assurance Framework
Indicate the connection with the Trust's Mission and Vision <i>(please tick)</i>	<ul style="list-style-type: none"> ✓ People who need us feel cared for ✓ People who work with us feel proud ✓ People who live in our communities trust us
Indicate the link to Trust's strategic priorities <i>(please tick)</i>	<ul style="list-style-type: none"> ✓ Quality and Safety <input type="checkbox"/> Workforce Stabilisation <input type="checkbox"/> Performance and Access to Services <input type="checkbox"/> Delivering Value <input type="checkbox"/> Culture
Summary of issue to be discussed:	<p>For approval:</p> <p>New Corporate Risk for approval;</p> <ul style="list-style-type: none"> - No new risk to consider <p>Material change;</p> <ul style="list-style-type: none"> - No material changes to consider <p>Action summary;</p> <ul style="list-style-type: none"> - All action plans and risks have been updated within quarter.



Trust Board Response Required <i>(please tick)</i>	<input checked="" type="checkbox"/> For approval <input type="checkbox"/> To note <input type="checkbox"/> Decision
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CORPORATE RISK REGISTER & ASSURANCE FRAMEWORK

BRIEFING NOTE PREPARED FOR TRUST BOARD ON 5th FEB 2026.

There are 26 risks on the Corporate Risk Register as approved at Trust Board 8th January 2026.

Summary

- Proposed New Risks;
 - No new risks to consider
- Material changes;
 - No material changes to consider
- Summary report for action;
 - All risks and action plans have been updated within reporting quarter.

Update on Trust Board actions June 2025

Risk ID	Lead Director	Risk Title	Workshop action	Agreed Tolerance	Agreed Risk Appetite	Progress
1423	Director Social Work/Director of Children and Families	Human Milk Bank – does not meet the Governance and Information Requirements	1. Continue to progress as per the action plan	High	Low (target score between 1-6) Current Target score 1	
1601	Director of Surgery, Paediatrics and Women's Health	Inability to retain ENT Head and Neck service provision	1. Amalgamate risk with ID1649 and include mitigations re BHST	Low	Low (target score between 1-6) Current target score 6	Approved
1629	Director of Adult Mental Health and Disability Services	Alcohol Related Brain Disease: Non Commissioned service within WHSCT	1. Review/update description 2. Review grading of the risk 3. Subject to a Deep Dive in Sept 2025	High	Low (target score between 1 – 6) Current target score 6	Complete Sept 2025
1647	Director Community and Older People's Services	Risk of disruption to the Trust's contracted out domiciliary care services as a result of new procurement exercise	1. Continue to progress as per the action plan	High	Low (target score between 1-6) Current target score 6	
1653	Director of Unscheduled	NSTEMI In ED	1. Review risk and action plan and	Low	Low (target	

	Care, Medicine, Cancer and Clinical Services		consider this risk for de-escalation		score between 1-6) Current target score 6	
1656	Director Professional Nursing, AHP Services	Risk of Roster – Pro System Failure	<ol style="list-style-type: none"> 1. Continue with action plan to manage this risk 2. Proposal to remove this risk possibly in October 25 as system will be fully implemented *UPDATE will remain risk until June 2026 	Low	Low (target score between 1-6) Current target score 6	
1657	Director Adult Mental Health and Disability Services	Medium Secure Placement deficit for patients with highly complex needs	<ol style="list-style-type: none"> 1. To be considered at Trust Board on 03.07.25 for de-escalation back to Directorate Risk Register. Update – approved for de-escalation 	High	Risk to de-escalate	De-escalated
1692	Director Surgery, Paediatrics and Women’s Health	Paediatric Consultant Workforce in SWAH	<ol style="list-style-type: none"> 1. Complete Assurance Map 2. Continue to manage as per action plan 	High	Low (target score between 1-6) Current target score 6	
1694	Director of Surgery,	ENT Consultant Workforce	<ol style="list-style-type: none"> 1. Progress to amalgamate 	Low	Low (target	Approved

	Paediatrics and Women's Health		with ID1601 and update action plan and risk grading		score between 1-6) Current score 6	
1	Director Planning, Performance and Corporate Services	Fire Risks	1. Complete deep dive in Dec 2025	High	Low (target score between 1-6) Current Target score 6	
1183	Director of Adult Mental Health and Disability Services	Were MCA processes are not being followed patients may be deprived of their liberty, without having safeguards in place	1. Risk lead to review and identify any further controls. Provide wider analysis regularly for TB.	High	Low (target score between 1-6) Current Target score 6	
1219	Director of unscheduled care, Medicine, Cancer and Clinical Services	Lack of endoscopy to meet the demand which impacts on patients	1. Risk tabled for de-escalation at Trust Board on 3 rd July 2025. Decision to deescalate risk approved	Low	Low (target score between 1-6) Current Target score 6	Approved
1334	Director of Surgery, Paediatrics and Women's Health	Sustainability of surgical services in Southern Sector of Trust due to recruitment & retention difficulties	1. Continue to manage as per action plan	Low	Low (target score between 1-6) Current target score 6	
1469	Director of Nursing, AHP Services	Health & Safety Risk to staff as a result of	1. Keep risk updated with actions ongoing	Low	Low (target score 1-	

		Violence & aggression			6) Current target score 6	
49	Director of Performance, Planning and Corporate Services	The potential impact of a Cyber Security incident on Western Trust				
1216	Director of Unscheduled Care, Medicine, Cancer and Clinical Services	Risk of patient harm in Trust EDs due to capacity, staffing and patient flow issues	<ol style="list-style-type: none"> 1. Progress Deep Dive amendments through CMT and TB. 2. Create new hospital flow risk 	High	Low (target score 1-6) Current target score 6	
1307	Director of Surgery Paediatrics and Women's Health	Clinical Risk regarding delayed transfer of Babies, Children and Adults to Other Hospitals	<ol style="list-style-type: none"> 1. Review risk scoring as there is low tolerance for score remaining as is. 2. Ensure risk update provided 	Low	Low (target score 1-6) Current target score 6	
6	Director of Social Work/Children and Families	Children awaiting allocation of Social Work may experience harm or abuse	<ol style="list-style-type: none"> 1. Review the risk detail for possible de-escalation 	High	Low (target score 1-6) Current target score 6	
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	<ol style="list-style-type: none"> 1. Keep controls/actions under review 	High	Low (target score 1-6) Current target score 6	

1236	Director of Finance	Stabilisation of Financial sustainability	<ol style="list-style-type: none"> 1. Review current score 2. Review wording of the risk 	High	Low (target score between 1-6) Current target score 6	Risk rating reviewed and wording updated. Risk rating remains unchanged
1254	Director of Human Resources & Organisational Development	Ensuring Stability of our services, Improving and Quality and Experience of Care, Supporting and Empowering staff	<ol style="list-style-type: none"> 1. Risk lead to consider actions from Directorate plan against this risk and reference this through action plan 2. Consider updating the assurance map 	High	Low (target score between 1-6) Current target score 6	
1288	Director of Planning, Performance and Corporate Services	Ensuring efficient use of resources	<ol style="list-style-type: none"> 1. Risk owner keep risk under review 	High	Low (target score between 1-6) Current target score 6	
1409	Director Unscheduled Care, Medicine, Cancer and Clinical Services	ED Mental Health Patients	<ol style="list-style-type: none"> 1. Risk owner to consider for de-escalation 	Low	Low (target score between 1-6) Current target score 6	

