Western Health and Social Care Trust

CORPORATE RISK REGISTER & ASSURANCE FRAMEWORK

BRIEFING NOTE PREPARED FOR TRUST BOARD
1ST September 2022

There are 21 risks on the Corporate Risk Register as approved at Trust Board on 7th July 2022.

Summary

- To note - Material Changes to the Risk Register –change of Responsible Directors due to post-holder changes
- Summary report for actions – no outstanding issues

For noting - Material Change to Risk Register

Due to recent changes in the corporate management team the Corporate Risk Register has been amended to reflect such changes.

- Risk ID3, 57 & 1213 - change Responsible Director to Dr Brendan Lavery
- Risk ID6,1307 &1338 –change Responsible Director to Mr Tom Cassidy
- Risk ID1133 –change Responsible Director to Ms Donna Keenan

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 Workshop

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.		20.07.22 - A Deep Dive of this risk was presented to Health & Safety Working Group on 20th July. Members have been asked to review the document and feedback with comments regarding the component parts of the risk before the next meeting. 16.06.2022 – A meeting will be held in the coming weeks to agree the proposed direction for this risk going forward. It is expected that the risk will be reworked and presented for consideration in July. 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.		28/07/2022 Task and finish group met on the 13/07/22. Further work completed to draft proposed rebuild risk. Measurables have been identified and further work to be completed on the action plan. Proposed new risk will go to PSI Governance meeting on 12 September 2022 for approval. 16.06.2022 – The first meeting of the task and finish group was held on 16th June. The proposed direction going forward would be to create a new risk which would focus on the Trusts ability to deliver the mandated performance trajectory. This would include covid (infectious pathways) as one element, to reflect the new landscape. It was agreed that the group will provide updates to the Working Together Safely Group, throughout the review of the risks. 24.05.22 - A task and finish group has been established to review the risk, taking into

Risk ID	Lead Director	Risk Title	Workshop Action	Progress	Update
					consideration the definition, controls, gaps and development of KPIs.
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.		03/08/22 – A meeting has been organised for 31st August to discuss the reworking of this risk. 16.06.2022 – A briefing paper has been prepared for Clinical and Social Care Governance which includes the proposed new risk title and description. It is proposed that the risk will redefined as a flow risk in which ED will form a constituent part. A briefing paper will be prepared for CMT and Trust Board once all elements of the risk have been agreed. 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.		28/07/2022 Task and finish group met on the 13/07/22. Further work completed to draft proposed rebuild risk. Measurables have been identified and further work to be completed on the action plan. Proposed new risk will go to PSI Governance meeting on 12 September 2022 for approval. 16.06.2022 – The first meeting of the task and finish group was held on 16th June. The proposed direction going forward would be to create a new risk which would focus on the Trusts ability to deliver the mandated performance trajectory. This would include covid (infectious pathways) as one element, to reflect the new landscape. It was agreed that the group will provide updates to the Working Together Safely Group, throughout the review of the risks. 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.

WHSCT Corporate Risk Register 03/08/2022

Risk Summary Report

Risk Category (to be revised)	Risk ID	Lead Director	Risk Title	Initial Score	Initial Grade	Current Score	Current Grade	Target Score	Target Grade	Current Risk Status: Mths since score changed	Current Risk Status: Change in score since last review	Mths since last updated	Action Plan Status	Latest Update
Health & Safety	3	Medical Director	Health and Safety risk - resulting in injury	16	HIGH	20	EXTREM	4	HIGH	28	No change	0	Actions listed with future due dates	29th July 22 - Trend report on work acquired staff Covid infections from 01/10/20 – 29/07/22 monthly figures as follows:- Oct’20=100;Nov’20=73;Dec’20=74;Jan’21=59;Feb’21=14;Mar’21=7;Apr’21=3;May’21=1;Jun’21=1;Jul’21=8;Aug’21=19 ;Sep’21=13; Oct’21=13.Nov’21=8, Dec’21=48;jan’22 =106;feb’22=77;mar’22=73;april’22=24;may’22=3, June’22 = 0, July’22=2 There were 461 incidents reported to Health & Safety Executive (RIDDOR reportable) from 01/08/2021 - 29/07/2022 of which 395 were Covid-19 related infections. Cumulatively 818 incidents were reported as RIDDOR relating to covid at 29 July 22. Current compliance rates for submission of annual risk assessments is as follows: Acute - 87%(81) compliance; AMHLD - 98%(80) compliance; PSI - 97%(30) compliance; PCOP - 60%(67) compliance; W&C - 36%(25) compliance. A Deep Dive of this risk was presented to Health & Safety Working Group on 20th July. Members have been asked to review the document and feedback with comments regarding the component parts of the risk before the next meeting.
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	58	No change	0	Actions listed with future due dates	July 2022 - Unallocated case figures are on a downward trajectory in the Gateway service. LAC teams continue to report unallocated cases. FIS unallocated has started to increase which is directly linked to staffing levels. High levels of staff vacancies persist in all frontline teams which directly impacts on unallocated case figures. Workforce review is ongoing to address recruitment and retention.
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	61	No change	0	Actions listed with future due dates	25/07/2022 - The ICT Risk Management Group (RMG) approved the revised Corporate Risk 49 at their last meeting on 28 June. The revised risk was subsequently approved by ICT SMT at their last meeting on 20 July 2022. The Risk will now be submitted to Finance SMT for review at their next meeting before being formally submitted to CMT and Trust Board in the next few months.
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	18	No change	0	Actions listed with future due dates	01/08/2022 - SAIs overdue 54(54 previous month). 154 (134) formal complaints open greater than 20 working days. 3,109 incidents open greater then 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 sensitiv	16	HIGH	16	HIGH	8	HIGH	68	No change	0	Actions listed with future due dates	28/07/2022 - Currently the Trust IG Mandatory Training compliance is 72%, 3% below the current Target for the Trust, which is set at 75% by 30 June 2022. Work continues to promote training and additional drop in training sessions have been scheduled to take place in August.
Regulation & Compliance	955	Director of Finance	Failure to comply with procurement legislation re social care procurement	12	MEDIUM	12	MEDIUM	4	LOW	72	No change	0	Actions listed with future due dates	Reviewed 1/8/22 - No further update. 20/07/2022 - DoH have now written to Chief Executives requesting nominations to form the new Social Care Procurement Board, to attend a workshop and complete the review and approval of the Terms of Reference
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	27	No change	0	Actions listed with future due dates	29/07/2022 - The medical air audit is still continuing until as such times as adequate air pumps can be purchased following the submission of the business case and staff have been trained. Compliance with the audit is variable and requires refocus on the importance of audit and compliance with good practice.

