

# CORPORATE RISK REGISTER & ASSURANCE FRAMEWORK

BRIEFING NOTE PREPARED FOR Trust Board  
9<sup>th</sup> June 2022

There are 22 risks on the Corporate Risk Register as approved at CMT on 24<sup>th</sup> May 2022.

## **Summary**

- New Risks for consideration
- Material Change to the Risk Register (Risk ID1075, ID1320)
- Summary report for actions

## **Proposed new Corporate Risk**

- No new corporate risks for approval

## **Material Change**

- Proposal to de-escalate risk ID1075 No Deal Scenario / Hard Border EU Exit to be managed at directorate level following agreement with subject matter leads.

**Current Risk Rating** – Consequence Major (4) x Likely (4) = **HIGH** (16)

- Proposal to increase risk grading on risk ID1320 Delayed/inappropriate placement of children assessed as requiring inpatient mental health care from 12 high to 20 extreme.

The lack of beds is an ongoing issue in Beechcroft due to difficulties staffing the unit – this is run by BHSCT so we have no control over responses. As a result of staffing issues the unit is not running at full capacity, this is reviewed weekly along with the commissioner.

The effect for the WHSCT is that we have Step 5 children (require Beechcroft admission) who remain in the community/ AMH wards/ Acute/ Paediatric settings. There is knock on effect on the CAMHS service which is required to provide 24hr cover/support to ensure children remain safe in these settings until they can be admitted to Beechcroft. This adds to pressure on the step 3/4 children as community staffing resource is redirected to Step 5 based on clinical need.

**Current Risk Rating** – Consequence Major (4) x Likelihood Possible (3) = **HIGH** (12)

**Proposed Risk Rating** – Consequence Major (4) x Likelihood Certain (5) = **EXTREME** (20)

## Summary report – for action

### Risks not reviewed in last quarter

- All risks have been reviewed in the last quarter

### Action plans not up to date

- There are no risks with outstanding actions at date of reporting

## Update on outstanding actions from Trust Board

Please see attached list of outstanding actions as agreed following Trust Board workshop. These actions are being progressed through the normal CMT-Trust Board approval process and an update on progress is being tabled each month.

| Risk ID | Lead Director    | Risk Title   | Workshop Action   | Progress | Update  |
|---------|------------------|--|---|----------|---|
| 3       | Medical Director | Health and Safety Risk - Resulting in Injury   | This risk will be revised to focus on more specific issues regarding work related stress and violence and aggression. Currently the risk is too broad including work acquired infection – Higher tolerance – to be reviewed at Trust Board in 1 year. |          | 24.05.2022 - Risk is currently being reviewed and assessed.   |
| 1213    | Medical Director | COVID-19 risk re assess & response to patient/client need & maintain quality & safety for patients/clients and staff | Risk to be reviewed/reworked in conjunction with Risk ID 1316 service rebuild.  |          | 24.05.22 - A task and finish group has been established to review the risk, taking into consideration the definition, controls, gaps and development of KPIs. |

| Risk ID | Lead Director                       | Risk Title  | Workshop Action   | Progress | Update  |
|---------|-------------------------------------|---|---|----------|---|
| 1216    | Director of Acute Hospital Services | Risk of patient harm in Trust EDs due to capacity, staffing and patient flow issues | This risk is to be reviewed and redefined to reflect the wider issue of patient flow in both the acute and community settings.                              |          | 24.05.2022 – Risk is currently being reviewed to reflect issues of patient flow.  |
| 1316    | Service Re-build post Covid surge   | Service Re-build post Covid surge   | Risk to be reworked in conjunction with Risk ID1213 to reflect new landscape. Risk to be brought back to Trust Board review once this exercise is complete. |          | 24.05.22 - A task and finish group has been established to review the risk, taking into consideration the definition, controls, gaps and development of KPIs. |

| Risk Category (to be revised) | Risk ID | Lead Director                                 | Risk Title  | Initial |        | Current |        | Target |        | Current Risk Status      |                                   | Mths since last updated | Action Plan Status                   | Latest Update  |
|-------------------------------|---------|---|---|---------|--------|---------|--------|--------|--------|--------------------------|-----------------------------------|-------------------------|--------------------------------------|--|
|                               |         |   |   | Score   | Grade  | Score   | Grade  | Score  | Grade  | Mths since score changed | Change in score since last review |                         |                                      |  |
| Health & Safety               | 3       | Medical Director                              | Health and Safety risk - resulting in injury  | 16      | HIGH   | 20      | EXTREM | 4      | HIGH   | ● 24                     | No change                         | 0                       | Actions listed with future due dates | 11th May 22 - Trend report on work acquired staff Covid infections from 01/10/20 – 11/05/22 monthly figures as follows:- Oct101;Nov72;Dec74;Jan59;Feb14;Mar7;Apr3;May1;Jun1;Jul8;Aug16;Sep11; Oct12.Nov7, Dec40, Jan98, Feb56,Mar61, April17.<br><br>There were 369 incidents reported to Health & Safety Executive (RIDDOR reportable) from 01/08/2021 - 11/05/2022 of which 326 were Covid-19 related infections. Cumulatively 750 incidents were reported as RIDDOR relating to covid at 11 May 22. Current compliance rates for submission of annual risk assessments is as follows:<br><br>Acute - 74%(70) compliance; AMHLD - 99%(81) compliance; PSI - 76%(22) compliance; PCOP - 62%(68) compliance; W&C - 38%(26) compliance. |
| Quality of Care               | 6       | Director of Women & Children's Services       | Children awaiting allocation of Social Worker may experience harm or abuse  | 25      | EXTREM | 12      | HIGH   | 8      | HIGH   | ● 54                     | No change                         | 0                       | Actions listed with future due dates | May 2022 - Social work capacity remains an issue for the Trust and directly impacts on unallocated case figures. All frontline teams continue to experience high levels of vacant posts. W&C Senior Management team continue to closely monitor unallocated figures with monthly returns submitted to HSCB detailing staffing deficits and unallocated figures.  |
| ICT & Physical Infrastructure | 49      | Director of Finance                           | The potential impact of a Cyber Security incident on the Western Trust  | 16      | HIGH   | 16      | HIGH   | 9      | MEDIUM | ● 58                     | No change                         | 0                       | Actions listed with future due dates | 18/05/2022 - A series of workshops to review and update the Cyber Corporate Risk 49 have been carried out involving ICT staff along with input from Risk Management Team. The risk is being reviewed in terms of risk appetite, impact, and probability scoring as a result of investment in technology and governance arrangements around cyber. The risk controls, assurances and actions plans have been re-expressed in terms of Technical, People, Governance and Supply Chain workstreams.   |
| Quality of Care               | 57      | Medical Director                              | Failure to learn from quality and safety risk indicators may result in harm.  | 16      | HIGH   | 15      | EXTREM | 8      | HIGH   | ● 14                     | No change                         | 0                       | Actions listed with future due dates | 10/05/2022 - SAls overdue 56 (59 previous month). 87(81) formal complaints open greater than 20 working days. 2,600 (2,569) incidents open greater than 3 months.  |
| Regulation & Compliance       | 284     | Director of Performance & Service Improvement | Risk of breach of General Data Protection Regulation (GDPR) and Data Protection legislation through loss of personal or sensitive | 16      | HIGH   | 16      | HIGH   | 8      | HIGH   | ● 65                     | No change                         | 0                       | Actions listed with future due dates | 09/05/2022 - The overall Trust IG training compliance has risen a further 2% to 72% @ 1 May 2022. Bespoke Zoom training sessions for W&C social care staff (due to a high number of IG incidents recorded on Datix) will be completed by 10 May (approx 100 staff will be trained). A staff survey to assess the prevalence and use of instant messaging apps by staff will be issued on 9 May.<br><br>□   |
| Regulation & Compliance       | 955     | Director of Finance                           | Failure to comply with procurement legislation re social care procurement   | 12      | MEDIUM | 12      | MEDIUM | 4      | LOW    | ● 68                     | No change                         | 3                       | Actions listed with future due dates | 04/03/2022 - The report from the SCPB workshop has been approved at Regional PB and recommendations contained are being taken forward. The Trust is awaiting further correspondence from the SCPB chair about revised membership for the SCPB  |

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|                               |         |   |   | Score   | Grade  | Score   | Grade  | Score  | Grade | Mths since score changed | Change in score since last review |                         |                                      |  |
| People & Resource             | 1075    | Director of Finance   | No Deal Scenario / Hard Border EU Exit  | 12      | HIGH   | 16      | HIGH   | 4      | LOW   | 43                       | No change                         | 1                       | Actions listed with future due dates | 06/04/2022 - Dual Registration for Professional Staff - there are approximately 80 Trust social work staff who need dual registration, yet only 15 dually registered to date with another 5 due to dually register by end of March 2022. The cost per individual is approx 510 Euros and then an annual fee of 100 Euros thereafter. This is a financial pressure as no funding has been made available yet – HSCB are aware of it.<br><br>Pharmaceutical arms length bodies to be set up - This appears to refer to the management of inbound medicines from GB. Following discussions it would appear that this risk is no longer on the corporate risk register, that it has moved onto the acute risk register.<br><br>Resolution of Inbound Radiopharmaceuticals – This was discussed at the acute governance meeting last week and that all associated risks on radio-pharmaceuticals have now been mitigated. This does not appear to be needed on the corporate risk register. |
| Quality of Care               | 1133    | Director of Nursing, Primary Care & Older People's Services | Risk to safe patient care relating to inappropriate use of medical air  | 15      | EXTREM | 25      | EXTREM | 5      | HIGH  | 23                       | No change                         | 1                       | Actions listed with future due dates | March 2022: Successful pilot in Ward 31 on Altnagelvin site for nebulisers. The pilot will be rolled out in Ward 1 SWAH. Once both pilots are completed then nebulisers will be ordered to replace the medical air outlets in the majority of wards. There will still be the need for a few wards to continue with medical air and they will continue with the audit forms. These areas will be risk assessed. There have been no recent incidents relating to medical air. Wards encouraged to complete the weekly audit form. Results of the audit are highlighted at safe and Effective Care and TNMG. It is also discussed at the Trust Medical Gases meeting.   |
| Regulation & Compliance       | 1183    | Director of Adult Mental Health & Learning Disability       | Where MCA processes are not being followed, patients may be deprived of their liberty, without having safeguards in place | 25      | EXTREM | 20      | EXTREM | 12     | HIGH  | 12                       | No change                         | 1                       | Actions listed with future due dates | 20/04/2022 - Short Term Detention Authorisation activity is still in breach of MCA legislation, it is recognised that Legacy1 activity is on track to be completed by end March 2022 and that all community authorisations and extensions are being processed within the required timeframes.  |
| Quality of Care               | 1213    | Trust-wide (Risk Register Use Only)                         | COVID-19 risk re assess & response to patient/client need & maintain quality & safety for patients/clients and staff      | 20      | EXTREM | 20      | EXTREM | 10     | HIGH  | 25                       | No change                         | 0                       | Actions listed with future due dates | 16/05/2022 - There has been 16 incidents regarding ED capacity in the last month. 7 red and 9 amber.   |
| Quality of Care               | 1216    | Acute Hospital Services                                     | Risk of patient harm in Trust EDs due to capacity, staffing and patient flow issues                                       | 15      | EXTREM | 15      | EXTREM | 5      | HIGH  | 26                       | No change                         | 0                       | Actions listed with future due dates | 18/05/2022 - - This risk still remains unchanged for ALT ED. High number of bank and high cost agency being required to maintain safe staffing levels. Average DTAs greater than 20 daily at 8AM.<br><br>SWAH - 17/5/22 SWAH update - there continues to be pressures with SWAH ED due to physical capacity issues. The extended use of Area 3 is helping to alleviate some of the overcrowding during the day and assist with quicker treatment of lower acuity and lower dependency minor injury patients and ambulatory patients.   |
| Regulation & Compliance       | 1219    | Acute Hospital Services                                     | Lack of endoscopy capacity for endoscopy to meet the demand which impacts on Patient outcomes                             | 20      | EXTREM | 20      | EXTREM | 1      | LOW   | 15                       | No change                         | 0                       | Actions listed with future due dates | 18/05/2022 DAC being progressed to send patients to the independent sector provider (outsourcing). Weekend endoscopy sessions through ECRI ongoing, 91 patients had procedures in April 2022. Validation of colon surveillance is being explore with potential support from SE Trust consultant. Regional endoscopy hub in lagan valley is being progressed, will hopefully commence in the second quarter. Locum GI consultant in southern sector is being considered. IPT allocation for Nurse Endoscopist and associated infrastructure is awaited from the commissioner. Fifth GI consultant post is advertised  |