Risk Sub-Category	Risk ID	Lead Director	Risk Title	Initial		Current		Risk Appetite				Current Risk Status		Mths since last updated	Action Plan Status	Latest Update
				Score	Grade	Score	Grade	Target Score	Target Grade	Level of Tolerance	Action on Appetite	Mths since score changed	Change in score since last review			
Regulation & Compliance	1	Director of Performance, Planning and Corporate Services	Fire Risks	20	EXTREM	15	EXTREM	6	MEDIUM	High	1. Complete deep dive in Dec 2025	18	No change	0	Actions listed with future due dates	[07/01/2026] Fire risk assessments currently at 73%, rectification plan to achieve 100% compliance by 31/03/2026. Resilience - Estates continue to have difficulties regarding the recruitment of fire officers. Recently Estates have successfully recruited an additional fire officer however there is a shortfall of 50% of WTE staff. Estates continue to actively recruit these positions.
Quality of Care	6	Executive Director of Social Work/Director of Women & Children Services	Children awaiting allocation of Social Worker may experience harm or abuse	25	EXTREM	12	HIGH	6	MEDIUM	High	1. Review the risk detail for possible de-escalation	51	No change	2	Actions listed with future due dates	[17/11/2025] November 2025 - Social Work staffing within frontline teams has stabilised over the last couple of months which in turn has meant that Unallocated Case figures remain at a manageable level. Gateway - 7 (Family Support) Family Intervention - 6. All unallocated cases are closely monitored as per regional guidance and escalated to Assistant Director level if deemed appropriate.
ICT & Physical Infrastructure	49	Director of Performance, Planning and Corporate Services	The potential impact of a Cyber Security incident on the Western Trust													
Regulation & Compliance	284	Director of Performance, Planning and Corporate Services	Risk of breach of Data Protection legislation through loss, mishandling or inaccessibility of personal or sensitive personal inf	16	HIGH	12	HIGH	6	MEDIUM	High	1. Keep controls/actions under review	21	No change	0	Actions listed with future due dates	[15/01/2026] In December 2025, separate training sessions were attended for Information Asset Owners and Assistant Information Asset Owners. In January 2026, 170 Social Work Placement Students were trained in bespoke data protection training. IG Awareness Training remains at 87% across the Trust
Regulation & Compliance	1183	Director of Adult Mental Health & Disability Services	Where MCA processes are not being followed, patients may be deprived of their liberty, without having safeguards in place	25	EXTREM	15	HIGH	6	MEDIUM	High	1. Risk lead to review and identify any further controls. Provide wider analysis regularly for TB.	24	No change	1	Actions listed with future due dates	[16/12/2025] Risk Actions updated to reflect plan to transition TA Extensions into Encompass system
Quality of Care	1216	Director of unscheduled care, medicine, Cancer and Clinical Services	Risk of patient harm in Trust EDs due to capacity, staffing and patient flow issues	15	EXTREM	15	EXTREM	6	MEDIUM	High	1. Progress Deep Dive amendments through CMT and TB. 2. Create new hospital flow risk	40	No change	0	Actions listed with future due dates	20/01/2026 January SWAH Update: The Emergency Department in South West Acute Hospital continues to be very busy. The morning report for 13/1/26 shows 56 patients in the ED and 38 DTAs. There are currently 70 DTOCs on site which is severely restricting flow across the full site. There are 47 escalated beds across the site with 18 of these beds undesignated corridor beds. This level of escalation is unprecedented whilst ED still remains severely congested. Additional staffing is being sought daily through bank, agency and EPS to manage the high level of DTAs remaining in the Department for long periods of time and to care of the patients in undesignated beds across the wards. Securing this level of cover is not always successful. Silver has been activated along with twice daily bed meetings. January Update: Allocation - Risk remains unchanged.
Financial	1236	Executive Director of Finance, Contracts & Capital Development	Stabilisation of Trust Financial Position including planning for breakeven in the current financial year.	16	HIGH	16	HIGH	6	MEDIUM	High	1. Review current score 2. Review wording of the risk	23	No change	2	Actions listed with future due dates	[21/1/2026] The Trust has complied with its obligations to provide a Financial Plan and Contingency Savings Plan for 2025/26. The Trust has effectively communicated its ambition to deliver £38.6m of low and medium impact savings and £0.5m of high impact savings and has identified further opportunities of £11.6m which includes targeted arrangements relating to the management of growth in year. SPPG has provided £15.3m of deficit funding to the Trust leaving a deficit of £2.6m (subject to approval). This position is significantly impacted by the risk in relation to payment of the pay award for 2025/26. While no pay circular has been received, it has been announced that the recommendation of the pay review body for a 3.6% uplift for Agenda for Change is to be honoured. We understand that the Regional cost of the pay award is circa £200m and that DoH are hopeful to receive a contribution of up to £100m towards the total cost. It has not yet been clarified what this means from a Trust forecast deficit position.
Quality of Care	1254	Director of Human Resources & Organisational Development	Inability to deliver safe, high quality and sustainable services due to workforce supply and disruptions	16	HIGH	16	HIGH	6	MEDIUM	High	1. Risk lead to consider actions from Directorate plan against this risk and reference this through action plan 2. Consider updating the assurance map	39	No change	1	Actions listed with future due dates	[02/12/2025] While Medical and Dental recruitment has increased over the last year there continues to be significant challenges in many specialities. Targeted resourcing support to services in difficulty and supported successful applications to DoH for Recruitment and Retention premia for particularly hard to fill roles has been beneficial. We are pro-actively addressing new roles and ways of working including promotion and development of Specialist Doctor roles. Efforts to reduce reliance on agency staff to fill gaps in resident doctor rotas included early proactive identification and filling of gaps with Clinical Fellows and Locums for Service both locally and through international recruitment. Continuing engagement with specialist medical events including the 25th World Congress for Psychiatry on 5-8 October 2025 and the Doctors Job Fair in Dublin on 8 November 2025 have extended our attraction reach and engagement reach. Contacts made will form the basis of a Talent pipeline, addressing existing and future opportunities to interested doctors. The International Medical Recruitment Project continues to support recruitment too hard to fill consultants and SAS doctor positions. From the 1 April 2025 there has been 21 appointments. A further 2 are progressing through pre-employment checks. Recruitment of Nursing Assistants at Band 2 and 3 level remains a challenge for the Trust. As part of an invest to save, the Nursing workforce stabilisation group has funded, a temporary Band 4 post. This role will involve co-ordinating the recruitment aspect of this work, will analyse the data that will feed into the work of the Task and Finish Group and Nurse Stabilisation Group. ERST continue to develop bespoke recruitment exercises for hard to fill posts for staff Nurses Band 5 posts in ED and Care of the Elderly. Rolling adverts have been established for band 3 & 5 within Mental Health. This is maintaining a steady flow of candidates applying resulting in a more structured approach to their recruitment.
Regulation & Compliance	1288	Director of Performance, Planning and Corporate Services	Risk of failure to meet regulatory standards and compliance associated with Trust infrastructure and estate.	12	HIGH	12	HIGH	6	MEDIUM	High	1. Risk owner keep risk under review	40	No change	0	Actions listed with future due dates	[07/01/2026] During routine maintenance on the electrical infrastructure at Waterside Hospital there was an unexpected failure of the electrical switchgear which resulted in the temporary loss of electrical supply to the building. As a result the building is now operating without an automatic generator back up. Estates have worked with the relevant directorate to ensure business continuity plans are in place. Work is underway to permanently rectify the issue. This will be a number of months due to lead in times of electrical gear.
Quality of Care	1307	Director of Surgery, Paediatrics and Women's Health	Clinical Risk regarding Delayed Transfer of Babies, Children and Adults to Other Hospitals	25	EXTREM	25	EXTREM	6	MEDIUM	Low	1. Review risk scoring as there is low tolerance for score remaining as is. 2. Ensure risk update provided	40	No change	1	Actions listed with future due dates	[23/12/2025] Notification letter received 22.12.25 from BHSCT to inform trust that overnight neonatal emergency cover, currently provided by the NISTAR Paediatric team, is being withdrawn from 01.01.26. This will impact WHSCT neonatal services meaning that sick neonates will either need to be kept in WHSCT overnight (intensive care and high dependency care service not commissioned in SWAH NNU), or transferred with a local team, requiring additional staff and resources to perform the transfer or backfill staff on site to facilitate transfer.

