

CORPORATE RISK REGISTER & ASSURANCE FRAMEWORK

BRIEFING NOTE PREPARED FOR TRUST BOARD
2nd March 2023

There are 21 risks on the Corporate Risk Register as approved at Trust Board on 2nd February 2023.

Summary

- Material Changes to the Risk Register – Proposal to reduce grading on risk ID1338 “*Risk to Provision of Neonatal Care in SWAH due to staffing shortages, particularly staff qualified in specialty*”.
- Proposed New Risks – No new risks
- Summary report for actions – No outstanding issues

Material Change

Risk ID1338 - Risk to Provision of Neonatal Care in SWAH due to staffing shortages particularly staff qualified in specialty.

Proposal to regrade this risk as the unit was reopened in October and additional staff have been recruited. Therefore the rota has been stabilized. In addition, there has been no requirement to implement the contingency plan for several months.

Risk Description - Lack of senior staff, particularly those qualified in specialty (QIS) 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 subsequently destabilise maternity services as babies cannot be delivered at SWAH without access to neonatal services.

Current Risk Grading – Outcome Major (4) x Likelihood Almost Certain (5) = **20 EXTREME**

Target Risk Grading (appetite) – Outcome Moderate (3) x Likelihood Unlikely (2) = **6 MEDIUM**

Proposed Risk Grading – Outcome Major (4) x Likelihood Likely (4) = **16 HIGH**

Target Risk Grading (appetite) – Outcome Moderate (3) x Likelihood Unlikely (2) = **6 MEDIUM**

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 actions outstanding at the time 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
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.		09.02.23 – Due to pressures this risk has yet to be finalised. A meeting has been arranged to finalise the risk in March.

Risk Sub-Category	Risk ID	Lead Director	Risk Title	Initial		Current		Risk Appetite			Current Risk Status		Mths since last updated	Action Plan Status	Latest Update
				Score	Grade	Score	Grade	Score	Level of Tolerance	Action on appetite	Mths since score changed	Change in score since last review			
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	Review risk in terms of demand capacity. Tolerance will be Reviewed at Trust Board workshop in April 2023	63	No change	1	Actions listed with future due dates	09/01/2023 - Looked After Children services unallocated case figures have started to increase again which is directly linked to staffing levels. FIS and Gateway unallocated figures have stabilised. 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 as part of the Ray Jones and Children's Services review and associated workstreams. W&C Senior Management Team continue to closely monitor unallocated case numbers. Monthly returns submitted to SPPG.
ICT & Physical Infrastructure	49	Director of Performance & Service Improvement	The potential impact of a Cyber Security incident on the Western Trust	16	HIGH	16	HIGH	6	High	Tolerance will be reviewed at Trust Board Workshop in April 2023	67	No change	0	Actions listed with future due dates	09/02/2023 - Corporate Risk 49 Update (February 2023) •Corporate Risk 49 has now moved back under the ownership of the Director of Performance & Service Improvement (PSI) from 1st January 2023. The lead director for this risk is now Teresa Molloy. •A formal review of corporate Risk 49 has been requested by the Director of PSI. This is in light of the Regional Cyber Tactical Recommendations Report, and with regard to the implementation of the Supplier Management Framework. The reviewed risk will then be taken through the appropriate Trust approval channels. It is expected that this will take place during March/April 2023 •The NIS Competent Authority have acknowledged receipt of the NIS self-assessment CAF and supporting evidence from WHSCT on 26/01/2023. Locally, The CAF return was approved by: WHSCT Performance & Service Improvement Directorate Senior Management Team (23/01/2023) WHSCT Cyber Oversight Group (23/01/2023) WHSCT Corporate Management Team (24/01/2023)
Regulation & Compliance	284	Director of Performance & Service Improvement	Risk of breach of Data Protection legislation through loss, mishandling or inaccessibility of personal or sensitive personal inf	16	HIGH	16	HIGH	6	HIGH	Tolerance will be reviewed at Trust Board Workshop in April 2023	74	No change	0	Actions listed with future due dates	06/02/2023 - Risk title and description reviewed at CMT and Trust Board. Suggested amendments approved at Trust Board on 02.02.23
Financial	779	Director of Human Resources	Service impacts arising from performance issues within BSO Shared Services	9	MEDIUM	20	EXTREM	6	TBC	Tolerance will be considered at Trust Board Workshop in April 2023	0	No change	0	Actions listed with future due dates	08/02/2023 - Trust Board at its meeting on 2 February 2023 approved the escalation of this HR Directorate Risk to Corporate Risk Register with risk rating increased to Major:Almost Certain (Extreme 20). Recruitment Shared Service Centre continue to face challenges resulting in significant delays. Whilst the regional review of recruitment is ongoing, the Trust is reverting to use Healthdaq and the Trust's retained recruitment team to progress some recruitment. Despite BSO contingency planning since mid-November 2022 the Trust does not have the assurances that RSSC can provide recruitment in a timely and effective manner.
Regulation & Compliance	955	Director of Finance	Failure to comply with procurement legislation re social care procurement	12	MEDIUM	12	MEDIUM	9	HIGH	Tolerance will be reviewed at Trust Board Workshop in April 2023.	77	No change	3		Reviewed 17/11/22 - No further update