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|                               |         |   |  | Score   | Grade  | Score   | Grade  | Score  | Grade  | Mths since score changed | Change in score since last review |                         |                                      |   |
| Financial                     | 1236    | Director of Finance                           | Ability to achieve financial stability, due to both reductions in Income and increased expenditure.          | 16      | HIGH   | 16      | HIGH   | 8      | HIGH   | 21                       | No change                         | 3                       | Actions listed with future due dates | 03/03/2022 - The Trust is expecting to have achieved £4m of recurrent savings as part of it's recovery plan 2021/22. HSCB/DOH have not yet confirmed a contribution to same. In addition there is uncertainty around the budget position 22/23 and funding for pressures / COVID etc. and the potential for additional savings targets to Trusts.   |
| Quality of Care               | 1254    | Director of Human Resources                   | Inability to deliver safe, high quality and sustainable services due to workforce supply and disruptions     | 16      | HIGH   | 16      | HIGH   | 9      | MEDIUM | 16                       | No change                         | 3                       | Actions listed with future due dates | 16/02/2022 - Staffing levels are continuing to improve as a result of reduced COVID absence. The Trust has received additional funding from Staff Support Fund for Occupational Health, Organisation Development Team and manager support. Work is progressing against HR Directorate Plan.   |
| Regulation & Compliance       | 1288    | Director of Performance & Service Improvement | Risk of failure to meet regulatory standards and compliance associated with Trust infrastructure and estate. | 12      | HIGH   | 12      | HIGH   | 12     | HIGH   | 14                       | No change                         | 0                       | Actions listed with future due dates | 18.05.22 £2.75m secured from DoH for BLM 22/23. Initial draft of proposed projects against secured expenditure forwarded to DoH.<br><br>Significant fire incident in Glenelly Denney (Stradreaugh) following this the risk of vacant estate to be reviewed. In consultation with DoH with regard to the risk.   |
| Quality of Care               | 1306    | Acute Hospital Services                       | Vacant Paediatric Ophthalmology consultant post resulting in no Paediatric Ophthalmology clinics             | 16      | HIGH   | 16      | HIGH   | 4      | LOW    | 11                       | No change                         | 0                       | Actions listed with future due dates | 18/05/2022 - There is still a risk to the review paediatric patients as no one is currently seeing these patients and the Belfast Trust do not have capacity at present. There is also a risk to patients on the squint waiting list and we are looking to utilise the private sector for these patients and a DAC has been done for this.  |
| Quality of Care               | 1307    | Director of Women & Children's Services       | Clinical Risk regarding Delayed Transfer of Babies, Children and Adults to Other Hospitals                   | 25      | EXTREM | 25      | EXTREM | 10     | HIGH   | 8                        | No change                         | 0                       | Actions listed with future due dates | 10/05/2022 - Director W&C to write to Director BHSCT, who has responsibility for NISTAR, to outline the current risks facing the WHST as a result of the lack of NISTAR services and request additional support. AD for Healthcare will also speak to her counterparts in BHSCT to request additional support.  |
| Quality of Care               | 1316    | Director of Performance & Service Improvement | Service Re-build post Covid surge  | 12      | HIGH   | 12      | HIGH   | 6      | MEDIUM | 10                       | No change                         | 0                       | Actions listed with future due dates | 18/05/2022 -A task and finish group has been established to review this risk, taking into consideration the definition, controls and gaps and development of KPI's.   |
| Quality of Care               | 1320    | Director of Women & Children's Services       | Delayed/inappropriate placement of children assessed as requiring inpatient mental health care.              | 12      | HIGH   | 12      | HIGH   | 8      | HIGH   | 7                        | No change                         | 1                       | Actions listed with future due dates | 20/04/2022 - Daily contact with Beechcroft re bed availability and hospital to hospital tx asap. 1:1 Nursing on ward to support YP and support system provided through agency cover when possible to secure.CAMHS continue to hold clinical responsibility for these young people. In situation of no available bed CAMHS seek AMHS inpatient bed (SAE). When YP presents as requiring inpatient mental health assessment admission sought to Regional Adolescent MH Unit |

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|------------------------------------|---------|---|--|---------|--------|---------|--------|--------|-------|--------------------------|-----------------------------------|-------------------------|--------------------|--|
|                                    |         |   |  | Score   | Grade  | Score   | Grade  | Score  | Grade | Mths since score changed | Change in score since last review |                         |                    |  |
| Ensuring Stability of Our Services | 1334    | Acute Hospital Services                 | Sustainability of surgical services in Southern Sector of Trust due to recruitment & retention difficulties at Consultant and Mi | 20      | EXTREM | 20      | EXTREM | 4      | HIGH  | ●                        | 8                                 | No change               | 0                  | Actions listed with future due dates<br><br>18/05/2022 - The Trust are planning to recruit to Consultant vacancies over the coming weeks. Agreement remains outstanding from Royal College on Trust-wide Job Description. Clinical Lead for Review of Surgical Services is in liaison with Royal College representative. South West Acute expect substantive Surgeon to return from unpaid leave on 29/05. Locum support secured to end. 17/05/22 - The Trust are planning to recruit to Consultant vacancies over the coming weeks. Agreement remains outstanding from Royal College on Trust-wide Job Description. Clinical Lead for Review of Surgical Services is in liaison with Royal College representative. South West Acute expect substantive Surgeon to return from unpaid leave on 29/05. Locum support secured to end.<br><br>**Amendment to note dated 14/03/2022 Workshop carried out with Surgeons, ED, Obstetrics, Paeds Consultants on Friday 11 March 2022, Nursing Sisters were not present at this meeting.** |
| Ensuring Stability of Our Services | 1338    | Director of Women & Children's Services | Risk to Provision of Neonatal Care in SWAH due to staffing shortages particularly staff qualified in specialty.                  | 20      | EXTREM | 20      | EXTREM | 8      | HIGH  | ●                        | 5                                 | No change               | 0                  | Actions listed with future due dates<br><br>10/05/2022 - Deep dive into this risk has been initiated and all key staff are engaged. The final report will be signed off at Project Board, shared with Clinical and Social Care Governance Committee and CMT.<br><br>Once the Deep Dive exercise has been shared with the external members on the Project Board it will allow them to provide confirmation of whether their input is adequate to provide an independent assessment of the current services, or whether an alternative assessment is required to confirm if services are safe. If an alternative assessment is required this will be progressed by the AD Healthcare.  |
| Ensuring Stability of Our Services | 1375    | Acute Hospital Services                 | Consultants Cover in Cardiology  | 16      | HIGH   | 16      | HIGH   | 6      | LOW   | ●                        | 2                                 | No change               | 0                  | Actions listed with future due dates<br><br>03/05/22 - Locum cover has been put in place. It is recognised this is a somewhat unstable arrangement and preparations are underway for permanent recruitment of cardiologists in both sectors of the Trust. Long Term plans are underway to seek additional funding for cardiology to consider longer term workforce planning and thus provide resilience to the service as trained cardiologists are in short supply in NI.<br><br>The service has created a paper to increase funded posts in the longer term. In the short term locum posts have been in place since March 2022 thus reducing the risk and providing some resilience to the service.  |