WHSCT Corporate Risk Register 03/08/2022

Risk Summary Report

Risk Category (to be revised)	Risk ID	Lead Director	Risk Title	Initial Score	Initial Grade	Current Score	Current Grade	Target Score	Target Grade	Current Risk Status: Mths since score changed	Current Risk Status: Change in score since last review	Mths since last updated	Action Plan Status	Latest Update
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	15	HIGH	12	HIGH	1	No change	0	Actions listed with future due dates	01/07/2022 - Risk regraded to risk to High (15) 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	28	No change	0	Actions listed with future due dates	28/07/2022 Task and finish group met on the 13/07/22. Further work completed to draft proposed rebuild risk. Measurables have been identified and further work to be completed on the action plan. Proposed new risk will come to PSI Governance meeting on 12 September 2022 for approval.
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	29	No change	0	Actions listed with future due dates	27/07/2022 - Altnagelvin – Update: Update as at July ED Altnagelvin have created a designated mental health assessment room that will allow adequate space for Mental Health patients to be triaged and treated and there will be 24 hour cover. 21/7/22 SWAH |Update: Focus continues in the following areas, a large number of nurse vacancies and reliance on bank and agency ,especially Band 6 Nurse-in-charge role. Restricted space within ED and as a HMT we are continuing to support the use of Area 3 to improve flow. Focus remains on Safer Flow to improve flow from ED to the base wards. Use of the Full Capacity Protocol and a continued emphasis on Home Before Lunch. With a continued high level of delayed discharges that effects flow, there is a focus on preventing admissions and delayed discharges, we are working with our Social Worker colleagues to improve this going forward. ED continues to have gaps on medical rota and this is compounded by annual leave. 2 IPTs for normative nursing workforce were submitted to SPPG in December 21. This was subsequently followed up at a meeting with PHA Nursing, DOH and SPPG. However no approval from the SPPG has been received. This has been followed by a request for escalation to the Chief Nursing Officer via the interim Director of PCOP and to the Director of PSI to address with SPPG. Request to expedite new build for ED.
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	19	No change	0	Actions listed with future due dates	26/07/2022 DAC has been approved, 336 patients transferred to the independent sector provider (outsourcing). Weekend endoscopy sessions through ECRI continues, 200 patients treated in April, May and 2022. Ongoing validation of colon surveillance, supported by a Consultant from South Eastern Trust. Regional endoscopy hub in lagan valley and Omagh hospital is being progressed, it is hoped this will commence in October 2022 pending recruitment. Locum GI consultant in southern sector is being considered. IPT allocation letter for Nurse Endoscopist and associated infrastructure is awaited from the commissioner. Fifth GI consultant post has been advertised. 2x Doctors are being trained to increase capacity, they will finish June 2023. The option to insource services is being explored hoping to start October 2022 subject to funding. One nurse endoscopist returning from maternity leave. Text message reminders would be sent to patients' prior procedure to reduce DNA/Cancellation
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	24	No change	1	Actions listed with future due dates	20/6/22 - Risk reviewed.No further update at this time.
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	20	No change	0	Actions listed with future due dates	29/07/2022 - Work is progressing as per the action plans for the four workstreams outlined in the HR Directorate Plan. A number of workforce challenges have been reported in recent weeks in relation staff shortages and supply issues which are impacting on service delivery in particular within Maternity Services, Children's Health and Emergency Departments. Across the nursing workforce there are also staffing gaps, issues with skill mix and increasing usage of non contracted agencies.

WHSCT Corporate Risk Register 03/08/2022

Risk Summary Report

Risk Category (to be revised)	Risk ID	Lead Director	Risk Title	Initial Score	Initial Grade	Current Score	Current Grade	Target Score	Target Grade	Current Risk Status: Mths since score changed	Current Risk Status: Change in score since last review	Mths since last updated	Action Plan Status	Latest Update
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	18	No change	0	Actions listed with future due dates	28/07/2022 - Independent Condition Survey being undertaken for approximately 20% of Trust estate in accordance with department guidance. Patrolled Security implemented to Vacant Stradreagh site. B.C's being prepared to target available BLM funding against highest 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	14	No change	0	Actions listed with future due dates	27/07/2022 - We have commenced sending paediatric patients for squint surgery to the IS and this will continue for quarter 2 also. All new patients are being sent to Belfast Trust to triage but there is no one seeing the review patients which is a risk. We have raised this with the Belfast Trust but they currently have no capacity to see them. The review patients need seen by a paediatric ophthalmologist as they have specialist conditions which cannot be seen by a general ophthalmologist.
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	11	No change	0	Actions listed with future due dates	29/07/2022 - Deep Dive into this risk has commenced. 01/01/22 - 20/07/22 11 Incidents of which there were 4 amber and 2 red.
Quality of Care	1316	Director of Performance & Service Improvement	Service Re-build post Covid surge	12	HIGH	12	HIGH	6	MEDIUM	14	No change	0	Actions listed with future due dates	28/07/2022 Task and finish group met on the 13/07/22. Further work completed to draft proposed rebuild risk. Measurables have been identified and further work to be completed on the action plan. Proposed new risk will come to PSI Governance meeting on 12 September 2022 for approval.
Quality of Care	1320	Director of Women & Children's Services	Delayed/inappropriate placement of children assessed as requiring inpatient mental health care.	12	HIGH	20	EXTREM	8	HIGH	3	No change	2	Actions listed with future due dates	07/06/2022 - proposal to increase risk grading approved at Trust Board. Grading subsequently changed.
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	11	No change	0	Actions listed with future due dates	27/07/2022 - Work continues to progress on the Trust's Review of General Surgery, with ongoing work to secure approval for Trust wide surgeon Job Descriptions. Clinical Lead positions for Emergency General Surgery and General Surgery are about to be advertised. The Department of Health recently published its Regional Review of General Surgery. The Trust is considering the implications of this, and progressing plans to support implementation at a local level. In the interim, within the Southern Sector of the 6.5 wte funded establishment for consultant surgeons, 3 Trust consultants are in post, plus 1 locum surgeon (contracted until end June 2023), i.e. total of 4wte. Another recently retired surgeon has agreed to cover adhoc weeks on call to support the on-call rota, plus support is provided from a surgeon based in Altnagelvin who also covers 1 week in 6 on-call, and picks up other adhoc shifts.
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	9	No change	0	Actions listed with future due dates	03/08/2022 - A Deep Dive into this risk was completed and presented at governance committee in June. There is ongoing consultation regarding the service with a group of critical friends.