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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	LOW	All actions to be completed within 12 months with a view to reducing the risk to appetite level within 12 months and de-escalating risk	● 33	No change	1	Actions listed with future due dates	13.01.2023 - It is expected that all areas involved will be using electronic nebulisers by the end of January.
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	6	LOW	Actions should be completed within 12 months with a view to de-escalation for management at directorate level.	● 7	No change	2	Actions listed with future due dates	07/12/2022. Outstanding actions reviewed and updated. 2 additional actions added.
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	6	High	This risk is to be reviewed and redefined to reflect the wider issue of patient flow in both the acute and community settings.	● 35	No change	0	Actions listed with future due dates	09/02/2023 - The risk associated with congestion and high levels of patients awaiting admission to wards remains, and has deteriorated with winter pressures and a temporary reduction of 12 beds across the SWAH site. The Full Capacity Protocol has been activated when required but remains in place for longer periods before de-escalation. Work ongoing to formalise use of escalation beds/spaces and non-designated beds. ALT - Staffing pressures in ED persist with high vacancy rate. Congestion risks within the department continue due to the high number of patients awaiting admission to wards. Discharge lounge continues with the use of bank / agency staff pending recruitment processes. Escalation beds / undesignated beds in use across the site in efforts to de-escalate department. Continuous flow model in use along with escalation / undesignated beds in an effort to create capacity in department and admissions to ward areas earlier in the day. Fully capacity protocol still used when required.
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	6	LOW	This risk should be reduced to the appetite level set by April 2023.	● 25	No change	1	Actions listed with future due dates	09/01/2023 - As per previous updates, the service has ongoing contracts for insourcing and outsourcing by independent providers. IPT allocation letter for Nurse Endoscopist and associated infrastructure was received on 25th November 2022. The Nurse Endoscopist post has been advertised and awaiting interview. Two GI consultant posts are going to be advertised before end of the year, 2023. Job description is to be configured by GI consultants. They will meet with Dr Shivashankar to review job plans and free up PAs. SPPG have issued a further IPT on 03.01.2023 for an additional GI consultant to provide capacity for local and regional endoscopy services.
Financial	1236	Finance and Contracting	Ability to achieve financial stability, due to both reductions in Income and increased expenditure.	16	HIGH	16	HIGH	6	HIGH	Risk tolerance will be reviewed at Trust Board Workshop in April 2023	● 30	No change	2	Actions listed with future due dates	07/12/2022 - No further update
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	8	HIGH	Risk tolerance will be reviewed at Trust Board Workshop in April 2023	● 26	No change	1	Actions listed with future due dates	09/01/2023- Industrial Action (IA) by a number of Trades Unions continues and the Trust is awaiting confirmation of IA dates for January 2023. The Trust's Corporate Management Team and senior staff in all Directorates continue to work to manage risks and ensure patient safety. A number of services were postponed in December as a result of IA and it is anticipated further services may be disrupted in January.