| ID | Opened date | Initial Risk     |                      | Current Risk                      |                      | Target Risk     |                     | Responsible Director                    | Directorate                         | Corporate Objectives                              | Title  | Description  | Controls Assurance   | Gaps in controls Assurance  | Assurance   | Gaps in assurance  | Action Plan   | Due date for Action Plan   | Done date for Action Plan  |
|----|-------------|------------------|----------------------|-----------------------------------|----------------------|-----------------|---------------------|---|-------------------------------------|---|--|--|--|---|---|--|---|--|--|
|    |             | Rating (initial) | Risk level (initial) | Rating (current) (Conseq x Likli) | Risk level (current) | Rating (Target) | Risk level (Target) |   |                                     |   |  |  |  |   |   |  |   |  |  |
| 3  | 19/11/2008  | 16               | HIGH                 | 20                                | EXTREM               | 4               | HIGH                | Medical Director                        | Trust-wide (Risk Register Use Only) | Governance, Safe & Effective Services, Workforce. | Health and Safety risk - resulting in injury                               | Risk of injury to patients/clients/staff and visitors arising from failure to fully comply with Health & Safety legislation.   | Incident reporting and investigation. Criteria based Health & Safety Inspection plan and action plans. Induction and Mandatory Training for Staff. Occupational Health Self and Management Referrals. Use of aids e.g. hi-low beds, hoists. Patient/client risk assessment. Leadership Walkrounds. KPI for health & safety, e.g. falls. Falls Risk Assessment. Falls Prevention Policy. Ligature risk assessment tool adopted. Falls - Regional Post falls review, Falls Co-ordinator in post 2018, Falls Learning Group, CEC. Falls Prevention course 2018. MAPA training team in place. WHSCT Occupiers rules & regulations Aug 2017. Combination training (includes Risk assessment and COSHH risk assessment). Nurse managers trained in Ligature assessment July 2019. Labs representative on Health & Safety Working Group. Four officers in Risk Management are NEBOSH qualified including H&S officer. COSHH added as standing item to Health & Safety Working Group agenda. Annual review of completed H&S Risk Assessments. Directorate Gov Reports with H&S RA info. Revised Covid PPE arrangements including RIDDOR reporting (See Covid Risk). Sit rep reporting on Staff covid issues including positives. Office Environment Risk Assessment tool - Covid Rebuilding Services Risk Assurance Decision Tool. Covid COSHH Risk assessment sample form. Virtual inspection plan during covid-19. | Limitation / constraint on funding to purchase all H&S equipment but the Trust risk assesses each procurement request of H&S equipment funding is allocated accordingly. Similarly a risk based approach is applied to the maintenance of all Trust equipment and facilities in order to mitigate the risk to an appropriate level. Comparatively limited staff resources dedicated to H&S. Limited availability for managers to update risks on Datix. Datixweb module required to allow linking with incidents. Limited availability of risk register to managers to allow direct management of risks. No overall database of trained nominated H&S officers by facility. | ROIA inspections. Internal Audit of H&S Controls Assurance Standard (2017/18). Benchmarking by Regional H&S Practitioners Group. Inspections by HSENI. Inspections by H&S Officer and H&S Working Group members. Review of Incident data by H&S Working Group (inc. Union reps). Inspections by Regional Medical Physics Services Advisers. Sharpoint site for H&S Risk Assessments. Monitoring of implementation of recommendations following inspections/Leadership walkrounds. BSO Internal Audit of H&S (June 2017). Manual Handling Audit at Altnagelvin Hospital (July 2013 and re-audit September 2014). Priority mechanism for Inspections. MOVA Group. | Learning themes across Incidents and Claims  | Include compliance scores on H&S Risk Assessments reports. Develop and roll out virtual training. Agree process for reporting Covid RIDDOR incidents. Review monthly Ongoing Advice & Guidance re Covid in Trust documents & comms. Complete Inspection plan for 2021. H&S Policy revised. COSHH policy revised. Train managers on Ligature risk assessment tool. Source funding for approved Business case for purchase of Risk Registers on Datixweb Database of nominated H&S officers trained to be developed. Review of Fit Testing policy / protocol. | 30/06/2019<br>31/12/2020<br>15/05/2020<br>30/06/2022<br>31/03/2022<br>31/03/2020<br>31/03/2020<br>31/07/2019<br>31/07/2019<br>29/02/2020<br>30/06/2022<br>31/05/2021 | 31/03/2019<br>31/12/2020<br>15/05/2020<br>18/03/2022<br>09/03/2020<br>31/03/2020<br>31/07/2019<br>29/02/2020<br>31/05/2021 |
| 6  | 21/09/2009  | 25               | EXTREM               | 12                                | HIGH                 | 8               | HIGH                | Director of Women & Children's Services | Women & Children's Services         | Safe & Effective Services.                        | Children awaiting allocation of Social Worker may experience harm or abuse | Due to capacity and demand issues within Family & Childcare, children may not be allocated a Social Worker in a timely manner to provide appropriate support. Children may experience harm as a result and the Trust may not meet its associated professional and organisational requirements.   | Ongoing action to secure recurring funding. Update meetings between F&CC ADs and Director. Performance Management Review is being undertaken by HSCB with all 5 Trusts focusing on Unallocated cases and timescales. Principal Social Work redeployed will monitor Action Plan and progress to stabilise team. Service Managers and Social Work Managers monitor and review unallocated cases on a weekly basis. Early Help staff returned to their substantive posts within gateway to increase the ability to allocate Service and SW Managers constantly prioritise workloads.  | Delays in recruitment. Inability to get sick leave covered. Inability to recruit and retain social workers. Principal Social Workers review unallocated cases regularly. HSCB have drafted a regional paper to secure additional funding for Unallocated Cases.   | Quarterly governance reports to Governance Committee. Feedback given to Performance & Service Improvement for accountability meetings with HSCB. Up-dates by Director to CMT and Trust. Delegated Statutory Functions. Address Risks within FIS Enniskillen   | Piloting a generic model of practice. FIS Early Help Team established to help address unallocated cases. Principal SW temporarily redeployed to review all unallocated cases in FIS and then SW case loads in FIS Action Plan Developed to address and Monitor Risks in FIS Enniskillen  | 31/03/2022<br>30/09/2020<br>01/11/2018  | 31/12/2019<br>30/09/2020<br>06/03/2019   |  |
| 49 | 06/10/2009  | 16               | HIGH                 | 16                                | HIGH                 | 9               | MEDIUM              | Director of Finance                     | Trust-wide (Risk Register Use Only) | Safe & Effective Services.                        | The potential impact of a Cyber Security incident on the Western Trust     | Information security across the HSC is of critical importance to the delivery of care, protection of information assets and many related business processes. Without effective security and controls; compromises can arise from technology and people which can lead to breaches of Data Protection Act and Network and Information Systems (NIS) regulations. Compromises can arise from: <ul style="list-style-type: none"> <li>• NON Managed Trust ICT Equipment (e.g. Radiology modalities, cameras, door access, medical devices etc) in areas such as Radiology, Labs, PFI, HSDU, Estates. GP's etc are operating un-supported operating systems, e.g. Windows XP, and/or do not have the most up to date software updates (patching) which can lead to Ransomware attacks, introduction of malware or hacking incidents.</li> <li>• Lack of Cyber Security awareness or training among Trust staff.</li> </ul> The outcomes of a compromise, due to a cyber attack/equipment or network failure/damage/theft or erroneous mistake(s), could result in: <ul style="list-style-type: none"> <li>• unparallelled HSC-Wide disruption of services due to lack of/unavailability of systems that facilitate HSC services (e.g. appointments, admissions to hospital, ED attendance) or data contained within. This may result in the need to cancel appointments and treatments, or divert emergency/essential clinical or other services.</li> <li>• significant business disruption which could also lead to increased waiting lists, delayed urgent clinical interventions,</li> </ul> | Data & System backups. 3rd Secure Remote Access Server / Client patching. HSC security software (threat detection, antivirus, email and webfiltering). HSC security hardware (eg firewalls). 3rd Party Contracts / Data access agreements. Contract of employment. HR Disciplinary Policy. Mandatory training policies. Induction policy. Regional and local Incident Management & reporting policies & procedures. Corporate Risk Management framework, Processes & monitoring. Emergency planning & Service business continuity plans. Disaster recovery plan. User account management processes. Change control processes. Data protection Act. Regional & Local ICT info security policies. Band 7 & band 6 recruited to support Cyber security. Trust and Regional Cyber Project Boards. ICT Security Assessment Questionnaire.   | Insufficient User Awareness of impact of personal behaviours in relation to cyber threat. Full extent of gaps are not understood at this point - Gap analysis regionally and locally required by HSC to capture a considered extent of vulnerabilities. Insufficient corporate recognition and ownership of cyber security threat as a service delivery risk. Current inability to obtain 100% coverage on patch updates due to a combination of user behaviours and service needs.   | Internal audit / IT Dept self-assessment against 10 Steps towards NISC. Technical risks assessments and penetration tests. HSC SIRO Forum for shared learning and collaborative action planning and delivery. ICT Security Review meetings regularly reviews and assesses service submitted ICT Security Questionnaire.   | There is a resource issue regarding Cyber Staff in the Trust. The Business Case that was approved should address this pressure however experience from other Government Organisations would suggest that is difficult to attract and retain specialist skills in this area. Unable to have consistent patching of critical/core servers due to service disruption. Limited testing of Data and Systems restores. | Implementation of cyber security work plan which has been agreed with the Region. Recruitment of Band 7 Cyber Security Manager. Recruitment of Band 6 to support implementation of Cyber Security Action Plan. Full implementation for Metacompliance across the Trust with regular course updates being issued thereafter. Introduce routine reporting to Trust Board (or other equivalents (local or regional)) on reported incidents/near misses, and other agreed indicators.   | 31/03/2022<br>31/03/2019<br>31/03/2020<br>31/08/2018   | 28/02/2019<br>31/03/2019<br>31/08/2019<br>31/08/2018   |