WHSCT Corporate Risk Register 03/08/2022

Risk Summary Report

Risk Category (to be revised)	Risk ID	Lead Director	Risk Title	Initial Score	Initial Grade	**Current Score**	**Current Grade**	Target Score	Target Grade	**Current Risk Status: Mths since score changed**	**Current Risk Status: Change in score since last review**	Mths since last updated	Action Plan Status	Latest Update
Ensuring Stability of Our Services	1375	Acute Hospital Services	Consultants Cover in Cardiology	16	HIGH	16	HIGH	6	LOW	6	No change	0	Actions listed with future due dates	27/07/2022 - Presently (9.7.22) of the 8 substantive consultants on the Altnagelvin site, 2 posts are unfilled, 1 consultant cardiologist is on restricted duties including pci, 1 is on sick leave, 2 are off on annual leave and 2 on COVID leave. This means there are no substantive consultants left in Altnagelvin. There are three locums employed in cardiology (1 on leave) and that will ultimately mean two locum cardiologists are left to maintain the service. Of the three consultant cardiologists in SWAH 1 post is vacant, 1 fulfils a leadership role on the site, 1 post in within the general medicine budget and no longer accessible to the cardiology service. There is one locum cardiologist in SWAH. PPCI access, including Door to balloon and call to balloon times, Elective procedures including pacing. Delayed urgent op angio/pci with waiting time currently sitting at 6 weeks. Outpatient clinic capacity reduced and cancellations at a reduced notice period to patients i.e. sometimes at less than a days' notice, Maintenance of timely communications with patients.

Corporate Risk Register and Assurance Framework - 03.08.22

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) (Consq 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 Working Safely Group and Risk Assessment sub group Virtual inspection plan during covid-19 Virtual training programme MOVA Group Health & Safety Policy. Health & Safety Working Group.	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 of risk register to managers to allow direct management of risks Limited availability for managers to update risks on Datix. Datixweb module required to allow linking with incidents No overall database of trained nominated H&S officers by facility	RQIA 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. Sharepoint 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 docuemnts & 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 31/12/2020 15/05/2020 30/09/2022 31/03/2022 31/03/2020 31/03/2020 31/07/2019 31/03/2020 30/09/2022 31/05/2021	31/03/2019 31/12/2020 15/05/2020 18/03/2022 09/03/2020 09/03/2020 31/07/2019 29/02/2020 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 meets 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 Service Managers and Social Work Managers monitor and review unallocated cases on a weekly basis. Principal Social Work redeployed will monitor Action Plan and progress to stabilise team 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 Action Plan to review and 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 caseloads in FIS Action Plan Developed to address and Monitor Risks in FIS Enniskillen	31/08/2022 30/09/2020 01/11/2018	 31/12/2019 30/09/2020 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; • 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 • Lack of Cyber Security awareness or training among Trust staff The outcomes of a compromise, due to a cyber attack/equipment or network failure/damage/theft or erroreonous mistake(s), could result in; • unparalleled 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. • significant business disruption which could also lead to increased waiting lists, delayed urgent clinical interventions,	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 traiing policies Induction policy Regional and local Incident Management & reporting policies & procedures Corporate Risk Management framkwork, Processes & monitoring Emergency planning & Service business continuity plans Disaster recovery plan Ussr 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 NCSC Technicial 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 sugges that is difficult to attract and retain specialist skills in this area. Unable to have consistent patching of crtical/core serves 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 miss, and other agreed indicators.	30/09/2022 31/03/2019 31/03/2019 31/03/2020 31/08/2018	 28/02/2019 31/03/2019 31/08/2019 31/08/2018