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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	6	HIGH	Tolerance will be reviewed at Trust Board Workshop in April 2023	24	No change	0	Actions listed with future due dates	03/02/2023 - Invasive survey has taken place in T&F Hospital to assess structural integrity of the block identifying significant issues of dry rot in flooring structures within the main block. Formal report to be prepared and issued to PSI Governance with recommendations on appropriate remedial works.
Quality of Care	1306	Acute Hospital Services	Vacant Paediatric Ophthalmology consultant post resulting in no Paediatric Ophthalmology clinics	16	HIGH	16	HIGH	8	LOW	This risk tolerance will be reviewed in 6 – 12 months with the expectation that the level of risk is reduced and de-escalated for management at directorate level.	20	No change	0	Actions listed with future due dates	09/02/2023 - Risk remains as previous update. There is a small residual list of peads new and review prior to 2022. Approx. 120 review pts. New patients are seen by Mr Cullen and review patient lists are monitored by clinical lead and orthoptics.
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	6	HIGH	Risk to be kept under review and re-examined within 3 months with deep dive.	17	No change	0	Actions listed with future due dates	09/02/2023 - There continues to be gaps in the paediatric and neonatal rotas. In the past it was expected that the paediatric teams would support the neonatal service overnight if there were emergencies. At a regional meeting last week with NISTAR and it was confirmed that the paed team do not cover the neonatal emergencies any more as many of those on that rota do not have the skills. We highlighted to the commissioner present at this meeting that this needs addressed. An audit is to be taken forward to look at the impact within Trusts when they are faced with undertaking a transfer if the NISTAR team are not available.
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	It was agreed that this risk should remain on the corporate risk register to provide corporate oversight. The tolerance will be reviewed at Trust Board Workshop in April 2023	8	No change	1	Actions listed with future due dates	16/01/2023- Risk Reviewed. Situation remains unchanged. Regional updates have been requested.
Ensuring Stability of Our Services	1334	Director of 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	8	LOW	Low tolerance for risk remaining at this level and aim to be deescalated by April 2023.	17	No change	0	Actions listed with future due dates	SWAH Update 09/02/2023 – The public consultation on the temporary unplanned change to Emergency General Surgery at South West Acute Hospital opened on 17 January 2023. A number of consultation events have taken place, and further engagement opportunities are planned for both staff and public. The consultation will close on 10th April 2023.
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 speciality.	20	EXTREM	20	EXTREM	6	HIGH	Tolerance will be reviewed quarterly at Trust Board	14	No change	0	Actions listed with future due dates	09/02/2023 - Unit remains open and we are still accepting babies from 35 weeks gestation. Recruitment is ongoing and posts are being filled. Contingency plan has not been implemented for several months. Workshop to develop options for future model of care took place in Dec, and a workshop for the appraisal of these options is deferred to 15th March
Ensuring Stability of Our Services	1375	Director of Acute Hospital Services	Consultants Cover in Cardiology	16	HIGH	16	HIGH	6	LOW	This risk will be reviewed within 6 months with view to de-escalating in 12 months.	12	No change	0	Actions listed with future due dates	09/02/2023 - Risk Reviewed. No further update
Quality of Care	1409	Director of Acute Hospital Services	ED Mental Health Patients	25	EXTREM	16	HIGH	9	TBC	Tolerance level will be considered at Trust Board Workshop in April 2023.	0	No change	0	Actions listed with future due dates	09/02/2023 Risk escalated to corporate risk register. Approved at Trust Board on 02.02.23

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Health & Safety	1469	Medical Director	Health & Safety Risk to Staff as a result of Violence and Aggression	12	HIGH	12	HIGH	4	TBC	Tolerance level will be considered at Trust Board Workshop in April 2023.	0	No change	0	Actions listed with future due dates	08/02/2023 - Incidents of violence against staff for the period October 2022 to January 2023: Verbal Abuse- 92, Physical Abuse- 391 Total 483.
Quality of Care	1472	Director of Performance & Service Improvement	Risk of the Trust not achieving the Rebuild Targets as set out by SPPG.	12	HIGH	12	HIGH	8	TBC	Tolerance level will be considered at Trust Board Workshop in April 2023.	0	No change	0	Actions listed with future due dates	06/02/2023 - New risk approved at Trust Board on 2 February 2023.