Corporate Risk Register and Assurance Framework - 20.05.2022

| ID  | Opened date | Initial Risk     |                      | Current Risk                      |                      | Target Risk     |                     | Responsible Director                          | Directorate                         | Corporate Objectives                                   | Title  | Description  | Controls Assurance  | Gaps in controls Assurance   | Assurance   | Gaps in assurance  | Action Plan  | Due date for Action Plan  | Done date for Action Plan   |
|-----|-------------|------------------|----------------------|-----------------------------------|----------------------|-----------------|---------------------|---|-------------------------------------|--|--|--|---|--|---|--|--|---|---|
|     |             | Rating (initial) | Risk level (initial) | Rating (current) (Conseq x Likli) | Risk level (current) | Rating (Target) | Risk level (Target) |   |                                     |  |  |  |   |  |   |  |  |   |   |
| 57  | 06/10/2009  | 16               | HIGH                 | 15                                | EXTREM               | 8               | HIGH                | Medical Director                              | Trust-wide (Risk Register Use Only) | Governance, Safe & Effective Services.                 | Failure to learn from quality and safety risk indicators may result in harm.   | Due to resourcing, cultural and organisational deficiencies in ensuring robust Governance structures and arrangements, the learning from Incidents, Complaints, M&M reviews and other quality and safety risk indicators may not be shared appropriately or in a timely way. This may result in potentially avoidable harm to service users, staff and others.   | <p>Reports to Senior Managers re closed incidents. Share to Learn newsletter and Lesson of the Week.</p> <p>Use of Datix to record lessons learned and provision of reports.</p> <p>Quarterly Audit Up-dates to Directorates.</p> <p>Audit Steering Group.</p> <p>Annual Assurance Conference.</p> <p>Details of Audits carried out independently by staff are provided to Audit Dept.</p> <p>Role of CMT/Governance Committee/Trust Board/RRG.</p> <p>Learning Letters issued by HSCB.</p> <p>Communication of learning arising from incidents, SAls, complaints and legal claims and associated action plans.</p> <p>Quality Improvement Event</p> <p>SAI Learning Event</p> <p>SAI training for staff including family engagement</p> <p>Rapid Review group</p> <p>Regional learning following legal claims shared via DLS Regional Litigation meeting.</p> <p>Claims learning themes developed</p> <p>Datix upgraded to maximise potential of system</p> <p>Automated email to reporters with Learning from incidents through Datix upgrade</p> <p>Mediform pilot SWAH/Alt</p> <p>Compliance with Regional Post Falls Review and Learning template - Now on Datix</p> <p>Standard learning reports on Datix for Datixweb users to produce their own learning</p> <p>Datixweb dashboard and Risks modules rolled out to directorate leads</p> <p>SAI process review and learning action plan</p> <p>AMHDS</p> <p>Revised Governance Structure in AMHDS</p> <p>Enhanced Governance structure during Covid-19 incl. CST and monthly CSCG SC</p> <p>SAI Support pilot plan 2021</p> <p>RRG Admin support.</p> | <p>Learning from Audits that are carried out without knowledge of Audit Department may not be implemented.</p> <p>Significant delays in incidents being reviewed and closed in a timely fashion.</p> <p>Datixweb Complaints modules not yet implemented which limits triangulation of data for learning</p> <p>Learning themes not yet applied which could focus action on broad areas for improvement</p> <p>No system for providing assurance that learning identified has been shared and practice changed.</p> | <p>Monthly reports to HSCB on closed complaints.</p> <p>Inspection by RQIA.</p> <p>BSO Audit of Risk Management and Governance Controls Assurance Standards.</p> <p>BSO Audit of Risk Management Procedures (yearly).</p> <p>External audit (NIAO) .</p> <p>Audit of Junior Doctor Incidents (January 2013).</p> <p>BSO Audit of Claims Management (October 2014).</p> <p>BSO Audit of Health &amp; Safety (June 2014).</p> <p>BSO Audit of Incident Reporting Procedures (February 2012).</p> <p>DHSSPSNI/RQIA Review of SAls 2009-2013.</p> <p>Learning from Claims, SAls added to Datix. Automatic feedback on Datix. Ward level learning communication plan SWAH</p> <p>M&amp;M process</p> <p>BSO Audit of complaints</p> <p>SAI process deep dive</p> <p>Indp Governance Review</p> | No gaps identified.  | <p>Revision of Governance arrangements under Covid-19</p> <p>Learning Themes developed for Litigation cases</p> <p>Falls learning template system adopted</p> <p>Automated email to reporters with Learning from incidents through Datix upgrade</p> <p>Develop SAI training incl family engagement</p> <p>Upgrade Datix to facilitate Automatic Datix feedback</p> <p>Roll out of standard learning reports on Datix</p> <p>Trust SAI learning event</p> <p>Establish Learning site on Sharepoint</p> <p>Business case for Datixweb Risk, Dashboards and Complaints module</p> <p>Learning themes being developed regionally for Litigation</p> <p>Learning from Project responding to RQIA AMHDS Improvement Notice to be applied Trustwide</p> <p>Directorate review of SAI management</p> <p>SQMS Improvement Plan</p> <p>SAI pilot with signposts</p> <p>Datixweb Dashboards, Complaints roll out</p> <p>Datixweb risk roll out Trust Wide</p> <p>Datixweb risks rollout to current users</p> | <p>31/05/2020</p> <p>31/03/2017</p> <p>31/03/2017</p> <p>30/09/2017</p> <p>30/09/2018</p> <p>31/01/2017</p> <p>31/12/2016</p> <p>31/10/2019</p> <p>31/03/2022</p> <p>31/01/2020</p> <p>31/12/2018</p> <p>31/12/2020</p> <p>31/03/2021</p> <p>31/03/2022</p> <p>30/11/2020</p> <p>31/03/2022</p> <p>30/09/2021</p> <p>31/03/2021</p> | <p>30/04/2020</p> <p>31/03/2017</p> <p>01/02/2017</p> <p>18/09/2017</p> <p>10/09/2018</p> <p>15/02/2017</p> <p>30/11/2016</p> <p>03/10/2019</p> <p>31/01/2020</p> <p>31/12/2018</p> <p>01/12/2020</p> <p>31/03/2021</p> <p>30/11/2020</p> <p>31/07/2021</p> <p>31/03/2021</p> |
| 284 | 13/12/2010  | 16               | HIGH                 | 16                                | HIGH                 | 8               | HIGH                | Director of Performance & Service Improvement | Performance & Service Improvement   | Governance.  | Risk of breach of General Data Protection Regulation (GDPR) and Data Protection legislation through loss of personal or sensitive data | As a result of gaps in staff awareness and training in data protection requirements and non-adherence to retention and disposal guidance, there is a risk that personal or sensitive data could be lost, inappropriately stored or accessed; records could be retained beyond their lifecycle and lead to a breach of confidentiality and the Data Protection Act, DoH Good Management Good Records Guidelines and result in potential enforcement action from the Information Commissioners' Office alongside damage to the Trust's reputation. | <p>Subject Access and Data Access agreement procedures.</p> <p>Information Governance/Records Management induction/awareness training.</p> <p>ICT security policies.</p> <p>Raised staff awareness via Trust Communications/Share to Learn.</p> <p>Regional code of practice.</p> <p>Information Governance Steering Group.</p> <p>Records held securely/restricted access.</p> <p>Fair processing leaflets/posters.</p> <p>Investigation of incidents.</p> <p>Data Guardians role.</p> <p>Regional DHSSPS Information Governance Advisory Group.</p> <p>Electronic transmission protocol.</p> <p>Investigation of incidents.</p> <p>2 secondary storage facilities available across NS &amp; SS</p> <p>Trust Protocol for Vacating &amp; Decommissioning of HSC Facilities.</p> <p>Scoping exercise to identify volume and location of secondary close records completed in December 2010.</p> <p>band 3 post in place</p> <p>Review of regional IG training available on HSC Learning completed and updated to provide more robust training for staff.</p> <p>Data Protection &amp; Confidentiality Policy.</p> <p>Information Governance SIRO and IAO Framework.</p> <p>Laptops encrypted &amp; use of Trust-issued Safe Sticks.</p>   | <p>Potential that information may be stored/transferred in breach of Trust policies.</p> <p>Limited uptake of Information Governance and Records Management training.</p> <p>No capacity within the team to take on provision of IG training</p>   | <p>Reports to Risk Management Sub-Committee/Governance Committee</p> <p>BSO Audit of ICT and Information Management Standards.</p> <p>BSO Internal Audit of Information Governance.</p> <p>Revised composition and terms of reference of the Information Governance Steering Group as a result of the new SIRO/IAO framework.</p>   | <p>Band 3 0.5 post increased to full time</p> <p>Recruitment of Band 4</p> <p>Information Governance</p> <p>Development of information leaflet for Support Services</p> <p>Staff to increase awareness of information governance</p> <p>Review of regional e-learning IG training</p> <p>Establishment of Regional Records Man Group</p> <p>Development of IG action plan to be finalised through IGSG</p> <p>Recruitment of band 5 IG post to support DPA</p> <p>Development of IG information leaflet for support staff</p> <p>Review of Primary (acute) records storage in AAH</p> <p>Review of Secondary storage in Maple Villa</p> <p>Production of Records Storage guidance for home working staff working from home</p> | <p>31/03/2019</p> <p>31/03/2019</p> <p>31/03/2019</p> <p>31/12/2020</p> <p>30/09/2020</p> <p>30/09/2020</p> <p>31/12/2020</p> <p>30/09/2020</p> <p>30/09/2022</p> <p>31/12/2021</p>  | <p>31/03/2019</p> <p>28/02/2019</p> <p>01/03/2019</p> <p>25/11/2020</p> <p>30/09/2020</p> <p>30/09/2020</p> <p>31/12/2020</p> <p>30/09/2020</p> <p>09/09/2021</p>   |   |
| 955 | 11/08/2016  | 12               | MEDIUM               | 12                                | MEDIUM               | 4               | LOW                 | Director of Finance                           | Trust-wide (Risk Register Use Only) | Financial Management & Performance. Public Confidence. | Failure to comply with procurement legislation re social care procurement  | The risk that the Trust will breach UK procurement legislation rules in awarding contracts for the provision of social care services. The legislation outlines that a formal tender process must be followed when awarding contracts that are expected to be above a specified threshold. This is to be managed by BSO PALS on behalf of all Trusts but the current proposed work programme means that Trusts will not be fully compliant with the legislation for a period of 5 years ending on 31 March 2022.                                  | <p>The issue has been discussed at the Trust's Procurement Board and Social Care Procurement Group.</p> <p>The Trust's Director of Finance &amp; Contracting has highlighted this issue to the Regional Procurement Board.</p>  | <p>The Trust does not have the resource or infrastructure required to manage this risk internally. DOH has determined that the issue should be managed regionally.</p>   |   | <p>The 5 year implementation plan will continue to be monitored - via Regional Procurement Board, Trust Procurement Board and Social Care Procurement Group.</p>   | 31/03/2022   |   |   |