		Initial Risk		Current Risk		Target Risk													
ID	Opened date	Rating (initial)	Risk level (initial)	Rating (current) (Consq x Likli)	Risk level (current)	Rating (Target)	Risk level (Target)	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
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.	Reports to Senior Managers re closed incidents. Share to Learn newsletter and Lesson of the Week. Use of Datix to record lessons learned and provision of reports. Quarterly Audit Up-dates to Directorates. Audit Steering Group. Annual Audit Conference. Details of Audits carried out independently by staff are provided to Audit Dept. Role of CMT/Governance Committee/Trust Board/RRG. Learning Letters issued by HSCB. Communication of learning arising from incidents, SAIs, complaints and legal claims and associated action plans. Quality Improvement Event SAI Learning Event SAI training for staff including family engagement Rapid Review group Regional learning following legal claims shared via DLS Regional Litigation meeting. Claims learning themes developed Datix upgraded to maximise potential of system Automated email to reporters with Learning from incidents through Datix upgrade Mediform pilot SWAH/Alt Compliance with Regional Post Falls Review and Learning template - Now on Datix Standard learning reports on Datix for Datixweb users to produce their own learning Datixweb dashboard and Risks modules rolled out to directorate leads SAI process review and learning action plan AMHDS Revised Governance Structure in AMHDS Enhanced Governance structure during Covid-19 incl. CST and monthly CSCG SC SAI Support pilot plan 2021 Use of Indep Chairs for AMHDS SAIs SAI Notification escalation process RRG Admin support	Learning from Audits that are carried out without knowledge of Audit Department may not be implemented. Significant delays in incidents being reviewed and closed in a timely fashion. Datixweb Complaints modules not yet implemented which limits triangulation of data for learning No system for providing assurance that learning ientified has been shared and practice changed. Learning themes not yet applied which could focus action on broad areas for improvement	Monthly reports to HSCB on closed complaints. Inspection by RQIA. BSO Audit of Risk Management and Governance Controls Assurance Standards. BSO Audit of Risk Management Procedures (yearly). External audit (NIAO) . Audit of Junior Doctor Incidents (January 2013). BSO Audit of Claims Management (October 2014). BSO Audit of Health & Safety (June 2014). BSO Audit of Incident Reporting Procedures (February 2012). DHSSPSNI/RQIA Review of SAIs 2009-2013. Learning from Claims, SAIs added to Datix, Automatic feedback on Datix, Ward level learning communication plan SWAH M&M process BSO Audit of complaints SAI process deep dive Indp Governance Review	No gaps identified.	Revision of Governance arrangements under Covid-19 Learning Themes developed for Litigation cases Falls learning template system adopted Automated email to reporters with Learning from incidents through Datix upgrade Develop SAI training incl family engagement Upgrade Datix to facilitate Automatic Datix feedback Roll out of standard learning reports on Datix Trust SAI learning event Establish Learning site on Sharepoint Business case for Datixweb Risk, Dashboards and Complaints module Learning themese being deveoped regionally for Litigation Learning from Project responding to RQIA AMHDS Improvement Notice to be applied Trustwide Directorate review of SAI management SQMS Improvement Plan SAI pilot with signposts Datixweb Dashboards, Complaints roll out Datixweb risk roll out Trust Wide Datixweb risks rollout to current users	31/05/2020 31/03/2017 31/03/2017 30/09/2017 30/09/2018 31/01/2017 31/12/2016 31/10/2019 30/09/2022 31/01/2020 31/12/2018 31/12/2020 31/03/2021 30/09/2022 30/11/2020 30/09/2022 30/09/2021 31/03/2021	30/04/2020 31/03/2017 01/02/2017 18/09/2017 10/09/2018 15/02/2017 30/11/2016 03/10/2019 31/01/2020 31/12/2018 01/12/2020 31/03/2021 30/11/2020 31/07/2021 31/03/2021
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 sensitiv	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' reputation.	Subject Access and Data Access agreement procedures. Information Governance/Records Management induction/awareness training. ICT security policies. Raised staff awareness via Trust Communications/Share to Learn. Regional code of practice. Information Governance Steering Group. Records held securely/restricted access. Fair processing leaflets/posters. Investigation of incidents. Data Guardians role. Regional DHSSPS Information Governance Advisory Group. Electronic transmission protocol. Investigation of incidents. 2 secondary storafe facilities available across NS & SS Trust Protocol for Vacating & Decommissioning of HSC Facilities. Scoping exercise to identify volume and location of secondary close records completed in December 2010. band 3 post in place Review of regional IG training available on HSC Learning completed and updated to provide more robust training fro staff. Data Protection & Confidentiality Policy. Information Governance SIRO and IAO Framework. Laptops encrypted & use of Trust-issued Safe Sticks.	Potential that information may be stored/transferred in breach of Trust policies. Limited uptake of Information Governance and Records Management training. No capacity within the team to take on provision of IG training	Reports to Risk Management Sub-Committee/Governance Committee BSO Audit of ICT and Information Management Standards. BSO Internal Audit of Information Governance. Revised composition and terms of reference of the Information Governance Steering Group as a result of the new SIRO/IAO framework.		Band 3 0.5 post inceased to full time Recruitment of Band 4 Information Governance Development of information leaflet for Support Services Staff to increase awareness of information governance Review of regional e-learning IG training Establishment of Regional Records Man Group Development of IG action plan to be finalised through IGSG Recruitment of band 5 IG post to support DPA Development of IG information leaflet for support staff Review of Primary (acute) records storage in AAH Restructure of IAO process Review of Secondary storage in Maple Villa Production of Records Storage guidance for home working staff working from home New secondary storage facility in the southern sector Recruitment of IG Team leader post Introduction of Infreemation for IG requests	31/03/2019 31/03/2019 31/03/2019 31/12/2020 30/09/2020 30/09/2020 31/12/2020 30/09/2020 29/03/2024 01/11/2022 31/03/2023 31/12/2021 30/09/2022 01/06/2022 31/12/2022	31/03/2019 28/02/2019 01/03/2019 25/11/2020 30/09/2020 30/09/2020 31/12/2020 30/09/2020 09/09/2021 01/06/2022
955	11/08/2016	12	MEDIUM	12	MEDIUM	4	LOW	Director of Finance	Trust-wide (Risk Register Use Only)	Financial Management & Performance.Modernisation.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.	The issue has been discussed at the Trust's Procurement Board and Social Care Procurement Group. The Trust's Director of Finance & Contracting has highlighted this issue to the Regional Procurement Board.	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.			The 5 year implentation plan will continue to be monitored - via Regional Procurement Board, Trust Procurement Board and Social Care Procurement Group.	30/06/2022	