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		Rating (initial)	Risk level (initial)	Rating (current)	Risk level (current)	Rating (Target)	Risk level (Target)												
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 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.	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. Delays in recruitment	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 Early FIS 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	29/09/2023 30/09/2020 01/11/2018	31/12/2019 30/09/2020 06/03/2019	
49	06/10/2009	16	HIGH	16	HIGH	6	MEDIUM	Director of Performance & Service Improvement	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 erroneous mistake(s), could result in: □ • unparalleled HSC-Wide disruption of services due to lack of/unavailability of systems that facilitate HSC services	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 Usr account management processes Change control processes Data protection Act Regional & Local ICT info security policies Trust and Regional Cyber Project Boards Band 7 & band 6 recruited to support Cyber security ICT Security Assessment	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 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	31/03/2023 31/03/2019 31/03/2019 31/03/2020 31/08/2018	28/02/2019 31/03/2019 31/08/2019 31/08/2018

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284	13/12/2010	16	HIGH	16	HIGH	6	MEDIUM	Director of Performance & Service Improvement	Performance & Service Improvement	Governance.	Risk of breach of Data Protection legislation through loss, mishandling or inaccessibility of personal or sensitive personal inf	The Trust faces reputation and financial risk from non-compliance across all Directorates with the UK GDPR, Data Protection Act 2018, DoHNI's Good Management, Good Records and the Public Records Act 1923. The risk comprises a number of key factors which increases the level of risk for the Trust: <ul style="list-style-type: none"> •Insecurely sharing or accessing the personal data of clients, patients and staff without a legislative basis under UKGDPR or supporting legislation •The unavailability of records for provision of patient and client care or for legal or public interest purposes •Concerns on the adherence to records management responsibilities – notably the storage, categorisation and disposal/PRONI transfer of patient, client and staff records 	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.	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 increased to full time Recruitment of Band 4 Information Governance Development of information leaflet for Support Services Staff to increase awareness of information governance Review of regional e-learning IG training Establishment of Regional Records Man Group Development of IG action plan	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 28/02/2023 31/12/2021 28/02/2023 01/06/2022 31/03/2023	31/03/2019 28/02/2019 01/03/2019 25/11/2020 30/09/2020 30/09/2020 31/12/2020 30/09/2020 30/09/2020
779	24/07/2014	9	MEDIUM	20	EXTREM	6	MEDIUM	Director of Human Resources	Trust-wide (Risk Register Use Only)	Workforce.	Service impacts arising from performance issues within BSO Shared Services	The Recruitment Shared Services Centre (RSSC) is experiencing significant operational and staffing challenges which are adversely impacting the service being provided to the Trust and resulting in major delays in appointing staff. <ul style="list-style-type: none"> □ This is also further impacted by the implementation of Amiqus (new platform for pre-employment checks). □ BSO Shared Services Centre not meeting deadlines in a timely manner for which the Trust as the employing authority has overall responsibility. □ Issues reported by managers in relation to the delivery of services which delays filling vacancies. □ Trust managers not complying with payroll and recruitment processes which may also lead to delays. 	3 meeting per week to monitor RSSC Performance. Amiqus updates - 3 reports per week on progress. Retained recruitment supporting escalations. Healthdaq - processing high volume requisitions by this system internally. Operational meetings with Trust and RSSC. Updates to Corporate Management Team. Trust Communications to Managers and Staff. Shared Services Payroll & Recruitment KPIs & monthly monitoring reports. Daily contact with BSO Payroll & Recruitment staff. BSO RSSC has set up clinics for managers to raise recruitment issues. Query Management System in place for managers to raise issues. Escalation and hardship processes in place.	Amiqus system reporting tool is not yet available – gap in data being shared with the Trust. There are concerns about accuracy of the information in RSSC Reports. Dependence on BSO for Trust Payroll and Recruitment information to respond to MLA queries, FOIs, etc. in a timely manner.	Establishment of a Task and Finish Group led by the Interim Director of Operations, BSO. Additional meetings with Recruitment Shared Services and Trust. BSO Business Contingency Plan in place. Customer Forum for Payroll and Recruitment.	Verification of information on pay and recruitment exercises. System issues which require work arounds.	Greater focus by the Trust on emerging issues. Monitoring of RSS reports and data and the duration of time to fill posts across staff groups. Establishment of database to capture complaints relating to recruitment issues encountered by Trust recruiting managers via web based form. Working closely retained recruitment and Trust	30/06/2023 30/06/2023 30/06/2023	