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|------|-------------|------------------|----------------------|-----------------------------------|----------------------|-----------------|---------------------|---|-------------------------------------|--|--|--|--|---|--|---|--|--|--|
|      |             | Rating (initial) | Risk level (initial) | Rating (current) (Conseq x Likli) | Risk level (current) | Rating (Target) | Risk level (Target) |   |                                     |  |  |  |  |   |  |   |  |  |  |
| 1075 | 23/08/2018  | 12               | HIGH                 | 16                                | HIGH                 | 4               | LOW                 | Director of Finance                               | Trust-wide (Risk Register Use Only) | Partnerships.Pu blic Confidence.Saf e & Effective Services.Workf orce. | No Deal Scenario / Hard Border EU Exit                                 | With the imminent EU exit, there is potential for a No Deal Scenario or Hard Border between Northn and South of Ireland. The full impact of the UKs exit from the EU is not yet known and given uncertainty around the UK EU ongoing discussions and potential agreements, there may be impacts such as - workforce, including recruitment and retention, changes to regulations, movement of people and goods, border controls and access to healthcare in EU member states. Day one delivery planning is required to ensure services continue to operate effectively on day one following EU Exit and in the longer term, and that there is no, or minimal disruption to services. Although this is categorised as an organisational risk it also has implications for clinical risk, financial risk, patient and client safety and staffing issues/levels. Lead Officer is Paul Quigley and Responsible Director is Lesley Mitchell, Director of Fiannce and Contracting. | EU Exit Task & Frish Group in place including service directorate membership. No Deal Continuity Plans for Services Participation on DoH Regional EU Exit Group Engagement with CAWT Partnership to support the Trust with continuity plans. Review of SLAs /Contracts to ensure EU Exit Regional issues escalated to appropriate Group eg HR Directors / Finance Directors Local issues identified and day one plan developed. Emerging issues log established and being maintained. The Lead Officer, Paul Quigley has met with all Directorate SMTs to raise awareness and discuss issues. HR have noted on their Directorate Risk Register. Trust Reps continue to be involved in regional working groups led by DoH in order to inform and assist the Trust in EU Exit Planning . Detailed review of mitigating actions to be completed by 30 December 2018. Increased frequency of meetings of both regional and local Task and Finishing Groups. Labour, including Cross Border analysis , to be made available to service colleagues. Service focused workshop event arranged for 17 December 2018. Lead Officer is member of EU Finance Subgroup. Communicating financial risks for 2018-19 and 2019-20 predominately. Trust Pharmacy Dept reviewing national pharmacy plans to determine any additional local migration actions eg radi isotopes; non stock and of contract items eg medical gases. Lead Officer to brief CMT of evolving plans on 22 November 2018 BSO Pals providing analysis of high usage nonstock items for consideration bdf risk assessment by Trust. | A number of national and regional risk mitigation issues are being managed at DOH / Government level. The Lead Officer participates in the Regional DoH EU Exit Group.  | the Trust continues to attend various regional forums on EU Exit, including the Doh EU Exit Regional Meeting and other Regional Meetings such as Medicines Preparedness, Information Governance, HR and Emergency Planning. Final Version of Yellow Hammer Document received by Trust Anne Kilgallen, Trust CE has met fortnightly meetings with Richard Pengelly and CE of HSC - of which EU Exit and associated continuity planning progress are discussed.  | The DOH reported that further discussion at the EU Exit ALBs meeting has clarified that disruption to health and social care services is not anticipated as a result of any impediment to movement of people at the border and that existing business continuity plans and mitigating actions for potential staff shortages should apply and suffice. EU Exit Task and Finish Group meet monthly. Day one delivery plan developed and reviewed. Continuity Plans developed for Pathology, Pharmacy, FM and Paying Patients department with all other areas in progress and due to be submitted by 24 January 2019. Details of staffing implications by Directorate sourced and being pulled together by HR. | Continued regular update internal EU Exit Meetings and updates to CMT. Application of any regional or strategic directives on EU exit. Trust representatives continue to be involved in regional working groups led by DoH in order to inform and assist the Trust in EU Exit Planning. Next meeting due to take place on 21 Januar Assurance Statement to be forwarded from the CE to the Permanent Secretary. DoH confirming that the Trust is actively scoping the potential impact of a no deal outcome from the UK EU negotiations on the services provided by the Trust etc Detailed Review of Mitigating Actions to be completed - Continuity plan Lead Officer to brief CMT of evolving plans on 22 November 2018 Service Focused Workshop to be held on 17 December 2018 Trust Communication to be issued referring to the pilot EU Settlement Scheme being launched on 29 November 2018 Follow up Service Focused Workshop to be held on 28 Jan 2019 Information sourced by Directorate on likely impact on staffing - ie numbers living in ROI or crossing border as part | 31/12/2020<br>21/01/2019<br>29/06/2018<br>24/01/2019<br>22/11/2018<br>17/12/2018<br>28/12/2018<br>28/01/2019<br>28/01/2019<br>12/02/2019<br>05/02/2019<br>04/03/2019<br>11/02/2019<br>30/11/2020<br>31/12/2020<br>31/12/2020<br>29/04/2022<br>29/04/2022<br>31/12/2019 | 31/12/2020<br>21/01/2019<br>29/06/2018<br>24/01/2019<br>22/11/2018<br>17/12/2018<br>28/12/2018<br>28/01/2019<br>28/01/2019<br>12/02/2019<br>05/02/2019<br>04/03/2019<br>11/02/2019<br>31/12/2020<br>31/12/2020<br>31/12/2020<br>29/04/2022<br>29/04/2022<br>31/10/2019 |
| 1133 | 23/05/2019  | 15               | EXTREM               | 25                                | EXTREM               | 5               | HIGH                | Director of Primary Care & Older Peoples Services | Trust-wide (Risk Register Use Only) | Safe & Effective Services.   | Risk to safe patient care relating to inappropriate use of medical air | Risk of patient receiving medical air in error when oxygen is required resulting in hypoxia.   | Regional procurement process - will no longer be able to buy a medical air flowmeter without a flowguard In the Trust's clinical procedures for medical gases included on the medical gas training for wards Medical air blanking caps have been circulated to wards to insert into outlets that wont be used Colour coding of medical air flowmeters and air outlet on most wards Flowmeters with air-guards attached on all wards now.   | Lack of knowledge of colour coding and appreciation of risks with medical gases Potentially have old flowmeters that are not fully compliant with colour coding (not mandatory) Not all medical air flowmeters had airguards but they do now Incidents are continuing to happen during 2020, lack of confidence that the actions taken last year are being adhered to in all areas - further review of processes and controls undertaken 29 May 2020. Lack of knowledge of colour coding and appreciation of risks with medical gases | Walk around to be carried out in SW AH/OHPCC although they have new flowmeters with air-guards. Walk around on Allnagelvin site occurred in November 2018. To be repeated February 2019. To be picked up on annual medical gases walkaround. No external inspections Update 05 June 2020 - Lead nurses and service managers have been asked to provide assurances on the actions taken in response to the revised controls for each of their designated areas of responsibility. May 2020 update - regular Walk arounds to be undertaken on all hospital sites until assurance in place. | Lack of training on medical gases. This has increased now since included in Trust Combination training days.  | SAI reviews progress actions to completion Review the mitigating actions and any gaps in controls Possible further learning from SAI investigation Continue to include in Trust combination training days (potential for this to become a mandatory area) Old flow-meters removed to ensure colour coding approach is used Air outlet blocking caps to be inserted to air outlets that are not needed Ensure full compliance with use of air guards on medical air flowmeters across all three sites   | 31/03/2022<br>31/03/2022<br>31/12/2019   | 31/12/2019<br>31/12/2019<br>31/12/2019<br>31/12/2019<br>31/12/2019   |

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|      |             | Rating (initial) | Risk level (initial) | Rating (current) (Conseq x Likli) | Risk level (current) | Rating (Target) | Risk level (Target) |   |   |   |   |  |  |   |  |  |   |  |  |
| 1183 | 27/11/2019  | 25               | EXTREM               | 20                                | EXTREM               | 12              | HIGH                | Director of Adult Mental Health & Disability Services | Adult Mental Health & Disability Services | Governance, Safe & Effective Services.            | Where MCA processes are not being followed, patients may be deprived of their liberty, without having safeguards in place | Where MCA processes are not being followed, there is the risk that patients may be deprived of their liberty, without having the relevant safeguards in place, with the result that individual staff may be held criminally liable with appropriate sanctions, including financial penalties and imprisonment. □<br>For patients that lack capacity and for whom safeguards are not in place, there is the risk that statutory services may not be delivered. Emergency provisions should be considered where deemed appropriate, to support continuing service delivery until the safeguards are approved. □<br>The Department of Health, requires H&SC Trusts to proceed with a partial implementation of the Mental Capacity Act (NI) 2016 (MCA) for providing a statutory framework for the Deprivation of Liberty from the 2nd December 2019 with full implementation by December 2020. □<br>By the 2nd December 2019, the Trust must have sufficient numbers of staff identified and trained & structures and administrative processes put in place to ensure legal compliance in situations where the care of a patient requires a deprivation of liberty to take place. If these arrangements are not ready and working efficiently then there is a significant risk to the effective delivery of care including our ability to treat patients in the hospital using short-term detention orders and our ability to discharge patients from hospital where a Trust Panel decision is required. | Staff training is available online & classroom, provided by Trust Trainers. Progressing interactive online training via VC. Training videos developed MCA resources are available via MCA HUB on StaffWest<br>DOLs office supports administration processes, including advice to support completion of forms<br>Staff training is available via e-learning as well as from CEC. Training available online & classroom, provided by Trust Trainers. Progressing interactive online training via VC.<br>Emergency provisions to be used, where deemed appropriate, to support continuing service delivery until the safeguards are approved.<br>Directorate resource to support Directorate related MCA activity   | Medic capacity to ensure timely completion of relevant forms and sit on Panels<br>Queries from NIRT / requirement for submission of evidence to hearings is an additional task on top of current job plans.<br>Role of Community Teams in making DOLS applications to be strengthened<br>Role of Managers in quality Assuring DOLS applications to be strengthened<br>Extended scope of Legacy to Day Care and Dom Care requires additional Resourcing<br>Funding not adequate to deliver the projected activity.<br>Funding not provided recurrently, compounding recruitment issues | ROIA monitoring role<br>MCA Information T&F group (systems, processes & reporting)<br>Trust is engaging with regional arrangements to share practice and develop solutions<br>MCA Project Board held monthly<br>Training T&F group<br>Mental Health Order<br>MCA Project Team  | Systems, Processes & Reporting to be strengthened & formalised - Regional Direction required but none identified | Engage with programme board and team<br>Scope potential Mental Capacity/DOLs assessments<br>A Programme Implementation Officer to continue engaging on leading implementation.<br>Trust Lead Directors and Responsible leads in each Sub-Directorate to be identified<br>Quantification of Costs and completion of the IPT bid to ensure fully funded MCA arrangements and minimise financial risk<br>HR & remunerations for staff identified to undertake duties on panels<br>Seek Interest from relevant staff to sit on panels.<br>Ensure sufficient staff attend training to allow them to undertake statutory functions commencing 2nd December 2019<br>Seek Interest from Nurses at Band 7 and above to sit on panels.<br>Rotas for panel activity and short-term authorisation to be developed.<br>Ongoing communication with the Unions.<br>Communication Plan to be developed - draft to be presents at Mar21 Project Board<br>Resource appointed from within directorate to support identification, completion of | 31/12/2020<br>31/03/2020<br>02/12/2019<br>31/08/2019<br>31/08/2019<br>01/11/2019<br>31/03/2020<br>31/03/2020<br>28/10/2021<br>31/03/2020<br>31/03/2020<br>31/03/2020<br>30/07/2021<br>31/03/2022<br>31/03/2022<br>31/03/2022<br>31/03/2022 | 31/08/2019<br>02/12/2019<br>31/08/2019<br>31/08/2019<br>01/11/2019<br>31/12/2019<br>25/10/2021<br>31/03/2020<br>31/03/2020<br>02/12/2019<br>31/03/2020<br>31/03/2020<br>21/04/2021<br>21/07/2021 |
| 1213 | 04/04/2020  | 20               | EXTREM               | 20                                | EXTREM               | 10              | HIGH                | Medical Director                                      | Trust-wide (Risk Register Use Only)       | Governance, Safe & Effective Services, Workforce. | COVID-19 risk re-assess & response to patient/client need & maintain quality & safety for patients/clients and staff      | If current capacity limitations and activity levels across all Trust services remain or increase, the Trust may not be able to meet the increased demand placed on it during an outbreak of Coronavirus (Covid-19) or in the rebuild of services following/during surge, resulting in possible harm to patients and staff.   | Residential Accommodation Surge Plan<br>Additional screening POD in place for screening pathways<br>Chief Executive video<br>Fit testing / PPE Podcast and video training/ face to face training. Posters<br>Fit-testing use of private company to assist OH<br>Intranet Covid19 site to ensure information shared across the Trust<br>Sub groups: Workforce planning - regional PPE Group; Regional Discussion Group<br>Screening & assessment pathways and designated areas<br>Health & Safety Policy<br>Guidelines on Management of COVID-19 as PHE<br>IPC policy<br>Revised Governance arrangements - Corporate Safety team<br>3 Planning groups: Acute; Community & Support Services<br>Business continuity activated with 3 Bronze Control rooms: - Altnagelvin Acute; SWAH Acute; Community<br>Community planning group - follow up of clusters in Indep sector<br>Paediatric Service - pathway review;<br>Hospital Planning Group to review pathways<br>Medical Advisory Group<br>Ethics Committee<br>Hospital Surge Plan<br>PPE - Trust PPE Group, Risk assessed process for PPE from Non-approved sources; Donation process established; Trust PPE Checking group;<br>Stock management / monitoring<br>Testing arrangements - In-house process established for all staff and relatives, reported daily<br>Flexible working - IT equip Home working provision<br>Reusable Mark Group<br>Vaccination roll out<br>Internal document suite to support surge plan | A lack of additional resource to manage community screening and subsequent management.<br>Environmental challenges in ED to facilitate appropriate isolation facilities<br>Caps in regional/national supply issues on commodities/medicine etc<br>A lack of guidance on pathways for specialities (regional/national)<br>Availability and quality challenges re PPE<br>Awaiting additional equipment (regional)<br>Single database for reporting monitoring on staff positive figures<br>Suspended Regional HSC Silver Control Group  | Corporate Safety Huddle / RRG reporting<br>Sil-rep reports (Trust & Indep sector)<br>Health checks<br>Governance framework for Covid-19 management<br>Covid-19 Risk Register<br>Covid-19 Corporate Risk<br>Datix incidents, complaints<br>Daily briefings - Bronze and Silver control, planning groups<br>Covid App<br>Staffing indicators<br>Covid pathways compliance - incidents<br>Hand hygiene compliance audits<br>Stats on 12 hour delays / overcrowding in ED<br>Minutes / action notes of meetings and safety huddles<br>Documentation of risk assessments<br>Local PPE audits (on daily safety huddles for noting and actions)<br>IPC audits and dashboards/reporting system for escalation<br>Trust Silver monitoring of action log<br>Covid indicators reported for risk to CMT and TB<br>RIDDIR reporting<br>Covid Governance audit | No Regional process/guidance for approving donated PPE<br>Covid-19 Independent sector reporting                  | Update risk to second surge environment<br>Develop Covid risk & control document<br>Facilitate daily monitoring and reporting on Risks<br>Monitor, manage and update Risk & Control document  | 31/10/2020<br>31/05/2020<br>31/05/2020<br>31/03/2022   | 20/11/2020<br>31/05/2020<br>31/05/2020   |