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) (Consq x Likli)	Risk level (current)	Rating (Target)	Risk level (Target)												
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 flometers 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 SWAH/OHPCC although they have new flowmeters with air-guards. Walk around on Altnagelvin 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	30/09/2022 30/09/2022 31/12/2019	31/12/2019 31/12/2019 31/12/2019 31/12/2019 31/12/2019
1183	27/11/2019	25	EXTREM	15	HIGH	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 imprisionment. □ □ For patients that lack capacity and for whom safeguards are not in place, there is the risk that statutory servies may not be delivered. Emergency provisions should be considered where deemed appropriate, to support continuing service delivery until the safeguards are approved. □ □ 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. □ □ By the 2nd December 2019, the Trust must have sufficient numbers of staff identified and trained & structures and administrative process 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 DOLs office supports administration processes, including advice to support completion of forms Staff training is available via eLearning as well as from CEC. Training available online & classroom, provided by Trust Trainers. Progressing interactive online training via VC. Emergency provisions to be used, where deemed appropriate, to support continuing service delivery until the safeguards are approved. Directorate resource to support Directorate related MCA activity	Medic capacity to ensure timely completion of relevant forms and sit on Panels Queries from NIRT / requirement for submission of evidence to hearings is an additional task on top of current job plans. Role of Community Teams in making DOLS applications to be strengthened Role of Managers in quality Assuring DOLS applications to be strenghtened Extended scope of Legacy to Day Care and Dom Care requires additional Resourcing Funding not adequate to deliver the projected activity. Funding not provided recurrently, compounding recruitment issues	RQIA monitoring role MCA Information T&F group (systems, processes & reporting) Trust is engaging with regional arrangements to share practice and develop solutions MCA Project Board held monthly. Training T&F group Mental Health Order MCA Project Team	Systems, Processes & Reporting to be strengthened & formalised - Regional Direction required but none identified	Engage with programme board and team Scope potential Mental Capacity/DoLs assessments A Programme Implementation Officer to continue engaging on leading implementation. Trust Lead Directors and Responsible leads in each Sub-Directorate to be identified Quantification of Costs and completion of the IPT bid to ensure fully funded MCA arrangements and minimise financial risk HR & remunerations for staff identified to undertake duties on panels Seek Interest from relevant staff to sit on panels. Ensure sufficient staff attend training to allow them to undertake statutory functions commencing 2nd December 2019 Seek Interest from Nurses at Band 7 and above to sit on panels. Rotas for panel activity and short-term authorisation to be developed. Ongoing communication with the Unions. Communication Plan to be developed - draft to be presentes at Mar21 Project Board Resource appointed from within directorate to support identification, completion of	31/12/2020 31/03/2020 31/03/2020 31/03/2020 31/03/2020 31/03/2020 29/10/2021 31/03/2020 31/03/2020 31/03/2020 31/03/2020 31/03/2021 30/07/2021 30/09/2022 31/08/2022 30/09/2022 30/09/2022	31/08/2019 02/12/2019 31/08/2019 31/08/2019 01/11/2019 01/12/2019 25/10/2021 31/03/2020 31/03/2020 02/12/2019 31/01/2020 21/04/2021 21/07/2021

Corporate Risk Register and Assurance Framework - 03.08.22

		Initial Risk		Current Risk		Target Risk													
ID	**Opened date**	**Rating (initial)**	**Risk level (initial)**	**Rating (current) (Consq x Likli)**	**Risk level (current)**	**Rating (Target)**	**Risk level (Target)**	**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**
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 Additional screening POD in place for screening pathways Chief Executive video Fit testing / PPE Podcast and video training' face to face training, Posters Fit-testing use of private company to assist OH Intranet Covid19 site to ensure information shared across the Trust Sub groups Workforce planning - regional PPE Group; Regional Discussion Group Screening & assessment pathways and designated areas Health & Safety Policy Guidelines on Management of COVID-19 as PHE IPC policy Revised Governance arrangements - Corporate Safety team 3 Planning groups; Acute; Community & Support Services Business continuity activated with 3 Bronze Control rooms: - Altnagelvin Acute; SWAH Acute; Community Community planning group - follow up of clusters in Indep sector Paediatric Service - pathway review; Hospital Planning Group to review pathways Medical Advisory Group Ethics Committee Hospital Surge Plan PPE - Trust PPE Group, Risk assessed process for PPE from Non-approved sources; Donation process established; Trust PPE Checking group; Stock management / monitoring Testing arrangements - In-house process established for all staff and relatives, reported daily Internal document suite to support surge plan Hospital Surge plan (review completed Sept 2020) Revised Governance Arrangements - Corporate Safety Huddle (previously team) and monthly CSCG SubCommittee Safe at work framework and related guidance Service reset plans	A lack of additional resource to manage community screening and subsequent management. Environmental challenges in ED to facilitate appropriate isolation facilities Gaps in regional /national supply issues on commodities/medicine etc A lack of guidance on pathways for specialties (regional/national) Availability and quality challenges re PPE Awaiting additional equipment (regional) Single database for reporting monitoring on staff positive figures Suspended Regional HSC Silver Control Group	Corporate Safety Huddle / RRG reporting Sit-rep reports (Trust & Indep sector) Health checks Governance framework for Covid-19 management Covid-19 Risk Register Covid-19 Corporate Risk Datix incidents, complaints Daily briefings - Bronze and Silver control, planning groups Covid App Staffing indicators Covid pathways compliance - incidents Hand hygiene compliance audits Stats on 12 hour delays / overcrowding in ED Minutes / action notes of meetings and safety huddles Documentation of risk assessments Local PPE audits (on daily saftey huddles for noting and actions) IPC audits and dashboards/reporting system for escalation Trust Silver monitoring of action log Covid indicators reported for risk to CMT and TB RIDDOR reporting Covid Governance audit	No Regional process/guidance for approving donated PPE Covid-19 Independent sector reporting	Update risk to second surge environment Develop Covid risk & control document Facilitate daily monitoring and reporting on Risks Monitor, manage and update Risk & Control document	31/10/2020 31/05/2020 31/05/2020 30/09/2022	20/11/2020 31/05/2020 31/05/2020
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.	Ongoing Trust recruitment focus on Critical posts IE Medical and Nursing Use of Medical locums/ Bank and agency Nurses. Social Media Campaign Escalation protocol within full capacity protocol Nursing KPI and audit (ALAMAC) Ongoing in house Quality improvement work (implementation of SAFER principles) Daily regional huddle meeting with escalation as required IT systems - Symphony Flow board On call managers/medics rota Ongoing MDT patient flow huddles in department/wards Medical team ED reviews Hub flow meetings with lead nurse attendance. Patient flow teams/night service manager Major incident policy Full capacity protocol Business case approved dedicated HALO (Hospital Ambulance Liaison Officer NIAS crews waiting to offload in our hospital early warning score	Implementation of SAFER principles challenged due to Medical Job plans and current Medical team models in operation ageing population living with challenging health needs Community infrastructure to meet needs of patients i.e. Gp appointments, social care packages Recruitment to perm medical posts Challenging across NI	Datix - Incident, Complaints, Litigation, Risk register Patient flow teams, Night service manager, SPOC, Hub Regional huddle Established patient pathways	Gaps in patient pathway	PACE implementation to commence March 2020. Improvement QI work commencing with aim to address communication within department. Full capacity protocol	31/03/2022 30/08/2022 28/02/2022	06/05/2022 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 SAIs. 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 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 Surveillance waiting lists are being validated in line with new guidelines. Discussions have commenced with the commissioner to recurrently fund one of the posts in 20/21 to address the demand/capacity gap. The second post will be funded from a current vacancy. 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. Short-term provision by SE Trust to provide WT in IS tender 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. Encourage consultants to triage referrals in line with NICAN suspect cancer guidelines (Oct 2019) and utilise the urgent and routine categories. 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 Clinical audits are completed annually to benchmark the service against National Standards. 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. 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. The need to address the impact of a job plan which includes the medical on-call rota 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. Need to review GI consultants job plan to reduce General Medicine commitment to increase availability for endoscopy lists. Secure funding for an additional pre assessment nurse to support list utilisation and reduce DNA rates. Secure additional recurrent funding to support 2nd post for trainee nurse endoscopist completing training. Recruitment of a further GI consultant to fill present vacancy and increase the medical team to 6 wte.	05/10/2021 30/09/2022 30/09/2022 30/09/2022 30/09/2022	05/10/2021