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955	11/08/2016	12	MEDIUM	12	MEDIUM	9	MEDIUM	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 implementation plan will continue to be monitored - via Regional Procurement Board, Trust Procurement Board and Social Care Procurement Group.	30/06/2023	
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 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 flowmeters removed to ensure colour coding approach is	30/12/2022 28/02/2023 31/12/2019	13/01/2023 31/12/2019 31/12/2019 31/12/2019 31/12/2019

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1219	30/04/2020	20	EXTREM	20	EXTREM	6	MEDIUM	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 SAls. □ 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	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.	05/10/2021 30/10/2022 14/02/2023 14/02/2023 31/03/2023	05/10/2021 14/11/2022
1236	21/08/2020	16	HIGH	16	HIGH	6	MEDIUM	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	28/02/2023 28/02/2023	

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1254	18/01/2021	16	HIGH	16	HIGH	8	HIGH	Director of Human Resources	Trust-wide (Risk Register Use Only)	Ensuring Stability of Our Services Improving the Quality and Experience of Care Supporting and Empowering Staff	Inability to deliver safe, high quality and sustainable services due to workforce supply and disruptions	Due to an inability to attract, recruit and retain staff throughout the Trust, services may not be able to maintain sufficient staffing levels to sustain high quality safe services 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) Policies - Rec & Selection Framework, Attendance at Work, Flexible Working, Redundancy and Redeployment, etc. HR Strategic Business Partner identified for each Directorate - targeted interventions in relation to absence, agency usage, temporary staffing and other identified Directorate priorities. (Risk 6, 1075) Pension information sessions Joint Forum, Joint LNC and Consultation Group Workforce Information reports provided to key stakeholders Trust Governance Arrangements - People Committee	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.	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	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 NIMDTA 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	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	
1288	08/04/2021	12	HIGH	12	HIGH	6	MEDIUM	Director of Performance & Service Improvement	Trust-wide (Risk Register Use Only)	Ensuring Stability of Our Services Improving the Quality and Experience of Care	Risk of failure to meet regulatory standards and compliance associated with Trust infrastructure and estate.	There is a risk of deterioration in the Trust Estate due 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 (3) and creation of prioritised BLM list. 2022/23 Backlog maintenance programme developed and implemented Continual bidding for funding to address backlog maintenance Targeting of priority areas as funding becomes available. Monthly review of Backlog Maintenance capital investment plan Priority Backlog Maintenance capital investment plan	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	30/06/2022 30/09/2021 30/04/2021 30/04/2021 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 12/04/2022 31/08/2021 12/04/2022 06/06/2022 30/09/2022
1306	16/06/2021	16	HIGH	16	HIGH	8	HIGH	Director of Acute Hospital Services	Acute Hospital Services	Ensuring Stability of Our Services 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 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	30/03/2023 30/03/2023	

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1307	16/06/2021	25	EXTREM	25	EXTREM	6	MEDIUM	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. <input type="checkbox"/>	Consider stabilising and holding patient until NISTAR available. Ensure staff are trained in use of transport equipment in case required to transfer patient in absence of NISTAR. In absence of NISTAR, Pro-paramedics (independent company) may be used. NISTAR will make ambulance and driver available if local team can do transfer			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	
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. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> This increases potential for: - sub-optimal care whilst inappropriately placed in hospital; risks to other	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	31/03/2023 31/03/2023 31/03/2023 31/03/2023 31/03/2023 31/03/2023 31/03/2023 31/03/2023	