Quality of care	1334	Director of surgery, Paediatrics and Women's Health	Sustainability of surgical services in Southern Sector of Trust due to recruitment & retention difficulties at Consultant and Mi	20	EXTREM	16 HIGH	6 MEDIUM	Low	1. Continue to manage as per action plan	●	30	No change	2	Actions listed with future due dates	[24/11/2025] Recruitment of specialty doctor remains ongoing. Service continually engaging with Medical HR. Recruitment update will be finalized in next update.
Quality of Care	1409	Director of unscheduled care, medicine, Cancer and Clinical Services	ED Mental Health Patients	25	EXTREM	16 HIGH	6 MEDIUM	Low	1. Risk owner to consider for de-escalation	●	35	No change	0	Actions listed with future due dates	[21/01/2026] January 26 SWAH Update: Current mitigations are in place for use of Rathview and are working well. Mental Health staff attended to these patients in ED. January Update Altnagelvin: Risk remains unchanged. Consideration for deescalation to Directorate risk following recommendation at Risk Workshop June 25.
Health & Safety	1469	Medical Director	Health & Safety Risk to Staff as a result of Violence and Aggression	12	HIGH	16 HIGH	4 HIGH	Low	1. Keep risk updated with actions ongoing	●	8	No change	0	Actions listed with future due dates	[21/01/2026] Next MOVA meeting is due to take place on 24th Feb 2026. All working groups have been asked to priorities action plans and provide update at the next meeting. An update on body worn cameras will be presented also.
Quality of Care	1601	Director of surgery, Paediatrics and Women's Health	Inability to retain ENT Head & Neck Service Provision	16	High	16 high	6 MEDIUM	Low	1. Amalgamate risk with ID1649 and include mitigations re BHST	●	18	No change	0	Actions listed with future due dates	15/01/2026 : The service is going out for two permanent ENT consultants and one temporary ENT Consultant. There was a H+N meeting with SPPG and BHST regarding the pathway for WHSCT ENT patients. Currently all patients are discussed at the MDM and BHST then decide whether to accept patients for surgery and a post-op appointment. Patients are then seen at a joint oncology and ENT clinic on the 1st and 3rd Wednesday of the month. SPPG are supporting the H+N service in BHST which hopefully will allow mutual aid regionally to WHSCT H+N patients. Interim arrangements for H&N service provision continues to remain in place locally as the risk remains unchanged.
Quality of Care	1629	Director of Adult Mental Health & Disability Services	Alcohol Related Brain Disease: Non Commissioned service within WHSCT	9	MEDIUM	9 MEDIUM	6 MEDIUM	High	1. Review/update description 2. Review grading of the risk 3. Subject to a Deep Dive in Sept 2025	●	14	No change	1	Actions listed with future due dates	[08/12/2025] Business case is currently being finalised for submitted to SPPG once approved internally.
Financial	1656	Director of Nursing	Risk of Roster- Pro System Failure	9	MEDIUM	9 MEDIUM	6 LOW	Low	1. Continue with action plan to manage this risk 2. Proposal to remove this risk possibly in October 25 as system will be fully implemented	●	12	No change	2	Actions listed with future due dates	[21/11/2025] From 1st December 2025 all nursing rosters that was on Roster Pro will be live on the Allocate roster system. Residential and Support services remain on Roster Pro with transition scheduled June 2026 following roster builds and training.
Quality of care	1647	Director for Primary Care and Older People	Risk of disruption to the Trust's contracted out domiciliary care services as result of new procurement exercise	20	Extreme	20 Extreme	6 MEDIUM	High	1. Continue to progress as per the action plan	●	11	No change	1	Actions listed with future due dates	[22/12/2025] As per October's update, the tender will not now be awarded until January 2026.
Regulation & Compliance	1423	Executive Director of Social Work/Director of Women & Children Services	Human Milk Bank - Does not meet Governance and Information requirements	12	MEDIUM	12 MEDIUM	1 LOW	High	1. Continue to progress as per the action plan	●	11	NO change	0	Actions listed with future due dates	[21/01/2026] January 26 Update: Risk reviewed, Risk remains unchanged, mitigations to reduce the risk continue daily. Consideration for deescalation to Directorate risk following recommendation at Risk Workshop June 25.
Quality of care	1653	Director of unscheduled care, medicine, Cancer and Clinical Services	NSTEMI IN ED	20	Extreme	20 Extreme	6 MEDIUM	Low	1. Review risk and action plan and consider this risk for de-escalation	●	11	No change	0	Actions listed with future due dates	[21/01/2026] January 26 Update: Risk reviewed, Risk remains unchanged, mitigations to reduce the risk continue daily. Consideration for deescalation to Directorate risk following recommendation at Risk Workshop June 25.
quality of care	1692	Director of surgery, Paediatrics and Women's Health	Paediatric Consultant Workforce SWAH	16	High	16 High	6 LOW	High	1. Complete Assurance Map 2. Continue to manage as per action plan	●	7	No change	1	Actions listed with future due dates	[15/12/2025] service remains reliant on agency locum cover with x3 locum consultants covering rota. Positive outcome from recruitment advertisement : x3 applicants for each post :Acute paediatrics and joint community/Acute paediatrics. Interviews planned for early February. Additional x1 trust locum post advertised and one internal applicant (IMR). Project that SWAH acute paediatric consultant rota will be established early in new financial year.
Health & Safety	1717	Executive Director of Social Work/Director of Women & Children Services	Risk of Fire in accomodation provided to CLA	12	High	12 High	4 HIGH	TBC	TBC	●	6	No change	1	Actions listed with future due dates	[19/12/2025] there has been no change in this risk in the last month. All checks and mitigating factors continue to be maintained including visits and checks. There has been no further incidents within the last month.
Quality of Care	947	Director of Adult Mental Health & Disability Services	Lack of Senior Medical staff in the AMHD Directorate	16	High	20 high	12 Medium	TBC	TBC	●	5	No change	3	Actions listed with future due dates	[21/10/2025] There have been no applicants to the recruitment exercises to date for substantive Consultant posts. The current recruitment open is open until end of October 2025. AMH Services including Alcohol & Drugs Service have Consultant cover through a combination of Substantive and Locum Consultants. A locum has been secured for the vacant part-time Eating Disorder Service/ RTN service post. HR have continued to support psychiatry with recruitment campaigns to promote and attract interest in the substantive medical vacancies through International recruitment and hosted a stall at the recent 25th World Congress of Psychiatry event taking place in Prague in October 2025 - interest from the event is being followed up. Meetings are arranged with all Locum Consultants to discuss potential for Trust contracts.
Quality of Care	1770	Director for Primary Care and Older People	Risk of Service Disruption to Service Users in Receipt of Domiciliary Care in areas of Fermanagh	20	High	20 high	9 Medium	TBC	TBC	●	2	No change	1	All actions completed - service to consider additional actions	26/01/2026 Risk remains EXTREME [Red] and this will be the case until the tender is awarded and successfully implemented

Quality of Care	1809	Director of Surgery, Paediatrics and Women's Health	Obs & Gynae Consultant Workforce AAH	16	High	16	High	9	Medium	TBC	TBC	●	2	No change	1	Actions listed with future due dates	[16/12/2025] staffing is slightly better now in December: Current staffing is 7.56wte We have one on short term sick leave, hopefully back end of Dec Two retirements next year, first one in Feb. Gynae-Oncology consultant recruitment round unsuccessful – still only have one oncology consultant Temporary locum consultant – interview in January (only 1 applicant) Permanent consultant post – interview 23 Oct – 1 successful candidate who can't take up post until CCT completion March
Regulation & Compliance	1825	Director of Performance, Planning and Corporate Services	Risk Associated with failure to meet statutory obligations under the Climate Change Act 2022 NI	16	High	16	High	6	Medium	TBC	TBC	●	1	No change	0	New Corporate Risk action plan under review	[07/01/2026] Within the last quarter the Sustainability Steering Group has been established. The group has committed to review the Terms of Reference and seek nominations for relevant sub groups. There is a requirement for the Trust to undertake an adaption report by 31/03/2026. Working group to be established from across directorates' to complete submission.
Quality of care	1396	Director of Adult Mental Health & Disability Services	Approved Social Work (ASW) pressures and pressures due to protracted waits for Psychiatric Bed	15	High	15	high	4	low	TBC	TBC	●	0	No change	0	New Corporate Risk action plan under review	[29/01/2026] Risk has been updated as approved as a new Corporate Risk in Jan 2026 at Trust Board. [08/12/2025] Risks continue with RESWS unable to accept handovers for protracted waits at times and ability to accept referrals for MHO assessments at times due to service demands. A meeting was held with Trust Directors on 17/11/25 in relation to RESWS independent review but no decision has been made as yet.