Corporate Risk Register and Assurance Framework - 03.08.22

ID	Opened date	Initial Risk Rating (initial)	Risk level (initial)	Current Risk Rating (current) (Consq x Likli)	Risk level (current)	Target Risk Rating (Target)	Risk level (Target)	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
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 Recovery Plan Oversight - Directorate, CMT, Trust Board (and Finance & Performance Committee) and DoH Annual Financial Plan to review risks to financial position and opportunities for savings Trust Board (and Finance & Performance Committee) and CMT oversight of the financial position monthly Monthly budget reports for all levels in the organisation, with follow-up variances 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. Internal Audit. Assurances from Director of Finance and ADF to CMT & Trust Board. Assurance obtained by the Chief Executive from chairing CMTFMG Self-assessment and audit of Financial Management Controls Assurance Standard. External Audit (NIAO) . DHSSPS/HSCB monthly financial monitoring.	No gaps identified.	Ongoing financial management and monitoring Operation of DVMB (Delivering Value Management Board) to ensure delivery of the 3 year financial recovery process	31/08/2022 31/08/2022	
1254	18/01/2021	16	HIGH	16	HIGH	9	MEDIUM	Director of Human Resources	Trust-wide (Risk Register Use Only)	Ensuring Stability of Our ServicesImproving the Quality and Experience of CareSupporting 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. Delivering Care: Nurse Staffing in Northern Ireland Organisation Development Steering Group Health and Wellbeing Strategy Engagement & Involvement Strategy DOH Workforce Strategy & Trust Workforce Strategy and key actions Trust EU Exit Group - Contingency Planning processes i.e. workforce, data sharing, etc. (Risk 1075) Professional Guidance - Telford, Royal Colleges, NI Delivering Care (N&M) Policies - Rec & Selection Framework, Attendance at Work, Flexible Working, Redundancy and Redeployment, etc. Safety Standards HR Strategic Business Partner identified for each Directorate - targeted interventions in relation to absence, agency usage, temporary staffing and other identified Directorate priorities. (Risk 6, 1075) Pension information sessions Joint Forum, Joint LNC and Consultation Group Workforce Information reports provided to key stakeholders Trust Healthcheck information - absence, appraisal, mandatory training, agency usage, etc. Trust Governance Arrangements - People Committee Use of Bank/Agency/Locum Staff through Locum's Nest. eLocum System/alternative system, if adopted Single Employer Project Group Review of existing Locum Framework Regional Strategic and Implementation Groups established to consider WFP implications for reform initiatives Delivering Value Management Board - Workforce Efficiency Project Pay arrangements agreed for Agenda for Change staff up to 31 March 2021 which represents 94% of workforce. Peripatetic Nursing and Social Work Teams International Recruitment	Occupational Health - absence of locums and increasing demands on team without additional resources. Low uptake of mandatory training and completed annual appraisal. Inability to follow normal policies and procedures during periods of Industrial Action and also during emergency situations such as Pandemic. Lack of co-ordinated information on agency staffing Due to demand in services compliance with Working Time Regulations and New Deal. BSO Recruitment Shared Service provides recruitment services for the Trust and there has been an increased delay in recruitment and dependence on them for related information. Inability of NIMDTA to provide required number of Junior Doctors for certain specialities and localities. (Risk 694) Difficulty in recruiting in rural areas and accessing cover when needed in those areas i.e. Domiciliary Care Workers. (Risk 547) 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. 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). Pension Regulator Compliance Junior Doctors Hours monitored twice yearly and returns submitted to DOH. People Committee - Workforce Strategy, Recruitment and NIMDTA Allocation Updates twice per year. People Committee - Quarterly monitoring of Absence, Appraisal, Mandatory Training, Consultant Job Planning, Temporary Staffing, Agency Staffing, Turnover and Grievance/Disciplinary/Statutory Cases. RQIA Inspections of services which link to employment matters UK Border Agency Inspections on ad hoc basis. 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 Government/Department of Health managing a number of risk mitigation issues associated with EU Exit including cross border matters. (Risk 1075) Inability of NIMTDA to fill all posts. Insufficient number of social work student applications to the University Degree Course in rural areas. (Risk 1109) Insufficient training places being procured by Department of Health to meet the demands of medical and nursing workforce. HMRC Regulations and impact for staff HSC Pension particularly high earners. Impact of McCloud and Sergeant Employment Law cases. Safe staffing model for social work. Lack of regional cap on agency rates Legal challenges to Terms and Conditions arising from changing employment law e.g. PSNI and Allocate Cases. Impact of Pay Strategy across all staff groups. Pay discussions are led by Department of Health	Looking After our People Growing for the Future Belonging to the HSC New Ways of Working	31/03/2023 31/03/2023 31/03/2023 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 ServicesImproving 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. Should a critical issue materialise further funding can be sought from DOH or existing funding reprioritised to address the new critical issue Estates Strategy 2015/16-2020/21 Annual review of building condition (3i) and creation of prioritised BLM list. 2019/20 Backlog maintenance programme developed. Continual bidding for funding to address backlog maintenance Targeting of priority areas as funding becomes available. Monthly review of Backlog Maintenance capital investment plan Priority Backlog Maintenance capital investment plan	Ageing infrastructure resulting in deterioration of buildings Insufficient funding to carry out full remedial works identified.	Back-log Maintenance list Health & Safety audits Environmental Cleanliness audits Authorising Engineer audits Annual inspections carried out Membership at Health and Safety/ Water Safety Groups Reports to Corporate Governance Sub Committee/Governance Committee Assurance standards Buildings, Land, Plant & Non-Medical Equipment Oakleaf - 6 facet independent survey	Lack of Funding for backlog maintenance.	Review of emerging issues and response required Development of business cases for 2021/22 backlog maintenance agreed action plan. CMT approval of BLM 2021/22 for submission. Development of 2021/22 BLM bid Completion of six facet condition survey Review of emerging issues and response required Monthly review of Backlog Maintenance capital investment plan Review Ward 50 ventilation system performance BLM and Capital Plan Project Delivery for 21/22 Develop BLM bid 22/23 CMT approval of BLM 2022/23 for submission.	30/06/2022 30/09/2021 30/04/2021 30/04/2021 30/09/2021 30/09/2021 31/03/2022 31/08/2021 31/03/2022 30/06/2022 30/09/2022	06/06/2022 07/09/2021 03/08/2021 03/08/2021 07/09/2021 07/09/2021 12/04/2022 31/08/2021 12/04/2022 06/06/2022
1306	16/06/2021	16	HIGH	16	HIGH	4	LOW	Director of Acute Hospital Services	Acute Hospital Services	Ensuring Stability of Our ServicesImproving 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 Urgent paediatric cases discussed with general ophthalmologists for referral to Belfast as required.	No consultant oversight for orthoptics and optometry increase clinical risk Significant clinical risk in ROP screening by consultants without Paediatric fellowship.	Ongoing discussions with commissioners as regards filling the post.		Advertise new agreed post for a General Ophthalmology Consultant Agree solution for review patients	30/09/2022 30/09/2022	