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|------|-------------|------------------|----------------------|-----------------------------------|----------------------|-----------------|---------------------|-------------------------------------|-------------------------|---|---|--|--|---|---|---|--|--|---------------------------|
|      |             | Rating (initial) | Risk level (initial) | Rating (current) (Conseq x Likli) | Risk level (current) | Rating (Target) | Risk level (Target) |                                     |                         |   |   |  |  |   |   |   |  |  |                           |
| 1216 | 15/04/2020  | 15               | EXTREM               | 15                                | EXTREM               | 5               | HIGH                | Director of Acute Hospital Services | Acute Hospital Services | Public Confidence, Safe & Effective Services. | Risk of patient harm in Trust EDs due to capacity, staffing and patient flow issues                 | If Emergency Department (ED) Physical capacity and staffing levels are not sufficient to meet the demands of patient numbers and acuity, there will be increased likelihood of significant patient harm, risk to staff wellbeing and damage to Trust reputation as a direct result.  | Business case approved dedicated HALO (Hospital Ambulance Liaison Officer)<br>NIAS crews waiting to offload in our hospital early warning score<br>Ongoing Trust recruitment focus on Critical posts (IE Medical and Nursing)<br>Use of Medical locums/ Bank and agency Nurses.<br>Social Media Campaign<br>Escalation protocol within full capacity protocol<br>Nursing KPI and audit (ALAMAC)<br>Ongoing in house Quality improvement work ( implementation of SAFER principles)<br>Daily regional huddle meeting with escalation as required<br>IT systems - Symphony Flow board<br>On call managers/medics rota<br>Ongoing MDT patient flow huddles in department/wards<br>Medical team ED reviews<br>Hub flow meetings with lead nurse attendance.<br>Patient flow teams/night service manager<br>Major incident policy<br>Full capacity protocol       | Implementation of SAFER principles challenged due to Medical Job plans and current Medical team models in operation ageing population living with challenging health needs<br>Community infrastructure to meet needs of patients i.e. Gp appointments, social care packages<br>Recruitment to perm medical posts Challenging across NI  | Datix - Incident, Complaints, Litigation, Risk register<br>Patient flow teams, Night service manager, SPOC, Hub Regional huddle<br>Established patient pathways   | Gaps in patient pathway   | PACE Implementation to commence March 2020.<br>Improvement QI work commencing with aim to address communication within department.<br>Full capacity protocol   | 31/03/2022<br>13/05/2022<br>28/02/2022               | 06/05/2022<br>15/03/2022  |
| 1219 | 30/04/2020  | 20               | EXTREM               | 20                                | EXTREM               | 1               | LOW                 | Director of Acute Hospital Services | Acute Hospital Services | Safe & Effective Services.                    | Lack of endoscopy capacity for endoscopy to meet the demand which impacts on Patient outcomes       | Lack of endoscopy capacity in the Trust has resulted in breaching of the 2 week red flag wait/9 week urgent and routine wait and surveillance targets for endoscopy. The lack of timeliness for endoscopy will lead to delayed diagnosis of cancer and poor outcome for these patients as evidenced in SAs.□<br>The service has been further impacted by Covid -19 where the service has been reduced to emergency and red flag endoscopy only and reduced turnaround times between patients due to IPC requirements.□ | Telephone pre assessment of colonoscopy on-going to improve list utilisation and reduce DNA rates<br>Independent sector was utilised to deliver 250 surveillance colonoscopies from January to March 2020. Further use of Independent Sector to be explored post Covid -19<br>Surveillance waiting lists are being validated in line with new guidelines.<br>Discussions have commenced with the commissioner to recurrently fund one of the posts in 2021 to address the demand/capacity gap. The second post will be funded from a current vacancy.<br>Training of 2 nurse endoscopists under transformation commenced in September 2018 - trainees were to be signed off by the end of 2020 the delay was due to Covid-19.<br>Short-term provision by SE Trust to provide WT in IS tender<br>200 patients identified and moved to the independent sector. | Band 4 team lead recruited to manage waiting lists and oversee the scheduling team and processes.<br>Encourage consultants to triage referrals in line with NICAN suspect cancer guidelines (Oct 2019) and utilise the urgent and routine categories.<br>Additional funding for a second pre assessment nurse has been discussed with the commissioner- await confirmation in 2021 allocation | Waiting lists discussed monthly at the Endoscopy Users Group<br>Clinical audits are completed annually to benchmark the service against National Standards.<br>Monthly monitoring of waiting lists is carried out to identify longest waits and prioritise for scheduling.  | The need for the Trust to invest further in the development of GI Trainees in line with the evidence base for modernisation, thereby proactively growing the team to meet future demand.<br>The need to develop the service to include the inclusion of a hepatologist as part of the team in line with Royal College modernisation of gastroenterology training and service provision.<br>The need to address the impact of a job plan which includes the medical on-call rota<br>The need to urgently increase the consultant workforce and make the Trust an attractive opportunity for the next round of doctors in training due for recruitment April 2021 | Explore the possibility of utilising the Independent Sector to address waiting lists.<br>Need to review GI consultants job plan to reduce General Medicine commitment to increase availability for endoscopy lists.<br>Secure funding for an additional pre assessment nurse to support list utilisation and reduce DNA rates.<br>Secure additional recurrent funding to support 2nd post for trainee nurse endoscopist completing training.<br>Recruitment of a further GI consultant to fill present vacancy and increase the medical team to 6 wte. | 30/06/2021<br>30/09/2022<br>30/09/2022<br>30/09/2022 | 05/10/2021                |
| 1236 | 21/08/2020  | 16               | HIGH                 | 16                                | HIGH                 | 8               | HIGH                | Director of Finance                 | Finance and Contracting | Ensuring Stability of Our Services            | Ability to achieve financial stability, due to both reductions in Income and increased expenditure. | With continued reductions in income from savings requirements coupled with increased expenditure due to demand and risk, there will be a reduction in the Trust's ability to achieve financial stability in the current and future years, resulting in significant challenges in meeting the Trust strategic priorities  | Chief Executive Assurance meetings to review performance<br>Recovery Plan Oversight - Directorate, CMT, Trust Board (and Finance & Performance Committee) and D&H<br>Annual Financial Plan to review risks to financial position and opportunities for savings<br>Trust Board (and Finance & Performance Committee) and CMT oversight of the financial position monthly<br>Monthly budget reports for all levels in the organisation, with follow-up variances<br>Monthly Finance focus meetings between Finance and Directors / Senior Directorate Officers   | Controls are in place. However, it is not always possible to have full financial controls without looking at quality & safety risks to patients/clients.  | CMTFMG financial performance reports to Trust Board and CMT members.<br>Internal Audit.<br>Assurances from Director of Finance and ADF to CMT & Trust Board.<br>Assurance obtained by the Chief Executive from chairing CMTFMG<br>Self-assessment and audit of Financial Management Controls<br>Assurance Standard.<br>External Audit (NIAO) .<br>DHSSPS/HSCB monthly financial monitoring. | No gaps identified.   | Ongoing financial management and monitoring<br>Operation of DVMB (Delivering Value Management Board) to ensure delivery of the 3 year financial recovery process   | 31/03/2022<br>31/03/2022                             |                           |