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	Done date
1	11/19/2008	20	Extreme (Red)	15	Extreme (Red)	6	Medium (Yellow)	Planning & Performance	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.	<ul style="list-style-type: none"> Fire safety policy, procedures manual including: Site specific fire emergency plans, for SWAH and A.T. 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 from inspections of Regulatory bodies e.g. NFRS and RQA. Fire Safety Controls Assurance Standard action plan. Regular fire drills and emergency exercises. Fire improvement works. All Trust fire safety advisors to be available on-call. 	<ul style="list-style-type: none"> Investigatory 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 Assessments 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 is not impacted. Not all Directorates have included Fire on their directorate risk register. Current risks not aligned to the corporate risk register. Systems are currently not in place for annual assurance at Directorates level. 	<ul style="list-style-type: none"> Fire Safety Policy, procedures manual including: Site specific fire emergency plans, for SWAH and A.T. 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 Unit. Failure to sustain HOS/AD 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 Directorates Fire Safety Risk currently not reviewed at fire safety group and at SMT's. 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 Directorate/Trust. 	<ul style="list-style-type: none"> Implementation of Learning HOS/AD reporting of mandatory training compliance. Potential exists for Premises to be operational without a Nominated Fire Officer in the Department. None adherence to Learning HOS/AD. Incomplete documentation within fire safety log books. Failure to sustain HOS/AD 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 Directorates Fire Safety Risk currently not reviewed at fire safety group and at SMT's. 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 Directorate/Trust. 	<ul style="list-style-type: none"> Implementation of Learning HOS/AD reporting of mandatory training compliance. Potential exists for Premises to be operational without a Nominated Fire Officer in the Department. None adherence to Learning HOS/AD. Incomplete documentation within fire safety log books. Failure to sustain HOS/AD 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 Directorates Fire Safety Risk currently not reviewed at fire safety group and at SMT's. 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 Directorate/Trust. 		
6	9/21/2009	25	Extreme (Red)	12	High (Amber)	6	Medium (Yellow)	Safeguarding Children	Safe & Effective Services	Children awaiting allocation of Social Worker may experience harm or abuse	<ul style="list-style-type: none"> Use of capacity and income issues within Family & Children, children may not always be allocated a Social Worker in a timely manner and it is likely that children may experience harm as a result of Trust staff not being able to provide appropriate support and emergency safe plans. It is acknowledged that currently there is high pressure on frontline social workers in Children's Services, and significant vacancy levels due to retirements. An unallocated case can be reviewed with the Operational Guidance for the Management and Monitoring of Unallocated/Waiting List Social Work Cases in Children's Services (August 2023). This Guidance aims to support the safe management of cases where the decision has been made that social work should not be provided. 	<ul style="list-style-type: none"> Ongoing action to secure funding. Update meetings between FACC and Director. Performance Management Review is being undertaken by HCS with all Trusts focusing on unallocated cases and timescales. Early Help staff returned to their indicative posts within gateway to increase the ability to allocate Principal Social Workers. DSW will monitor Action Plan and progress to stabilise team. Service Managers and Social Work Managers monitor and review unallocated cases on a weekly basis. Service and SW Managers, consistently prioritise workloads. 	<ul style="list-style-type: none"> Feedback given to Performance & Service Improvement for accountability meetings with HCS. Quarterly governance reports to Governance Committee. HCS have drafted a regional paper to review and Action Plan to review and Address Risks within HCS. Delegated Statutory Functions. 	<ul style="list-style-type: none"> Reports to SPG only detail numbers of families. There is no address and Monitor Risk in place to ensure safeguarding of children awaiting allocation. Up dates by Director to Trust and taken at a point in time. It does not demonstrate trends over the full reporting periods. 	<ul style="list-style-type: none"> Reports to SPG only detail numbers of families. There is no address and Monitor Risk in place to ensure safeguarding of children awaiting allocation. Up dates by Director to Trust and taken at a point in time. It does not demonstrate trends over the full reporting periods. 			
49	10/6/2009	15	High (Amber)	20	Extreme (Red)	6	Medium (Yellow)				The Trust faces reputation and financial risk from non-compliance across all Directorates with the UK GDPR, Data Protection Act 2018, DoJ's Good Management, Good Records and the Public Records Act 2023. The risk comprises a number of key factors which increase the level of risk for the Trust:	<ul style="list-style-type: none"> Subject Access and Data Access Agreement procedures. Information Governance/Records Management. Information Governance/Awareness training. Regional code of practice. Information Governance Steering Group. Records held securely/restricted access. ICT security policies. Limited update of Information Governance and records. Management training for reference within the team to take on provision of IG training. Regional IG Information Governance Advisory Group. Electronic transmission protocol. Investigation of incidents. 2 secondary storage facilities available across NS & SS Trust Protocol for Vacating & Decommissioning of HSC Facilities. Scoping exercise to identify sensitive information. 	<ul style="list-style-type: none"> Potential that information may be stored/used in breach of Trust policies. Limited update of Information Governance and records. Management training for reference within the team to take on provision of IG training. Regional IG Information Governance Advisory Group. Electronic transmission protocol. Investigation of incidents. 2 secondary storage facilities available across NS & SS Trust Protocol for Vacating & Decommissioning of HSC Facilities. Scoping exercise to identify sensitive information. 	<ul style="list-style-type: none"> Reports to Risk Management Sub-Committee/Governance Committee. ISO Audit of ICT and Information Management Standards. HOS Internal Audit of Information Governance. Review of composition and terms of reference of the Information Governance Steering Group as a result of the new SHO/IAO framework. 	<ul style="list-style-type: none"> None gaps in assurance identified. 	<ul style="list-style-type: none"> None gaps in assurance identified. 		
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, patients and staff without a legislative basis under UKGDPR or supporting legislation. The unavailability of records for provision of patient and client care or for legal or public interest purposes. Non-compliance with the adherence to records management responsibilities – notably the storage, categorisation and disposal/PRONI transfer of patient, client and staff records.	<ul style="list-style-type: none"> Records held securely/restricted access. ICT security policies. Limited update of Information Governance and records. Management training for reference within the team to take on provision of IG training. Regional IG Information Governance Advisory Group. Electronic transmission protocol. Investigation of incidents. 2 secondary storage facilities available across NS & SS Trust Protocol for Vacating & Decommissioning of HSC Facilities. Scoping exercise to identify sensitive information. 	<ul style="list-style-type: none"> Potential that information may be stored/used in breach of Trust policies. Limited update of Information Governance and records. Management training for reference within the team to take on provision of IG training. Regional IG Information Governance Advisory Group. Electronic transmission protocol. Investigation of incidents. 2 secondary storage facilities available across NS & SS Trust Protocol for Vacating & Decommissioning of HSC Facilities. Scoping exercise to identify sensitive information. 	<ul style="list-style-type: none"> Reports to Risk Management Sub-Committee/Governance Committee. ISO Audit of ICT and Information Management Standards. HOS Internal Audit of Information Governance. Review of composition and terms of reference of the Information Governance Steering Group as a result of the new SHO/IAO framework. 	<ul style="list-style-type: none"> None gaps in assurance identified. 	<ul style="list-style-type: none"> None gaps in assurance identified. 		
947	6/30/2016	16	High (Amber)	20	Extreme (Red)	12	Medium (Yellow)	Directorate-wide (Risk Register Use only)	Performance, Governance, Public Confidence, Safe & Effective Services.	Lack of Senior Medical Staff in the AMHD Directorate	<ul style="list-style-type: none"> Use of capacity and income issues within Family & Children, children may not always be allocated a Social Worker in a timely manner and it is likely that children may experience harm as a result of Trust staff not being able to provide appropriate support and emergency safe plans. It is acknowledged that currently there is high pressure on frontline social workers in Children's Services, and significant vacancy levels due to retirements. An unallocated case can be reviewed with the Operational Guidance for the Management and Monitoring of Unallocated/Waiting List Social Work Cases in Children's Services (August 2023). This Guidance aims to support the safe management of cases where the decision has been made that social work should not be provided. 	<ul style="list-style-type: none"> Ongoing recruitment drives, including international recruitment. Use of locums - where available and competent. Job plans and appraisals with existing staff to ensure collaborative working. Monitoring of Data and learning from SAs. A review of workforce and Allied Professionals to support the medical capacity. Service review and improvement Medical staff rota. Best practice guidance links with Regional For a. Workforce review. Actively seeking alternatives to support existing staff including pharmacy, ANPs, Physician Assistants. Recruitment and Retention Premium applied for specific posts. 	<ul style="list-style-type: none"> Lack of local medical school in Northern Ireland. Research would suggest Doctors live and work within a 30 mile 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. CAs not currently available in NI but are throughout the rest of the UK. ROI uplift in terms and conditions significantly more attractive. Staff numbers have NOT been expanded in recent years in line with increased demand and complexity, particularly compared to other trusts and specialities. This makes advertised posts less attractive on the whole. Poor/NI response to recent recruitment activity, both substantive and locum appointments. 	<ul style="list-style-type: none"> Ability to meet access targets for services. Monitoring of complaints and compliance. Monitoring of relevant data incidents. NI/OT placement reviews. Directorate Governance systems. Appraisal and staff plans. Policies and Protocols. Close working with relevant H&B, 828 and 1470. 	<ul style="list-style-type: none"> Full implementation of relevant policies and protocols. Need to prioritize urgent and emergency care activities including MHO functions. Challenging in maintaining urgent, non-clinical activities including SAs. Risk of burnout and stress related conditions in existing workforce, further diminishing capacity. See also risk ID 1443, 1456, 414, 828 and 1470. 	<ul style="list-style-type: none"> Review of AMH Services and Structures. DoH and NIMDA. Support Services staff. Increase awareness of Information Governance. Review of regional IG training. Establishment of Regional Records Group. Development of IG action plan to be finalised through IGSG. Recruitment of Band 5 IG post to support DPA. Development of IG information platform for support staff. Review of Primary Care records storage in SMT. Restructure of IAO process. Review of Secondary Storage in Maple Villa. Production of Records. 		