		Initial Risk		Current Risk		Target Risk													
ID	Opened date	Rating (initial)	Risk level (initial)	Rating (current) (Consq x Likli)	Risk level (current)	Rating (Target)	Risk level (Target)	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
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. Raise at corporate safety huddle and RRG Escalate through child health partnership.	30/06/2022 31/03/2022 31/03/2022	03/02/2022 03/02/2022 03/02/2022
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 Intranet Covid19 site to ensure information shared across the Trust Regional PPE Group; Regional Discussion Group Regional IPC cell and Product Review Group Health & Safety Policy Guidelines on Management of COVID-19 as PHE COVID zoom training for acute and community, PPE videos completed for acute care and domicillary care IPC policy and procedures, mandatory IPC training, IPC audit process Revised Governance arrangements - Corporate Safety team 3 Planning groups; Acute; Community & Support Services, Trust PPE advsiory group Business continuity activated with 3 Bronze Control rooms: - Altnagelvin Acute; SWAH Acute; Communit Community planning group - follow up of clusters in Indep sector Community Oversight Governance group Clinical Advisory Group Ethics Committee Continued testing services for staff referrals and patient testing in line with regional guidelines Appointment of project lead for implementation of staff testing - Cancer & Diagnosis Appointment of Testing co-ordinator to ensure adherence to guidance - Cancer & Diagnosis Trust's Covid 19 Vaccination Programme Trust's Ventilation Safety Working Group and Ventilation Investment Plan for 21/22 to create safer working spaces particulary for staff/patients in AGPs. Trust's Capital Investment Plan which includes ongoing covid rebuild/safety works - Altnagelvin ICU upgrades (single rooms/isolation) plus ventilation works. Working Safely Trustwide Group Contact Tracing group ECHO Safety Network Rebuild Risk Assessment Programme	Storage issues in Altnagelvin with PPE Storage requirements and service rebuild Inappropriate storage for records due to displacement for PPE/ Tea rooms under Covid environment Lack of Corporate comunication clarifying Home working requirements in context of re-build and safe working Re-build risk assessments not completed W&C - need for additional staff to undertake the screening questionnaires Poor Vaccine uptake in Band 5 nursing We don't routinely screen staff for Covid Work force appeal staff remain key to service delivery in some areas but not funded. There will be a risk to elective service in the event that we experience a further early surge	Covid dashboard Silver various reports e.g. bed occupancy, ED monitoring, Covid app Sit rep report Governance assurance framework		Agile Working Guidance Re-build Risk Assessment Guidance Record Storage Communication Action Plan Safe Working Job Profiling Promotion of Covid 19 Vaccine for Staff Trust Working Flexibly and From Home Policy	31/01/2022 31/12/2022 31/03/2022 30/09/2022 30/09/2021 31/03/2023 31/05/2022	10/11/2021 09/03/2022 20/07/2021 12/04/2022
1320	15/09/2021	12	HIGH	20	EXTREM	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 resulting 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. □ 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. □ 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.□ This increases potential for: - sub-optimal care whilst inappropriately placed in hospital; risks to other patients and staff in those areas.□ Heightened risks of both physical and mental health deterioration and associated harm relating to safety and family breakdown□ 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 Staff training in Emergency Department Regular meetings with AMH services Regular meetings with Beechcroft (weekly) and daily updates Policy on age appropriate care to acute setting Policy on U18 admission to AMH wards 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. Supervision deficit in ED/AMH/Paeds wards Psychiatric cover limited in CAMHS and AMHS Delayed & limited availability of AMH beds in Trust. Training/knowledge deficit re pathways related to high staff turnover in acute medical/AMHS setting CAMHS/AMHS OOH Pathway review overdue Unfunded demand for CAMHS OOH Limited regional capacity for inpatient beds	Monitoring of waiting lists Regional AD Forum - standing item Regional Care Network - weekly data collation Daily updates with Beechcroft In-house monitoring of inappropriate admissions Early Alerts of inappropriate placements both in AMHS wards and Acute medical /Paediatric wards. Weekly review and monitoring by HSCB Escalation to HSCB/DOH		CAMHS Business case to be developed to progress development of CAMHS OOH service provision Family & Child Care Social work input in over 16 MH assessment with AMHS to be reviewed to ensure cover and consistency to mitigate risk WTCAMHS/AMHS OOH 2011 pathway to be considered and reviewed 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 CAMHS will attempt to work intensively with YP and family notwithstanding capacity and resource issues Task and finish group to support unmet needs re training /risks identified and policy regarding YP requiring MH admission inappropriately placed on medical wards. 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	30/09/2022 30/09/2022 30/09/2022 30/09/2022 30/09/2022 30/09/2022 30/09/2022 30/09/2022 30/09/2022 30/09/2022 30/09/2022	