| ID   | Opened date | Initial Risk     |                      | Current Risk                      |                      | Target Risk     |                     | Responsible Director                          | Directorate                         | Corporate Objectives  | Title  | Description   | Controls Assurance  | Gaps in controls Assurance  | Assurance  | Gaps in assurance   | Action Plan   | Due date for Action Plan   | Done date for Action Plan  |  |
|------|-------------|------------------|----------------------|-----------------------------------|----------------------|-----------------|---------------------|---|-------------------------------------|---|--|---|---|---|--|---|---|--|--|--|
|      |             | Rating (initial) | Risk level (initial) | Rating (current) (Conseq x Likli) | Risk level (current) | Rating (Target) | Risk level (Target) |   |                                     |   |  |   |   |   |  |   |   |  |  |  |
| 1254 | 18/01/2021  | 16               | HIGH                 | 16                                | HIGH                 | 9               | MEDIUM              | Director of Human Resources                   | Trust-wide (Risk Register Use Only) | Ensuring Stability of Our Services<br>Improving the Quality and Experience of Care<br>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 which may result in a reduction in service provision.  | Trust Business Continuity Plans with full HR support on hospital / community workforce groups.<br>Delivering Care: Nurse Staffing in Northern Ireland<br>Organisation Development Steering Group<br>Health and Wellbeing Strategy<br>Engagement & Involvement Strategy<br>DOH Workforce Strategy & Trust Workforce Strategy and key actions<br>Trust EU Exit Group - Contingency Planning processes i.e. workforce, data sharing, etc. (Risk 1075)<br>Professional Guidance - Telford, Royal Colleges, NI Delivering Care (N&M)<br>Policies - Rec & Selection Framework, Attendance at Work, Flexible Working, Redundancy and Redeployment, etc.<br>Safety Standards<br>HR Strategic Business Partner identified for each Directorate<br>Pension information sessions<br>Joint Forum, Joint LNC and Consultation Group<br>Workforce Information reports provided to key stakeholders<br>Trust Healthcheck information - absence, appraisal, mandatory training, agency usage, etc.<br>Trust Governance Arrangements - People Committee<br>Use of Bank/Agency/Locum Staff through Locum's Nest.<br>eLocum System/alternative system, if adopted<br>Single Employer Project Group<br>Review of existing Locum Framework<br>Regional Strategic and Implementation Groups established to consider WFP implications for reform initiatives<br>Trust HR Business Partner - targeted interventions in relation to absence, agency usage, temporary staffing and other identified Directorate priorities. (Risk 6, 1075)<br>Delivering Value Management Board - Workforce | Occupational Health - absence of locums and increasing demands on team without additional resources.<br>Low uptake of mandatory training and completed annual appraisal.<br>Inability to follow normal policies and procedures during periods of Industrial Action and also during emergency situations such as Pandemic.<br>Lack of co-ordinated information on agency staffing<br>Due to demand in services compliance with Working Time Regulations and New Deal.<br>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.<br>Inability of NIMDTA to provide required number of Junior Doctors for certain specialities and localities. (Risk 694)<br>Difficulty in recruiting in rural areas and accessing cover when needed in these areas i.e. Domiciliary Care Workers. (Risk 547)<br>Insufficient applicants for medical, nursing and social work posts. (Risks 6,1109) | Working Together Delivering Value Health check measurements on absence hours lost, mandatory training, appraisal, time to fill posts, job planning completion rate.<br>Involvement Committee - Quarterly monitoring of staff engagement on initiatives that contribute to achievement of Trust Great Place ambitions (start life, live well and grow old).<br>Pension Regulator Compliance<br>Junior Doctors Hours monitored twice yearly and returns submitted to DOH.<br>People Committee - Workforce Strategy, Recruitment and NIMDTA Allocation Updates twice per year.<br>People Committee - Quarterly monitoring of Absence.<br>Appraisal, Mandatory Training, Consultant Job Planning, Temporary Staffing, Agency Staffing, Turnover and Grievance/Disciplinary/Statutory Cases.<br>RQIA inspections of services which link to employment matters<br>UK Border Agency Inspections on ad hoc basis.<br>Audit assurance and progress reports in relation to Audit recommendations provided at least twice per year to internal audit. | BSO Shared Service not meeting statutory or procedural deadlines resulting in, for example, delays in recruitment<br>Government/Department of Health managing a number of risk mitigation issues associated with EU Exit including cross border matters. (Risk 1075)<br>Inability of NIMDTA to fill all posts.<br>Insufficient number of social work student applications to the University Degree Course in rural areas. (Risk 1109)<br>Insufficient training places being procured by Department of Health to meet the demands of medical and nursing workforce.<br>HMRC Regulations and impact for staff HSC Pension particularly high earners.<br>Impact of McCloud and Sergeant Employment Law cases.<br>Safe staffing model for social work.<br>Lack of regional cap on agency rates<br>Legal challenges to Terms and Conditions arising from changing employment law e.g. PSNI and Allocate Cases.<br>Impact of Pay Strategy across all staff groups.<br>Pay discussions are led by Department of Health | Looking After our People<br>Growing for the Future<br>Belonging to the HSC<br>New Ways of Working   | 31/03/2023<br>31/03/2023<br>31/03/2023<br>31/03/2023   |  |  |
| 1288 | 08/04/2021  | 12               | HIGH                 | 12                                | HIGH                 | 12              | HIGH                | Director of Performance & Service Improvement | Trust-wide (Risk Register Use Only) | Ensuring Stability of Our Services<br>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 ageing and lack of capital investment in the maintenance of building services infrastructure and physical environment which could lead to loss of service and non-compliance with regulatory and statutory standards (e.g. water, electrical, asbestos and physical infrastructure).   | Monitoring and review by PSI SMT of directorate risks including water, electrical, asbestos and physical infrastructure.<br>Should a critical issue materialise further funding can be sought from DOH or existing funding re-prioritised to address the new critical issue<br>Estates Strategy 2015/16-2020/21<br>Annual review of building condition (3) and creation of prioritised BLM list.<br>2019/20 Backlog maintenance programme developed.<br>Continual bidding for funding to address backlog maintenance<br>Targeting of priority areas as funding becomes available.<br>Monthly review of Backlog Maintenance capital investment plan<br>Priority Backlog Maintenance capital investment plan  | Ageing infrastructure resulting in deterioration of buildings<br>Insufficient funding to carry out full remedial works identified.  | Back-log Maintenance list<br>Health & Safety audits<br>Environmental Cleanliness audits<br>Authorising Engineer audits<br>Annual inspections carried out<br>Membership at Health and Safety/ Water Safety Groups<br>Reports to Corporate Governance Sub Committee/Governance Committee<br>Assurance standards<br>Buildings, Land, Plant & Non-Medical Equipment<br>Oakleaf - 6 facet independent survey  | Lack of Funding for backlog maintenance.<br>Completion of six facet condition survey<br>Review of emerging issues and response required<br>Monthly review of Backlog Maintenance capital investment plan<br>Review Ward 50 ventilation system performance<br>BLM and Capital Plan Project Delivery for 21/22<br>Develop BLM bid 22/23<br>CMT approval of BLM 2022/23 for submission.  | Review of emerging issues and response required<br>Development of business cases for 2021/22 backlog maintenance agreed action plan.<br>CMT approval of BLM 2021/22 for submission.<br>Development of 2021/22 BLM bid<br>Completion of six facet condition survey<br>Review of emerging issues and response required<br>Monthly review of Backlog Maintenance capital investment plan<br>Review Ward 50 ventilation system performance<br>BLM and Capital Plan Project Delivery for 21/22<br>Develop BLM bid 22/23<br>CMT approval of BLM 2022/23 for submission. | 31/03/2022<br>30/09/2021<br>30/04/2021<br>30/09/2021<br>30/09/2021<br>31/03/2022<br>31/08/2021<br>31/03/2022<br>30/06/2022<br>30/06/2022 | 07/09/2021<br>03/08/2021<br>07/09/2021<br>12/04/2022<br>31/08/2021<br>12/04/2022 |  |
| 1306 | 16/06/2021  | 16               | HIGH                 | 16                                | HIGH                 | 4               | LOW                 | Director of Acute Hospital Services           | Acute Hospital Services             | Ensuring Stability of Our Services<br>Improving the Quality and Experience of Care                                    | Vacant Paediatric Ophthalmology consultant post resulting in no Paediatric Ophthalmology clinics             | No consultant to lead Paediatric Ophthalmology services. No routine paediatric cases being seen in Ophthalmology. Long waiting lists with clinical risk of adverse outcomes. No clinical oversight for orthoptic and optometry clinics.   | ROP screening performed by retinal consultants as a temporary measure<br>Urgent paediatric cases discussed with general ophthalmologists for referral to Belfast as required.   | No consultant oversight for orthoptics and optometry increase clinical risk<br>Significant clinical risk in ROP screening by consultants without Paediatric fellowship.   | Ongoing discussions with commissioners as regards filling the post.  | Advertise new agreed post<br>Agree shared contract with Belfast (50% in WHSCT)  | 31/03/2022<br>31/03/2022  |  |  |  |
| 1307 | 16/06/2021  | 25               | EXTREM               | 25                                | EXTREM               | 10              | HIGH                | Director of Women & Children's Services       | Women & Children's Services         | Supporting and Empowering Staff   | Clinical Risk regarding Delayed Transfer of Babies, Children and Adults to Other Hospitals                   | Due to limitations on the NISTAR resource and ability of Trust to facilitate transfers that don't meet NISTAR protocols and lack of clarity around same, time critical transfers are being either delayed or are completed using sub-optimal alternatives. This may result in harm to patients being transferred, the patients in the services covering the transfer as well as additional financial cost to the Trust. |   |   |  | Escalate to Director of Acute services for discussion with counterpart in Belfast as he/she is responsible for NISTAR.<br>Raise at corporate safety huddle and RRG<br>Escalate through child health partnership.  | 31/03/2022<br>31/03/2022<br>31/03/2022  | 03/02/2022<br>03/02/2022<br>03/02/2022   |  |  |