1181	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	<ul style="list-style-type: none"> Where MCA processes are not being followed, patients may be deprived of their liberty, without having safeguards in place. 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 and the safeguards are approved. Where emergency provisions apply, full authorisation are required to be urgently followed up. The Department of Health, requires HSC Trusts to proceed with a careful consideration of the Department of Health's guidance on the use of the Mental Capacity Act 2005. 	<ul style="list-style-type: none"> Completion of relevant forms and availability to sit on Panels. Funding not adequate to deliver the projected activity. MCA Hub on StaffWest. Assurance that there are timely completion of MCA processes. Following use of Emergency Provisions community teams staffing issues resulting in unallocated caseloads. Training of progression to the introduction of the second phase of MCA legislation is yet to be confirmed. Review of requirement for DoH in Special Schools. Structures to be developed to ensure relevant identification and completion of STDA processes within Acute settings. Directorates related MCA activity Progression of DALS via Encompas System. DCC 25 - MCA supporting Acute Services. Dedicated MCA (through dedicated Liaison Officer) rota Management. Workforce Stabilisation Governance structures. Audit and Nursing KPI's. Site co-ordination (days per week) model in place with regional HCC escalation and a key focus on 13 priority trusts. Encompas - heat map. On call managers/consultant notes. MDT/Discharge planning. Patient consultation reviews in ED. Minor Injuries Unit. Trust take consultant reviews in ED. Interdisciplinary rounding for patients in ED. Patient flow teams & Night Service Manager. Full capacity & escalation protocol as approved by CMT, Business Continuity Plans and Major Incident Protocol Fire & restoration. 	<ul style="list-style-type: none"> Completion of relevant forms and availability to sit on Panels. Funding not adequate to deliver the projected activity. MCA Hub on StaffWest. Assurance that there are timely completion of MCA processes. Following use of Emergency Provisions community teams staffing issues resulting in unallocated caseloads. Training of progression to the introduction of the second phase of MCA legislation is yet to be confirmed. Review of requirement for DoH in Special Schools. Structures to be developed to ensure relevant identification and completion of STDA processes within Acute settings. Directorates related MCA activity Progression of DALS via Encompas System. DCC 25 - MCA supporting Acute Services. Dedicated MCA (through dedicated Liaison Officer) rota Management. Workforce Stabilisation Governance structures. Audit and Nursing KPI's. Site co-ordination (days per week) model in place with regional HCC escalation and a key focus on 13 priority trusts. Encompas - heat map. On call managers/consultant notes. MDT/Discharge planning. Patient consultation reviews in ED. Minor Injuries Unit. Trust take consultant reviews in ED. Interdisciplinary rounding for patients in ED. Patient flow teams & Night Service Manager. Full capacity & escalation protocol as approved by CMT, Business Continuity Plans and Major Incident Protocol Fire & restoration. 	<ul style="list-style-type: none"> First Line of Assurance. STDA Operational Group. MCA Team, including Supervision MCA Information T&F group. Systems, processes & reporting. Encompas is the Regional Programme. Training T&F group. Second Line of Assurance. MCA Project Board. Updates to Trust Board. Internal Audit. Third Line of Assurance. MCA Legislation / Code of Practice. Mental Health Order. Role of General Attorney Office. Role of Northern Ireland Review Tribunal. SPNG. Review of requirement for DoH in Special Schools. Structures to be developed to ensure relevant identification and completion of STDA processes within Acute settings. Directorates related MCA activity Progression of DALS via Encompas System. DCC 25 - MCA supporting Acute Services. Dedicated MCA (through dedicated Liaison Officer) rota Management. Workforce Stabilisation Governance structures. Audit and Nursing KPI's. Site co-ordination (days per week) model in place with regional HCC escalation and a key focus on 13 priority trusts. Encompas - heat map. On call managers/consultant notes. MDT/Discharge planning. Patient consultation reviews in ED. Minor Injuries Unit. Trust take consultant reviews in ED. Interdisciplinary rounding for patients in ED. Patient flow teams & Night Service Manager. Full capacity & escalation protocol as approved by CMT, Business Continuity Plans and Major Incident Protocol Fire & restoration. 	<ul style="list-style-type: none"> Systems, Processes & Reporting to be strengthened & formalised. Encompas is the Regional Programme. Training T&F group. Updates to Trust Board. Internal Audit. MCA and MHO. Convergence issues between Health Trusts, P&H & H&AS. Encompas not in use with key stakeholders - Northern Ireland Review Tribunal and General Attorney Office, necessitating maintenance of dual excel system. Identification and completion of STDA lowest in the region. 			
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 ED	<ul style="list-style-type: none"> A combination of rising attendances, higher patient acuity, and increased levels of medically optimised patients in an acute setting alongside an older, frailier population has resulted in increasing pressure in the Emergency Department. System wide flow challenges, higher patient acuity, an older, frailier 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. 	<ul style="list-style-type: none"> Implementation of SAER 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. Review of administration systems and Processes re interaction with NIHT. Encompas reporting. Structures to be developed to ensure relevant identification and completion of STDA processes within Acute settings. Directorates related MCA activity Progression of DALS via Encompas System. DCC 25 - MCA supporting Acute Services. Dedicated MCA (through dedicated Liaison Officer) rota Management. Workforce Stabilisation Governance structures. Audit and Nursing KPI's. Site co-ordination (days per week) model in place with regional HCC escalation and a key focus on 13 priority trusts. Encompas - heat map. On call managers/consultant notes. MDT/Discharge planning. Patient consultation reviews in ED. Minor Injuries Unit. Trust take consultant reviews in ED. Interdisciplinary rounding for patients in ED. Patient flow teams & Night Service Manager. Full capacity & escalation protocol as approved by CMT, Business Continuity Plans and Major Incident Protocol Fire & restoration. 	<ul style="list-style-type: none"> Implementation of SAER 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. Review of administration systems and Processes re interaction with NIHT. Encompas reporting. Structures to be developed to ensure relevant identification and completion of STDA processes within Acute settings. Directorates related MCA activity Progression of DALS via Encompas System. DCC 25 - MCA supporting Acute Services. Dedicated MCA (through dedicated Liaison Officer) rota Management. Workforce Stabilisation Governance structures. Audit and Nursing KPI's. Site co-ordination (days per week) model in place with regional HCC escalation and a key focus on 13 priority trusts. Encompas - heat map. On call managers/consultant notes. MDT/Discharge planning. Patient consultation reviews in ED. Minor Injuries Unit. Trust take consultant reviews in ED. Interdisciplinary rounding for patients in ED. Patient flow teams & Night Service Manager. Full capacity & escalation protocol as approved by CMT, Business Continuity Plans and Major Incident Protocol Fire & restoration. 	<ul style="list-style-type: none"> Shared widely were appropriate. HCC Co-ordination in place 7 days per week with focus on ED safety metrics and actions to address critical issues in real time. Reliance flow/Night Service. Review of administration systems and Processes re interaction with NIHT. Encompas reporting. Structures to be developed to ensure relevant identification and completion of STDA processes within Acute settings. Directorates related MCA activity Progression of DALS via Encompas System. DCC 25 - MCA supporting Acute Services. Dedicated MCA (through dedicated Liaison Officer) rota Management. Workforce Stabilisation Governance structures. Audit and Nursing KPI's. Site co-ordination (days per week) model in place with regional HCC escalation and a key focus on 13 priority trusts. Encompas - heat map. On call managers/consultant notes. MDT/Discharge planning. Patient consultation reviews in ED. Minor Injuries Unit. Trust take consultant reviews in ED. Interdisciplinary rounding for patients in ED. Patient flow teams & Night Service Manager. Full capacity & escalation protocol as approved by CMT, Business Continuity Plans and Major Incident Protocol Fire & restoration. 	<ul style="list-style-type: none"> Operational challenges to implementation of patient pathways due to demand, congestion. H&B is funded establishment of nursing staff gaps in medical workforce. Engagement with RCC model, regional meetings up to twice daily with RCC chairs and all other Trusts, escalation and regional support were appropriate. Engagement with RCC affiliates to develop and implement reform plans. 			