ID	Opened date	Initial Risk Rating (initial)	Initial Risk Risk level (initial)	Current Risk Rating (current) (Consq x Likli)	Current Risk Risk level (current)	Target Risk Rating (Target)	Target Risk Risk level (Target)	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
1334	26/10/2021	20	EXTREM	20	EXTREM	4	HIGH	Director of Acute Hospital Services	Acute Hospital Services	Ensuring Stability of Our ServicesImproving the Health of Our PeopleImproving the Quality and Experience of Care	Sustainability of surgical services in Southern Sector of Trust due to recruitment & retention difficulties at Consultant and Mi	Inability to recruit and retain permanent general surgical staff particularly at Consultant and middle tier level in South West Acute. □ □ This is threatening the ability to deliver 24/7 emergency service and the range of commissioned elective activity. □ □ There has been a high turn-over of locum consultant surgeons who have been appointed to cover gaps, leading to gaps and concerns about continuity of care.□ □ It has been highlighted that emergency surgical services are at risk within the next 4 months due to inability to sustain a 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 Recruitment campaign is continuous at Speciality Dr and trainee level. Funded establishment should be 6.5 wte consultant Surgeons - current baseline is 3.0 wte with 3.5 wte gap Specialty Drs funded for 8.0 wte; 5.0 in place 2 of whom are locums and one acting up. Ongoing use of locums from within the Trust to sustain the rota at South West Acute. Newly appointed Consultant taking up post 25/10/21 Ongoing efforts to recruit - Interviews planned for 2.0 wte Consultants late October 2021 (now 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. Difficulties recruiting and retaining at locum and permanent level as above. Difficulty securing Royal College approval for general surgical posts.	Continuing support from Altnagelvin Surgical body to provide locum cover for rota gaps. Programme Board will have fortnightly oversight of all of the actions within the Review Programme. Senior clinical support to project identified and in place. Project lead has been seconded full time to Project team. Project Lead currently briefs CMT twice weekly This will be taken over by Programme Board with fortnightly oversight from 01/11/2021 CMT will continue to support service and project		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.	29/08/2022	
1338	08/11/2021	20	EXTREM	20	EXTREM	8	HIGH	Director of Women & Children's Services	Women & Children's Services	Ensuring Stability of Our ServicesImproving the Health of Our PeopleImproving the Quality and Experience of CareSupporting and Empowering Staff	Risk to Provision of Neonatal Care in SWAH due to staffing shortages particularly staff qualified in specialty.	Lack of senior staff, particularly those QIS (qualified in specialty) 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 subsuently destabilise maternity services as babies cannot be delivered at SWAH without access to neonatal services.	Staff working additional hours/bank/overtime. Acting Manager and Head of Service covering clinical shifts whent he number is inadequate or when there isn't enough QIS available. WhatsApp group set up and urgent messages sent when staffing is depleted at short notice. Cot closures after consultation with medical staff and Neonatal Network of NI 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. This may result in cot closures/ transfers and in SWAH the local contingency plans will be implemented. 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. 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	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 Rotation between Paeds and NICU Bid for staff to backfill training Close cots as necessary Inform Commissioners and NNNI Monitor clinical incidents	30/09/2022 31/03/2022 13/10/2021 31/03/2022 13/10/2021 30/10/2021 30/09/2022	 01/04/2022 13/10/2021 01/04/2022 13/10/2021 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 ServicesImproving the Health of Our PeopleImproving the Quality and Experience of Care	Consultants Cover in Cardiology	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. Working through current job plans to identify monies to increase the Consultant complement. -Secured short term locum Middle Grade Doctor to support Ward based work on a short to medium term basis. Worked with Medical HR to secure short to medium term locums (starting 27th February). Link with regional pPCI network to seek support for any gaps in rota. Linkage with RCM to ensure sign off of job plans and job descriptions. -A review of current workload and a short term reduction in outpatient work to facilitate redistribution.	Locum resources has limited availability. Challenges regionally in relation to securing substantive positions.	Medical HR working collaboratively on recruitment. Clinical Lead has oversight of the rota Business continuity arrangements are in place should there be an unplanned rota gap.	Locum resources has limited availability. Challenges regionally in relation to securing substantive positions.	Recruitment has commenced to fill vacant posts.	30/09/2022	