| ID   | Opened date | Initial Risk     |                      | Current Risk                      |                      | Target Risk     |                     | Responsible Director                          | Directorate                         | Corporate Objectives                         | Title   | Description   | Controls Assurance   | Gaps in controls Assurance  | Assurance   | Gaps in assurance  | Action Plan  | Due date for Action Plan                             | Done date for Action Plan |
|------|-------------|------------------|----------------------|-----------------------------------|----------------------|-----------------|---------------------|---|-------------------------------------|--|---|---|--|---|---|--|--|--|---------------------------|
|      |             | Rating (initial) | Risk level (initial) | Rating (current) (Conseq x Likli) | Risk level (current) | Rating (Target) | Risk level (Target) |   |                                     |  |   |   |  |   |   |  |  |  |                           |
| 1316 | 16/07/2021  | 12               | HIGH                 | 12                                | HIGH                 | 6               | MEDIUM              | Director of Performance & Service Improvement | Trust-wide (Risk Register Use Only) | Ensuring Stability of Our Services           | Service Re-build post Covid surge   | If re-build of services is not effectively risk assessed, planned and coordinated Trust wide, re-opening of services could be delayed or create risks in other areas which are unprepared, or result in services being opened in a sub-optimal Covid-safe environment. This may result in delays for service users awaiting appropriate treatment and care, potential for harm to staff/ service users where Covid safe environment compromised and damage to the reputation of the Trust.  | Ongoing Fit testing / PPE management, training and Posters<br>Intranet Covid19 site to ensure information shared across the Trust<br>Regional PPE Group; Regional Discussion Group<br>Regional IPC cell and Product Review Group<br>Health & Safety Policy<br>Guidelines on Management of COVID-19 as PHE<br>COVID zoom training for acute and community.<br>PPE videos completed for acute care and domiciliary care<br>IPC policy and procedures, mandatory IPC training, IPC audit process<br>Revised Governance arrangements - Corporate Safety team<br>3 Planning groups: Acute; Community & Support Services, Trust PPE advisory group<br>Business continuity activated with 3 Bronze Control rooms: - Altnagelvin Acute; SWAH Acute; Community<br>Community planning group - follow up of clusters in Indep sector<br>Community Oversight Governance group<br>Clinical Advisory Group<br>Ethics Committee<br>Continued testing services for staff referrals and patient testing in line with regional guidelines<br>Appointment of project lead for implementation of staff testing - Cancer & Diagnosis<br>Appointment of Testing co-ordinator to ensure adherence to guidance - Cancer & Diagnosis<br>Trust's Covid 19 Vaccination Programme<br>Trust's Ventilation Safety Working Group and Ventilation Investment Plan for 21/22 to create safer working spaces particularly for staff/patients in AGPs.<br>Trust's Capital Investment Plan which includes ongoing covid rebuild/safety works - Altnagelvin ICU upgrades (single rooms/isolation) plus ventilation works. | Storage issues in Altnagelvin with PPE Storage requirements and service rebuild<br>Inappropriate storage for records due to displacement for PPE/ Tea rooms under Covid environment<br>Lack of Corporate communication clarifying Home working requirements in context of re-build and safe working<br>Re-build risk assessments not completed<br>W&C - need for additional staff to undertake the screening questionnaires<br>Poor Vaccine uptake in Band 5 nursing<br>We don't routinely screen staff for Covid<br>Work force appeal staff remain key to service delivery in some areas but not funded.<br>There will be a risk to elective service in the event that we experience a further early surge | Covid dashboard<br>Silver various reports e.g. bed occupancy, ED monitoring, Covid app<br>Sit rep report<br>Governance assurance framework  | Agile Working Guidance<br>Re-build Risk Assessment Guidance<br>Record Storage<br>Communication Action Plan<br>Safe Working Job Profiling<br>Promotion of Covid 19 Vaccine for Staff<br>Trust Working Flexibly and From Home Policy   | 31/01/2022<br>29/07/2022<br>31/03/2022<br>30/09/2022<br>30/09/2021<br>30/06/2022<br>31/05/2022               | 10/11/2021<br>09/03/2022<br>20/07/2021<br>12/04/2022 |                           |
| 1320 | 15/09/2021  | 12               | HIGH                 | 12                                | HIGH                 | 8               | HIGH                | Director of Women & Children's Services       | Women & Children's Services         | Improving the Quality and Experience of Care | Delayed/inappropriate placement of children assessed as requiring inpatient mental health care. | Increasing demand for the need for inpatient beds has resulted in capacity issues within the regional adolescent mental health inpatient unit. There is significant challenges for CAMHS resulting in increasing delays in accessing and securing emergency, urgent or planned admission for treatment to a regional bed for vulnerable adolescents requiring immediate and planned inpatient mental health care. □<br>As a consequence of this children are being placed inappropriately in inpatient AMHS beds when available and/or acute medical and paediatric wards or are being managed by Community CAMHS intensively with heightened complex risk. As a consequence CAMHS staff from other steps within the Service are being redeployed to support this intensive working. Community CAMHS remains under significant capacity and resource issues. □<br>CAMHS is not currently commissioned for an OOH Service as such an OOH pathway is in place to mitigate risk in conjunction with CAMHS/AMHS/ED Colleagues. □<br>This increases potential for: - sub-optimal care whilst inappropriately placed in hospital; risks to other patients and staff in those areas. □<br>Heightened risks of both physical and mental health deterioration and associated harm relating to safety and family breakdown. □<br>Attempting to work intensively with high risk young people in the community creates significant pressures on core CAMHS and as a consequence waiting times for assessment and intervention on routine appointments impacted adversely. | Staff training in Paediatrics<br>Staff training in Emergency Department<br>Regular meetings with AMH services<br>Regular meetings with Beechcroft (weekly) and daily updates<br>Policy on age appropriate care to acute setting<br>Policy on U18 admission to AMH wards<br>Protocol CAMHS/AMHS pathway OOH (2011) - under review at present  | Environmental risks of temporary placement wards/facilities in particular YP presenting self-harm, suicidal risk, risk of absconding.<br>Supervision deficit in ED/AMH/Paed wards<br>Psychiatric cover limited in CAMHS and AMHS<br>Delayed & limited availability of AMH beds in Trust.<br>Training/knowledge deficit re pathways related to high staff turnover in acute medical/AMHS setting<br>CAMHS/AMHS OOH Pathway review overdue<br>Unfunded demand for CAMHS OOH<br>Limited regional capacity for inpatient beds   | Monitoring of waiting lists<br>Regional AD Forum - standing item<br>Regional Care Network - weekly data collation<br>Daily updates with Beechcroft<br>In-house monitoring of inappropriate admissions<br>Early Alerts of inappropriate placements both in AMHS wards and Acute medical /Paediatric wards.<br>Weekly review and monitoring by HSCB/DOH<br>Escalation to HSCB/DOH | CAMHS Business case to be developed to progress development of CAMHS OOH service provision<br>Family & Child Care Social work input in over 16 MH assessment with AMHS to be reviewed to ensure cover and consistency to mitigate risk<br>WTCAMHS/AMHS OOH 2011 pathway to be considered and reviewed<br>When a young person presents in a mental health crisis OOH the WTCAMHS/AMHS OOH protocol adhered and followed. No MH Adolescent, No AMHS, No Medical paediatric wards<br>CAMHS will attempt to work intensively with YP and family notwithstanding capacity and resource issues<br>Task and finish group to support unmet needs re training /risks identified and policy regarding YP requiring MH admission inappropriately placed on medical wards.<br>Daily contact with Beechcroft re bed availability and hospital to hospital tx asap<br>1:1 Nursing on ward to support YP and support system provided through agency cover when possible to secure CAMHS continue to hold clinical responsibility for these young people<br>In situation of no available bed CAMHS seek AMHS inpatient | 31/03/2022<br>31/03/2022<br>31/03/2022<br>31/03/2022<br>31/03/2022<br>31/03/2022<br>31/03/2022<br>31/03/2022 |  |                           |

| ID   | Opened date | Initial Risk     |                      | Current Risk                      |                      | Target Risk     |                     | Responsible Director                    | Directorate                 | Corporate Objectives  | Title  | Description  | Controls Assurance   | Gaps in controls Assurance   | Assurance  | Gaps in assurance   | Action Plan  | Due date for Action Plan   | Done date for Action Plan |
|------|-------------|------------------|----------------------|-----------------------------------|----------------------|-----------------|---------------------|---|-----------------------------|---|--|--|--|--|--|---|--|--|---------------------------|
|      |             | Rating (initial) | Risk level (initial) | Rating (current) (Conseq x Likli) | Risk level (current) | Rating (Target) | Risk level (Target) |   |                             |   |  |  |  |  |  |   |  |  |                           |
| 1334 | 26/10/2021  | 20               | EXTREM               | 20                                | EXTREM               | 4               | HIGH                | Director of Acute Hospital Services     | Acute Hospital Services     | Ensuring Stability of Our Services<br>Improving the Health of Our People<br>Improving the Quality and Experience of Care                                    | Sustainability of surgical services in Southern Sector of Trust due to recruitment & retention difficulties at Consultant and MI<br><br>This is threatening the ability to deliver 24/7 emergency service and the range of commissioned elective activity.<br><br>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.<br><br>It has been highlighted that emergency surgical services are at risk within the next 4 months due to inability to sustain a Surgeon of the Week and On-call emergency rota at consultant level | Inability to recruit and retain permanent general surgical staff particularly at Consultant and middle tier level in South West Acute.<br><br>This is threatening the ability to deliver 24/7 emergency service and the range of commissioned elective activity.<br><br>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.<br><br>It has been highlighted that emergency surgical services are at risk within the next 4 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 pan-Trust wef 18/10/21<br>Recruitment campaign is continuous at Speciality Dr and trainee level.<br>Funded establishment should be 6.5 wte consultant Surgeons - current baseline is 3.0 wte with 3.5 wte gap<br>Speciality Drs funded for 8.0 wte, 5.0 in place 2 of whom are locums and one acting up.<br>Ongoing use of locums from within the Trust to sustain the rota at South West Acute.<br>Newly appointed Consultant taking up post 25/10/21<br>Ongoing efforts to recruit - Interviews planned for 2.0 wte Consultants late October 2021 (now currently deferred pending Royal College approval) | Reluctance from other surgeons across NI to participate in providing locum cover due to the generality of surgical cover required.<br>Difficulties recruiting and retaining at locum and permanent level as above.<br>Difficulty securing Royal College approval for general surgical posts.   | Continuing support from Altnagelvin Surgical body to provide locum cover for rota gaps.<br>Programme Board will have fortnightly oversight of all of the actions within the Review Programme.<br>Senior clinical support to project identified and in place.<br>Project lead has been seconded full time to Project team. Project Lead currently briefs CMT twice weekly This will be taken over by Programme Board with fortnightly oversight from 01/11/2021<br>CMT will continue to support service and project | 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.             | 01/06/2022   |  |                           |
| 1338 | 08/11/2021  | 20               | EXTREM               | 20                                | EXTREM               | 8               | HIGH                | Director of Women & Children's Services | Women & Children's Services | Ensuring Stability of Our Services<br>Improving the Health of Our People<br>Improving the Quality and Experience of Care<br>Supporting and Empowering Staff | Risk to Provision of Neonatal Care in SWAH due to staffing shortages particularly staff qualified in speciality.<br><br>Lack of senior staff, particularly those QIS (qualified in speciality) has resulted in difficulty staffing the NICU safely and effectively and has resulted in cot closures (locally and regionally); inadequately covered shifts; high stress and low morale within nursing; difficulty in planning and may result in unit closure. NICU closure would substantially destabilise maternity services as babies cannot be delivered at SWAH without access to neonatal services.                            | Lack of senior staff, particularly those QIS (qualified in speciality) has resulted in difficulty staffing the NICU safely and effectively and has resulted in cot closures (locally and regionally); inadequately covered shifts; high stress and low morale within nursing; difficulty in planning and may result in unit closure. NICU closure would substantially destabilise maternity services as babies cannot be delivered at SWAH without access to neonatal services.  | Staff working additional hours/bank/overtime.<br>Acting Manager and Head of Service covering clinical shifts when he number is inadequate or when there isn't enough QIS available.<br>WhatsApp group set up and urgent messages sent when staffing is depleted at short notice.<br>Cot closures after consultation with medical staff and Neonatal Network of NI<br>Contingency plan drawn up   | Due to the reduced number of QIS nurses who cover additional shifts, there are occasions when no additional staff can be sourced. This is particularly relevant when there is unpredicted staff absences at short notice.<br>This may result in cot closures/ transfers and in SWAH the local contingency plans will be implemented.<br>Inability to transfer antenatal patients or neonates further adds to this safety issue as these babies will have to either be stabilised for transfer or remain locally.<br>Unpredicted emergencies in both units, with babies requiring high dependency or intensive care - some of which can take a prolonged period of stabilisation. | Cot closures monitored regionally<br><br>There may be a lack of regional cots and neonatal transfer services which results in babies having to stay in the neonatal unit for longer than expected, thus putting more pressure on an already depleted team and increasing the safety risk.  | Review of Staffing Contingency Plan<br>Rotation between Paeds and NICU<br>Bid for staff to backfill training<br>Close cots as necessary<br>Inform Commissioners and NNH<br>Monitor clinical incidents | 29/04/2022<br>31/03/2022<br>13/10/2021<br>13/10/2021<br>30/10/2021<br>29/04/2022 | 01/04/2022<br>13/10/2021<br>01/04/2022<br>13/10/2021<br>29/10/2021 |                           |
| 1375 | 15/03/2022  | 16               | HIGH                 | 16                                | HIGH                 | 6               | LOW                 | Director of Acute Hospital Services     | Acute Hospital Services     | Ensuring Stability of Our Services<br>Improving the Health of Our People<br>Improving the Quality and Experience of Care                                    | Consultants Cover in Cardiology<br><br>Due to challenges regionally in relation to securing substantive positions and the limited availability of locum resources, a 6 person on call rota has been depleted by 50% leading to potential gaps in the rota.   | Working with International Recruitment team to expedite a new appointment.<br>Working through current job plans to identify monies to increase the Consultant complement.<br>-Secured short term locum Middle Grade Doctor to support Ward based work on a short to medium term basis.<br>Worked with Medical HR to secure short to medium term locums (starting 27th February).<br>Link with regional pPCI network to seek support for any gaps in rota.<br>Linkage with RCM to ensure sign off of job plans and job descriptions.<br>-A review of current workload and a short term reduction in outpatient work to facilitate redistribution. | Locum resources has limited availability.<br>Challenges regionally in relation to securing substantive positions.  | Medical HR working collaboratively on recruitment.<br>Clinical Lead has oversight of the rota<br>Business continuity arrangements are in place should there be an unplanned rota gap.  | Locum resources has limited availability.<br>Challenges regionally in relation to securing substantive positions.  | Recruitment has commenced to fill vacant posts.   | 30/04/2022   |  |                           |