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 much more significant as a consequence of the NI Executive approved Budget for 2025/26. Doh are to receive a real increase maximum of 2.6%, a net increase of £20m over 2024/25 levels. Studies indicate that the needs Assessment for Northern Ireland Health & Social Care is a factor up to 17%. For 2025/26, the funding provided delivers only 1.5% towards this. Trusts have never been more challenged and this comes in addition to having grown a significant dependency in recent years across the system on the availability of non-recurring funding to support financial balance. Non-recurring funding which is not available to the same scale for 2025/26. In addition, the regional enablers required to deliver sustained and recurrent savings have not been supported to the scale required to date. This risk therefore...	Chief Executive Assurance meetings to review performance Annual Financial Plan to review risks to financial position and opportunities for savings. Trust Board (and Finance & Performance Committee, DVMB and CMT oversight of the financial position monthly. Monthly budget reports for all levels in the organisation, with follow-up on movements in variances. Monthly Finance focus meetings between Finance and Directors / Senior Directorate Officers	Occupational Health - absence of locums and increasing demands on team without additional resources. Low uptake of mandatory training and completed annual appraisal. Inability to follow normal activities and procedures during periods of industrial action and also during emergency situations such as Pandemic. Lack of co-ordinated information on agency staffing. Due to demand in services which are working to industry and Redeployment, etc. HR Strategic Business Partner identified for each Directorate. Targeted interventions in relation to absence, agency usage, temporary staffing and other identified Directorate priorities. (Risk 6, 2025) Pension information sessions (one for each Trust, Joint LMC and Consultation Group)	Internal Audit. Assurance obtained by the Chief Executive from his assurance meeting with Directors and External Audit (NIAO). DVMB/MSD monthly financial monitoring. Monthly financial performance reports to CMT and Trust Board. Assurance from Director of Finance and ADR to CMT & Trust Board.	Gap in assurance that budget holders are applying effective budgetary control in the management of their service. Gaps in assurance that budget holders are trained to manage their budgets accordingly. Gaps in assurance that managers are reviewing their staff in post reports.	Ongoing financial management and monitoring. Operation of DVMB (Delivering Value Management Board) Monitoring and reporting of management attendances at Budgetary Control training. Support to managers in accessing and using CP to support budgetary management. Performance of Managers against SP reviews	31/03/2026 31/03/2026 31/12/2024 31/03/2026
1254	1/18/2021	16 High (Amber)	16 High (Amber)	6 Medium (Yellow)	Trust-wide (Risk Register use only)	Ensuring Stability of Our Services, Improving the Quality and Experience of Care, Supporting and Empowering Staff	Inability to deliver safe, high quality and sustainable services due to workforce supply and disruptions	Due to an inability to attract, recruit and retain staff throughout the Trust, services may not be able to maintain sufficient staffing levels to sustain high quality safe services with a reduction in service provision.	Trust support Community Trust with full HR support on hospital / community workforce groups. Delivering Care - Nurse Staffing in Northern Ireland Organisation Development Steering Group Health and Wellbeing Strategy Engagement & Involvement Strategy Doh Workforce Strategy & Trust Workforce Strategy and key actions. Policy - Rec Selection Framework, Attendance at Work, Flexible Working, Redundancy and Redeployment, etc. HR Strategic Business Partner identified for each Directorate. Targeted interventions in relation to absence, agency usage, temporary staffing and other identified Directorate priorities. (Risk 6, 2025) Pension information sessions (one for each Trust, Joint LMC and Consultation Group)	Occupational Health - absence of locums and increasing demands on team without additional resources. Low uptake of mandatory training and completed annual appraisal. Inability to follow normal activities and procedures during periods of industrial action and also during emergency situations such as Pandemic. Lack of co-ordinated information on agency staffing. Due to demand in services which are working to industry and Redeployment, etc. HR Strategic Business Partner identified for each Directorate. Targeted interventions in relation to absence, agency usage, temporary staffing and other identified Directorate priorities. (Risk 6, 2025) Pension information sessions (one for each Trust, Joint LMC and Consultation Group)	Working together delivering value Health check measurements on absence hours lost, mandatory training, appraisal, time to fill posts, job posting completion rate. Involvement Committee - Quarterly monitoring of staff engagement on initiatives that contribute to achievement of Trust Great Place ambitions (staff life, live well and grow old). Person Regulator - Compliance Junior Doctors Hours monitored twice yearly and returns compliance with Working Time Regulations and New Deal. BSO Recruitment Shared Service provides recruitment services for the Trust and there has been an increased delay in recruitment and dependence on them for related information. Inability of NIMDA to provide required number of Junior Doctors for certain specialties and localities. (Risk 684) Risk assessment of service...	Gap 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.	Looking After our People Growing for the Future Realigning the HSC New Ways of Working	31/03/2026 31/03/2026 31/03/2026
1288	4/6/2021	12 High (Amber)	12 High (Amber)	6 Medium (Yellow)	Trust-wide (Risk Register use only)	Ensuring Stability of Our Services, Improving the Quality and Experience of Care	Risk of failure to meet regulatory standards and compliance associated with Trust infrastructure and estate.	There is a risk of deterioration in the Trust Estate due to ageing and lack of capital investment in the maintenance of building services infrastructure and physical evidence associated with Trust infrastructure and estate.	SOA of electronic risks including water, electrical, fire safety, vacant estate asbestos and physical infrastructure. Should a critical issue materialise further funding can be sought from Doh or existing funding re-allocated to address the new critical issue. Estates Strategy 2015/16-2020/21 Annual review of building condition (3) and creation of professional BLM list. 2022/23 Backlog maintenance programme developed and implemented. Continual bidding for funding to address backlog maintenance. Targeting of priority areas as funding becomes available. Monthly review of Backlog Maintenance capital investment plan. Priority Backlog Maintenance capital investment plan 2024/25 Available maintenance...	Ageing infrastructure resulting in deterioration of buildings. Insufficient funding to carry out full remedial works identified.	Backlog Maintenance list Health & Safety audits Environmental Cleanliness audits Authorising Engineer audits Annual inspections carried out Monitoring at Health and Safety Water Safety Groups Reports to Corporate Governance Sub Committee/Governance Assurance standards Buildings, Land, Plant & Non-Medical Equipment Outlook - 6 - fact independent survey	Lack of Funding for backlog maintenance.	review of emerging issues and response required. Development of Business cases for 2022/23 backlog maintenance agreed action plan. CMT approval of BLM 2022/23 for submission. Development of 2023/22 BLM bid 30/09/2021 Completion of six facet condition survey 31/03/2022 Review of emerging issues and response required 31/03/2026 Monthly review of Backlog Maintenance capital investment plan 31/03/2026 Review 2022/23 ventilation system performance 30/09/2024 Develop BLM Plan 25/26 Condition surveys to be undertaken for 25/26 BLM and Capital Plan Project Delivery for 22/22 BLM and Capital Plan Delivery 24/25 Deliver 25/26 BLM plan	30/06/2022 30/09/2021 30/04/2021 30/09/2021 30/09/2021 31/03/2022 30/09/2021 30/09/2025 31/03/2026 31/03/2022 30/05/2025 31/03/2026 30/06/2022 30/09/2022 30/06/2024 31/12/2024 31/10/2025 30/04/2024
1307	6/16/2021	25 Extreme (Red)	25 Extreme (Red)	6 Medium (Yellow)	Paediatrics & Womens Health	Supporting and Empowering Staff	Clinical Risk regarding Delayed Transfer of Babies, Children and Adults to Other Hospitals	Due to limitations on the NISTAR resource and ability of Trust to facilitate transfers that don't meet NISTAR protocols and lack of clarity around same, time critical transfers are being either delayed or completed using sub-optimal alternatives. This may result in harm to patients being transferred, the pig patients in the services covering the transfer as well as additional financial cost to the Trust.	There is no on-site training / role play with NISTAR and paediatrics regularly. This is also replicated in A&E but not as frequently. NISTAR will make ambulance and driver available if local team can do transfers. Consultants if called to backfill when a transfer takes place out of hours are remunerated appropriately. A&E New Natal have a contingency means of transport in theatre (i.e. trolley with pod etc.)	Staff are called away to facilitate transfer. Working with neonatal shortage - no adequately trained staff to backfill and training delivered during core time. No funding for dedicated rota difficulty ensuring ongoing professional development to maintain skills. Requirement to provide/transfer Trust Time Critical Transfer Training delivered to all disciplines. paediatricians require different training to anaesthetists, and nurses also require different training as they all have separate roles. Not always someone available in SWAH for a 2nd On-call rota due to the small number of Trust Doh living in this area. The equipment for transport needs replaced in both units and is not of an optimal quality. Business case being taken forward to replace same.	NISTAR are implementing call recording so that all requests for transfer will be available if required for evidence. NISTAR have moved to EPC for booking and recording NISTAR transfers.	No gaps in assurance identified	Escalate to Director of Acute services for discussion with NISTAR. Raise at corporate safety huddle and R&G. Escalate through child health partnership. Review the fragility of medical staff with Paediatrics Trust Wide. Review of staff training week in line with possible training opportunities within the region	30/06/2022 31/03/2022 31/03/2026 31/03/2026
1334	10/26/2021	20 Extreme (Red)	15 High (Amber)	6 Medium (Yellow)	Surgical Services	Ensuring Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care	Sustainability of surgical services in Southern Sector of Trust due to recruitment & retention difficulties at Consultant and SR	This is threatening the ability to deliver 24/7 emergency service and the range of commissioned elective activity. There has been a high turn-over of locum consultant surgeons who have been appointed to cover gaps, leading to gaps and concerns about continuity of care. It has been highlighted that emergency surgical services are at risk within the next 6 months due to inability to sustain a Surgeon of the Week and On-call emergency rota at consultant level	Trust have authorised a Sustainable Surgical Services project to examine surgical services post Trust ref. 18/10/21. Recruitment campaign is continuous at Specialty Or and trainee level. Funded establishment should be 6.5 w/e consultant Surgeons - current baseline is 3.0 w/e with 1.5 w/e Specialty Or funded for 8.5 w/e, 5.0 in place 2 of whom are locums and one acting up. Ongoing use of locums from within the Trust to sustain the rota at South West Acute. Newly appointed Consultant taking up post 25/12/21. Efforts ongoing to recruit - interviews planned for 2.0 w/e Consultants later October 2021 (now currently deferred pending Royal College approval)	Reluctance from other surgeons across NI to participate in growing locum cover due to the generally of service cover required. Difficulties recruiting and retaining at locum and permanent level as above. Difficulty secure Royal College approval for general surgical posts.	Continuing support from Allergin Surgical body to provide locum cover for rota gaps. Programme Board will have fortnightly oversight of all of the actions within the Review Programme. Senior clinical support to project identified in place. Project lead has been seconded full time to Project team. Project Lead currently leads CMT twice weekly. This will be taken over by Programme Board with fortnightly oversight from 01/11/2021. CMT will continue to support service and project	No gaps in assurance identified	A Proposal for Sustainable Surgical Services will be developed by end January 2022 to address the most emergent issue eg. emergency surgical services in the Southern Sector of the Trust. Ongoing monitoring of the temporary suspension of emergency surgery and contingency arrangements in place, through the Project Team. Continue with ongoing recruitment to fill vacant consultant posts. Develop plan for the release of locum surgeons to align with onboarding of recent consultant surgeon appointees, when start dates confirmed.	01/09/2023 31/03/2026 31/03/2026 31/03/2026
1396	5/5/2022	15 High (Amber)	15 High (Amber)	4 Low (Green)	AMHS - Adult Mental Health	Ensuring Stability of Our Services, Ensuring efficient use of resources, Improving the Quality and Experience of Care, Supporting and Empowering Staff	Approved Social Work (ASW) pressures and pressures due to protected waits for Psychiatric Bed	Trust approves social work (ASW) services 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 AMHS on an ad-hoc basis requiring to put staff cover arrangements in place to ensure patient safety. In addition, there are instances Dohs when RESWs are not accepted referrals for assessment due to workforce capacity issues during protected waits. Risks include: +Patient coming to harm in ED or from attending +ASW, other staff or other patients coming to harm due to aggression escalating +ASW and staff burnout +ASW and other staff exhaustion.	Currently 2 Full-time ASWs are on Trustwide rota 3x per week 9am - 5pm. Other ASWs undertake the rota 1-2 per month. Positive development that almost 100% Trustwide rota cover (8 ASWs on rota), apart from sick leave or unforeseen circumstances. All incidents and complaints reviewed and reported on incidents. Complaints ASW Leadership report Escalation of issue to AMH Governance/ Directorate Governance ASW Improvement Board	Impact of unpredictable service pressures in other organisations. PSNI/NIA/RESWS	ASW Hub Project continues with project board meeting 4 x per week. Further development in meeting ASW minimum standards. Escalation Meetings continue when required to put in contingency plans when there are low staffing in RESWS bed pressures and expected protected waits. Escalation meetings are chaired by Assistant Director ASW Co-ordinator / Project Lead appointed in January 2024. Updates provided at monthly AMH Governance Meetings. Incident Reviews. Complaint Reviews	PSNI proposed Right Care Right Person Protocol	Establish Director Led ASW Project Management Group. CMT Paper - ASW Coordination role. SPFG meeting regarding ASW and service pressures. Independent Review of ASW service across WF Area. ASW QI and Leadership Report to be developed. Pressures paper develop for CMT consideration. Pressures paper to Trust Board	30/06/2023 31/07/2023 30/09/2025 31/05/2023 31/03/2025 30/06/2025 31/10/2025

1409	7/1/2022	25 Extreme (Red)	16 High (Amber)	9 Medium (Yellow)	Acute - Unscheduled Care	Ensuring Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering Staff	ED Mental Health Patients	Due to lack of local and regional mental health beds patients requiring mental health assessment and admission are required to stay in the department for prolonged periods, with minimal mental health input. Voluntary and detained patients at high risk of harm due to lack of suitable staffing, supervision and infrastructure onsite. The department is overwhelmed with multiple patients awaiting admission some have already absconded and/or attempted harm while awaiting transfer or identification of a Mental Health bed due to inadequate supervision.	ERIS/MIU will review all patients every 24 hours and liaise with psychiatry as required ED will complete Kadee's - Psych Consultants will be available for advice if needed Additional staffing support when available from Mental Health Group agreed to ED when a threshold of three or more has been reached Weekly meetings planned for ED and Mental Health to work collaboratively to improve the safety and experience for patients (commenced 16th June 2022) ED continue to report and review all associated incidents via data to further understand risk and mitigation. MAPA training	Timely access to Mental Health beds continue (Overall congestion and capacity issues within ED compounds the challenge in managing this group of patients)	Daily engagement with MIU and ED to manage risk Newly established weekly meetings between ED and mental health teams	No gaps in assurances identified	Meetings Workforce Improvement Meetings Consider for de-escalation	03/07/2023 21/12/2024 31/12/2024 01/03/2026	
1423	8/17/2022	12 Medium (Yellow)	12 Medium (Yellow)	1 Low (Green)	Childrens Health & Disability	Ensuring Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care	Human Milk Bank - Does not meet Governance and Information requirements	A review was undertaken of the current contracts between the WHSCT and the HSE and between Blue Spoon due to a change in the delivery and collection of DEBM. During the review a number of contractual issues were identified by OLS (see attached report) which question the Trust's statutory powers and functions and current corporate governance arrangements regarding provision of service to Rec.	OLS assisting with adjustments to current WHSCT contract with HSE and SA with CHU Dublin.	Need for further negotiations and law in HSE. Currently no Departmental oversight. There is no express departmental direction nor policy, nor any cross border government agreement, which would provide policy and governance cover for the Trusts provision of the all Ireland service.	Recent audit completed or air returned truck back labels for quality HLS have provided a Draft Transport Agreement Engagement with BSO PALS Engagement with Logistics UK Member Advice Centre - MAAC HLS support and advice re appropriate adjustments required for the contract. There is no express departmental direction nor policy, nor any cross border government agreement, which would provide policy and governance cover for the Trusts provision of this all Ireland service. HSE have not identified any policy governance risks in relation to the operational delivery of the service. WHSCT Milk Bank works under the Northern Ireland Clinical Excellence (NICE) Guidelines that recommend the use of the Hazard Analysis Critical Control Point principles. Regular meeting with Blood Bank	HSE agreement to the amended contract. There is no express departmental direction nor policy, nor any cross border government agreement, which would provide policy and governance cover for the Trusts provision of this all Ireland service. Progress work required in relation to contract	Develop Business Case Secure Funding ROI Units Training of staff governmental agreement, which would provide policy and governance cover for the Trusts provision of this all Ireland service. Progress work required in relation to contract	31/12/2022 30/06/2023 31/12/2022 30/06/2023 31/12/2025 31/12/2025	
1469	1/6/2023	12 High (Amber)	16 High (Amber)	4 High (Amber)	Trust-wide (Risk Register use only)	Supporting and Empowering Staff	Health & Safety Risk to Violence and Aggression	Increases in the number and complexity of patients being treated and awaiting treatment in all our settings, along with social, economic and environmental factors; restrictive guidelines / practices resulting in increased social media challenges; and the absence of a Corporate legal remedy, have all contributed to an increased high level of abuse, violence and aggression against Trust staff. The result is that staff are increasingly subjected to both sporadic and longer consistent patterns of patient/clients/visitors displaying abusive, challenging, aggressive and violent behaviours in our facilities, communities and home environments leading to a significant risk of emotional and physical harm.	Aggression (MOVA) group in place. Zero Tolerance & Security policy limited support available for staff from the Trust when seeking prosecution/non-prosecution orders against violent individuals. No Acute Liaison Psychiatry service in ED No programme of regular education regarding mental health presentations in ED and other acute settings of risk. CAMHS referral pathways not clarified for patients aged 0-18. CAMHS not co-located in hospital. No dedicated area for intoxicated or consistently violent patients to be treated in ED. Lack of resource to provide safety intervention training following CEC cessation of training provision. Trust alert system not utilised in ED.	Review of regional guidance Limited legal support available for staff from the Trust when seeking prosecution/non-prosecution orders against violent individuals. No Acute Liaison Psychiatry service in ED No programme of regular education regarding mental health presentations in ED and other acute settings of risk. CAMHS referral pathways not clarified for patients aged 0-18. CAMHS not co-located in hospital. No dedicated area for intoxicated or consistently violent patients to be treated in ED. Lack of resource to provide safety intervention training following CEC cessation of training provision. Trust alert system not utilised in ED.	Audit Trust controls assurance Risk assessment compliance Reporting on corporate risk register - Director Governance Incident reporting to MOVA Steering Group Audit Regional Benchmarking and DCH Health and Safety Inspections Trust-wide	no gaps in assurances identified	Adopt and embed regional MOVA Policy in Trust Policy and Procedures Draft business case to expand resources for Safety Intervention Training Increase security within ED Implement "Power to Remove from HSC premises"	31/03/2026 31/03/2026 31/03/2026 31/03/2026	
1501	6/1/2024	18 High (Amber)	16 High (Amber)	6 Medium (Yellow)	Surgical Services	Ensuring Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care	Head and Neck service provision	The ENT service in the Western Health and Social Care Trust is funded at 4 FTE consultants. 4 consultants in post. 2 vacant posts currently filled with Locum. One head and neck consultant who has retired on the 6th September 2023. This consultant managed both complex cancer and benign head & neck conditions, including thyroids. This consultant returned following retirement for a short period (September to December) on a bank contract. Moving forward this surgeon is no longer available. The Trust has previously tried to recruit a 2nd head and neck cancer consultant 4 times nationally and 3 times internationally with no success since 2018. Currently 2 benign head and neck with interest in thyroid surgery consultant and general ENT consultant posts advertised via IMH and global recruitment. The Trust is not commissioned, and does not have the workforce resource to manage this service user group. Typically this service user group require a multi-professional approach, i.e. GP, Psychiatry, psychology, addiction support, nursing, OT, social work, to achieve good outcomes. The service is not commissioned within the WHSCT resulting in early intervention not being achieved and crisis intervention sometimes being required, with on-going delayed discharges within hospital as a result of difficulties in placing service users. Increased care home placements, increased community care and domestic packages and increased need for care management. Overall cost to services is significant to support individuals with a formal or suspected diagnosis of ARBD and individuals whose addiction is the primary driver for their presentation.	ENT locum consultant with experience in benign head and neck in managing a cohort of identified patients on theatre waiting list for benign disease but her contract in funding will end on 22/5/24. There will remain an active waiting list for benign head and neck surgery. The current ENT team does not have the skill set to operate on this cohort of patients. A red flag diagnostic service will continue to be delivered for the cohort.	ENT locum consultant with experience in benign head and neck in managing a cohort of identified patients on theatre waiting list for benign disease but her contract in funding will end on 22/5/24. There will remain an active waiting list for benign head and neck surgery. The current ENT team does not have the skill set to operate on this cohort of patients. A red flag diagnostic service will continue to be delivered for the cohort.	Review of regional guidance Limited legal support available for staff from the Trust when seeking prosecution/non-prosecution orders against violent individuals. No Acute Liaison Psychiatry service in ED No programme of regular education regarding mental health presentations in ED and other acute settings of risk. CAMHS referral pathways not clarified for patients aged 0-18. CAMHS not co-located in hospital. No dedicated area for intoxicated or consistently violent patients to be treated in ED. Lack of resource to provide safety intervention training following CEC cessation of training provision. Trust alert system not utilised in ED.	no gaps identified	Recruitment of head and neck consultant x 2 Potential Service delivery redesigns Formal Pathway to be agreed with Belfast Trust and Western trust Regional transfer of patients. Formal lookback to be undertaken in relation to patients under thyroid surgery in trust and via 15 provider in relation to patient care and management for the last 2 years	31/03/2026 31/03/2026 31/03/2026 31/03/2026	
1529	9/19/2024	9 Medium (Yellow)	9 Medium (Yellow)	6 Medium (Yellow)	AMHDS - Adult Mental Health	Ensuring Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering Staff	Alcohol Related Brain Disease: Non Commissioned service within WHSCT	Alcohol Related Brain Disease: Non Commissioned service within WHSCT	Review of regional guidance Limited legal support available for staff from the Trust when seeking prosecution/non-prosecution orders against violent individuals. No Acute Liaison Psychiatry service in ED No programme of regular education regarding mental health presentations in ED and other acute settings of risk. CAMHS referral pathways not clarified for patients aged 0-18. CAMHS not co-located in hospital. No dedicated area for intoxicated or consistently violent patients to be treated in ED. Lack of resource to provide safety intervention training following CEC cessation of training provision. Trust alert system not utilised in ED.	Review of regional guidance Limited legal support available for staff from the Trust when seeking prosecution/non-prosecution orders against violent individuals. No Acute Liaison Psychiatry service in ED No programme of regular education regarding mental health presentations in ED and other acute settings of risk. CAMHS referral pathways not clarified for patients aged 0-18. CAMHS not co-located in hospital. No dedicated area for intoxicated or consistently violent patients to be treated in ED. Lack of resource to provide safety intervention training following CEC cessation of training provision. Trust alert system not utilised in ED.	Review of regional guidance Limited legal support available for staff from the Trust when seeking prosecution/non-prosecution orders against violent individuals. No Acute Liaison Psychiatry service in ED No programme of regular education regarding mental health presentations in ED and other acute settings of risk. CAMHS referral pathways not clarified for patients aged 0-18. CAMHS not co-located in hospital. No dedicated area for intoxicated or consistently violent patients to be treated in ED. Lack of resource to provide safety intervention training following CEC cessation of training provision. Trust alert system not utilised in ED.	no gaps identified	Commissioned pathway for this client group	SCOPING EXERCISE TO BE COMPLETED COMPLETE ARBD RESEARCH CREATE REFERRAL CENTRE REGIONAL WORK- LEAD TASK AND FINISH/OVERSIGHT GROUP BUSINESS CASE	29/08/2024 23/10/2024 31/12/2025 01/02/2026 01/02/2026
1647	11/21/2024	20 Extreme (Red)	20 Extreme (Red)	6 Medium (Yellow)	COP - Intermediate Care & Rehabilitation	Ensuring Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care	Risk of disruption to the Trusts contracted out domiciliary care services as result of new procurement exercise	The Trust is tendering 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 clients will experience a change in provider should their current provider not be successful in this new tender exercise. The new contract arrangements will not be in place prior to the current contract extension.	Project Management & Implementation Plan OLA & BSO PALS support Contract Management & Management Meetings with providers Close links with social work staff who are the key workers for our clients	No gaps identified.	Registered service with RQIA and subject to regular inspection. Internal audit inspections. Meetings with providers. Close links with social work staff who are the key workers for our clients.	No gaps identified.	Implementation plan to be developed once tender outcomes are known Dedicated tender transition team to be identified	31/03/2026 30/03/2026	

1653	12/9/2024	20 Extreme (Red)	20 Extreme (Red)	6 Medium (Yellow)	Acute - Emergency Care & Medicine	Ensuring Stability of Our Services	NSTEMI in ED	<p>Demand on cardiology beds exceeds the capacity. Patients admitted with NSTEMI presentations should be monitored in a cardiology ward. In the past number of months is a common occurrence to find on average 4 cardiology patients in ED with no identified bed in the cardiology ward. These patients are at a greater risk of arrhythmia/instability and are not receiving optimised care.</p> <p>Beds in ward 22 are not available due to site pressure demands. We have 50 beds which should be for Cardiology patients in ward 22 and on average we have only 2-3 patients there at any one time.</p>	<p>Patients are identified by the Cardiology Consultants each day who are suitable to outlay to our step down beds in ward 22. The Cardiology Consultants attend ED each morning to identify and prioritise patients who need to come to the ward.</p> <p>Beds in ward 22 are not available due to site pressure demands. We have 50 beds which should be for Cardiology patients in ward 22 and on average we have only 2-3 patients there at any one time.</p>	<p>Bed in ward 22 are not available due to site pressure demands. We have 50 beds which should be for Cardiology patients in ward 22 and on average we have only 2-3 patients there at any one time.</p>	<p>patient flow aware of priority for admission.</p>	<p>Cardiology patients admitted following the morning post take will not be reviewed by a Consultant Cardiologist until the next morning due to staffing pressures</p>	<p>Action Required Action Required Action Plan Consider for de-escalation</p>	<p>03/01/2025 09/12/2025 30/04/2025 01/02/2026</p>
1656	12/12/2024	9 Medium (Yellow)	9 Medium (Yellow)	6 Low (Green)		Supporting and Empowering Staff	Risk of Roster - Pro System Failure	<p>from 30 Sept 2024 the roster-pro system has no software support in place.</p> <p>In the event that the Roster-pro System fails the following risks impact:</p> <ul style="list-style-type: none"> Loss of electronic rostering function until system function restored if possible. Loss of ability to use electronic shift data to inform payroll for a larger number of staff. Loss of management data on working time. Additional workload for Roster Managers to revert to manual rostering processes as outlined in the contingency arrangements and to process payment for unsocial hours and enhanced rate shifts using ETMO2. This may delay staff receiving payment for specialist duty payments. <p>Note: System failed on 28 May 2024 due to expired Licence</p>	<p>WHGCT has procured a replacement E-Roster System implementation commencing March 2024 expected to be completed by September 2025 (18months). The Digital Services Team process a system back-up on a bi-monthly basis. This would maintain the data integrity up to the last update. Section 11 of the WHGCT Nursing and Midwifery Rostering Policy outlines the contingency arrangements in the event of roster system failure. Contingency measures tested during the Roster-Pro system outage 28 - 30 May 2024. Updated to reflect learning and need for more process directed instruction to Roster Managers. Updated Contingency measure communicated to all Roster Managers June 2024.</p>	<p>Who software maintenance support available from 30 Sept 2023. Who alternative electronic option to manage processing data on special duties. Enhancements to payroll.</p>	<p>Roster-pro system functionality issued daily by E-Roster Team. Who system back-up processed by Digital Services Team. Who Bank Office produce weekly report on shifts bookings as back up. Who roster preparation will revert to paper based option. Who ETMO2 available for staff to record special duty enhancements to inform payroll</p>	<p>Additional workload for line managers to approve numerous ETMO2 claims for special duty enhancements.</p>	<p>Full implementation of e-roster software</p>	<p>01/06/2026</p>
1692	5/7/2025	16 High (Amber)	16 High (Amber)	6 Low (Green)	Paediatrics & Womens Health	Ensuring Stability of Our Services	Paediatric Consultant Workforce SWAH	<p>Current vulnerabilities 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 one consultant recently returned from long term sick but not working on the OOH rota. One consultant heavily weighted to community care. One consultant currently on long term sick. One requires DD88 involvement having returned from long term sick leave. This consultant is not covering the out of hours rota, resulting in two consultants unable to provide out of hours cover. Anticipation of one permanent consultant retiring within the next 12 months.</p> <p>Effect The impact of this is on the 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. Over 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 reported during the quarter Nov-Jan 26</p>	<p>Who locum Consultants in place covering current gaps. Who recruited 1wte Specialty Dr (IMR) to middle tier. Will review shift in one week. Time, que possibility CESR to progress to Consultant tier. Who temp 2 year fixed term contract advertised. Who Discussion sent to Royal College for approval to recruit to further permanent consultant. Who of IMR.</p>	<p>Who unable to offer Agency Drs sufficient hours between 1-5, Monday to Friday, due to the nature of the service, resulting in dissatisfaction with Agency Drs, impacting our ability to retain same. Who IMR Drs require significant support and investment however are unable to practice independently on the OOH rota. Who paediatric trainee Drs are not allocated to the SWAH, therefore there is less staff exposed to this unit, who may return for a consultant post.</p>	<p>Who ability to maintain a full rota. Who feedback from members (MDT) Nursing and Management within the Sub-Directorate.</p>	<p>No gaps identified</p>	<p>Escalate workforce challenges at the Child Health Partnership. Undertake a financial assessment to recruit a permanent Consultant to reduce locum spend</p>	<p>31/03/2026 31/03/2026</p>
1717	7/25/2025	12 High (Amber)	8 High (Amber)	4 High (Amber)			Risk of Fire in accommodation provided to LA	<p>The Unmarked Accommodation service: Cause 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. Over 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 reported during the quarter Nov-Jan 26</p>					<p>Further discussions with Planning Performance and Corporate Services and an ongoing basis on how best to support each other to reduce the risk. To ensure that newly developed Accommodation Agreement is given to and signed off by all young people residing in Trust Owned Accommodation/Harkin & Tarsis Accommodation and Arks accommodation. Increase electrical sockets in Trust Owned Properties. Currently insufficient sockets which can result in the extensive use of extension leads thereby increasing the risk of overloading circuits. Staff to continue to visit young people under 18 where live</p>	<p>31/03/2026 31/03/2026 31/03/2026</p>
1770	9/19/2025	20 Extreme (Red)	20 Extreme (Red)	9 Medium (Yellow)	Directorate-wide Risk Register Use only	Ensuring Stability of Our Services, Ensuring efficient use of resources, Improving the Quality and Experience of Care	Risk of Service Disruption to Service Users in Reciprocal Domestic Care in areas of Fermanagh	<p>The Maiden Trust currently holds contracts with 3 separate independent sector providers to deliver homecare services in the geographical areas of Lisnakeen, Inverinstown and Enniskillen. One of the providers, North West Care have informed the Trust of their decision to cease their provision of homecare services in these Fermanagh areas at the end of their current contract. As a consequence, service users in this geographical area currently supported by North West Care will experience a change in their homecare provider. There will also need to be adjustments required for the wider homecare provision in these areas as services are reorganised to accommodate this change.</p>	<p>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 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 with social work colleagues who are key workers for affected service users.</p>	<p>No gaps in controls identified. Robust action plan in place</p>	<p>Regulated service with RQA and subject to regular inspection. Internal audit inspectors Contract Management Incident monitoring & reporting</p>	<p>No gaps in assurance provided. RQA regulated service</p>	<p>Phased change of provider (Lisnakeen) Change of Provider Inspection Change of Provider Enniskillen</p>	<p>30/09/2025 13/10/2025 10/11/2025</p>
1809	11/21/2025	16 High (Amber)	16 High (Amber)	9 Medium (Yellow)	Paediatrics & Womens Health	Ensuring Stability of Our Services	Onc & Gynaec Consultant Workforce A&H	<p>Current vulnerabilities within this service: Cause The Altnaghin Onc & Gynaec consultant team is funded for 10.96 WTE consultants. Current vacancies in Sept 2025 is 4.56 WTE. This is due to unplanned leave and permanent & 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 Gynaec Oncology). The trust is funded for two gynaec oncology consultants, one recently left and the other is on unplanned leave. Interviews are planned for 23rd October 2025. We anticipate two permanent consultants retiring within the next 6 months.</p>	<p>Two consultant and one ad-hoc locum to cover current gaps. Exploring the use of IMR interviews planned. A&H Gynaec Oncology Clinic covered by SWAH consultant supported by two clinicians, reducing disruption to service. This allows presentation of regional MDT and some surgery to continue in Trust</p>	<p>Challenging to recruit suitable locums as previous appointments have not been of the standard required. Many who have worked in England do not have the ability to scan patients in Antenatal Clinic. The Western Trust operates a single rota for O&G Gynaec which presents challenges when recruiting and retaining staff</p>	<p>Ability to maintain a full rota feedback from members (MDT) Nursing and Management within the sub-directorate Oncology Gynaec performance data</p>	<p>Consultant Workforce</p>	<p>01/02/2026</p>	