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1334	26/10/2021	20	EXTREM	20	EXTREM	8	HIGH	Director of Acute Hospital Services	Acute Hospital Services	Ensuring Stability of Our Services	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.	28/02/2023		
1338	08/11/2021	20	EXTREM	20	EXTREM	6	MEDIUM	Director of Women & Children's Services	Women & Children's Services	Ensuring Stability of Our Services	Risk to Provision of Neonatal Care in SWAH due to staffing shortages particularly staff qualified in speciality.	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 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 when the 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	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 30/09/2022	29/07/2022 01/04/2022 13/10/2021 01/04/2022 13/10/2021 29/10/2021 29/07/2022

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1375	15/03/2022	16	HIGH	16	HIGH	6	LOW	Director of Acute Hospital Services	Acute Hospital Services	Ensuring Stability of Our Services Improving the Health of Our People Improving 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.	28/02/2023	
1409	01/07/2022	25	EXTREM	16	HIGH	9	MEDIUM	Director of Acute Hospital Services	Acute Hospital Services	Ensuring Stability of Our Services Improving the Health of Our People Improving the Quality and Experience of Care Supporting and Empowering Staff	ED Mental Health Patients	Due to lack of local and regional mental health beds patients requiring mental health assessment and admission are required to stay in the department for prolonged periods, with minimal mental health input. Voluntary and detained patients at high risk of harm due to lack of suitable staffing, supervision and infrastructure onsite. The department is overwhelmed with multiple patients awaiting admission some have already absconded and/or attempted self-harm while awaiting transfer or identification of a Mental Health bed due to inadequate supervision.	-Crisis/MHL will review all patients every 24 hours and liaise with psychiatry as required -ED will complete Kardex's – Psych Consultants will be available for advice if needed -Additional staffing support when available from Mental Health Grangewood to ED when a threshold of three or more has been reached. -Weekly meetings planned for ED and Mental Health to work collaboratively to improve the safety and experience for patients (commenced 16th June 2022). -Continue to report and review all associated incidents via datix to further understand risk and mitigations -MAPA training	-Timely access to Mental Health beds continue -Overall congestion and capacity issues within ED compounds the challenge in managing this group of patients	Daily engagement with MH and ED to manage risk Newly established weekly meetings between ED and mental health teams		Meetings Workforce Improvement Meetings	03/07/2023 03/07/2023 03/07/2023	

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1469	06/01/2023	12	HIGH	12	HIGH	4	HIGH	Medical Director	Trust-wide (Risk Register Use Only)	Supporting and Empowering Staff	Health & Safety Risk to Staff as a result of Violence and Aggression	Increases in the number and complexity of patients being treated and awaiting treatment in all our settings; along with social, economic; and environmental factors; restrictive guidelines / practices resulting from Covid etc; increased social media challenges; and the absence of a Corporate legal remedy; have all contributed to an already high level of abuse, violence and aggression against Trust staff. <input type="checkbox"/> The result is that staff are increasingly subjected to both sporadic and longer consistent patterns of patients/client/visitors displaying abusive, challenging, aggressive and violent behaviours in our facilities, communities and home environments leading to significant risk of emotional and physical harm. <input type="checkbox"/>	Management of Violence and Aggression (MOVA) group in place. Zero Tolerance & Security policy Trust adherence to The Management of Health and Safety at Work Regulations NI (2000). Health and Safety at Work NI Order 1978 Lone Working Guidance Staff support through Occupational Health Safety Intervention training - available to relevant staff. V&A risk assessment. Usage of Trust General Risk Assessment form for document of specific risks. Incident reporting on DATIX – identification of trends. Risk Register process in place RIDDOR reporting of staff absence and further scrutiny Policy for the Use of Restrictive Interventions with Adult Service Users – May 2017 Trust Security Working Group Ad hoc Risk Strategy Meetings Trust Health and Safety Policy	MOVA Policy - Await implementation of regional guidance Limited Legal support available for staff from the Trust when seeking prosecutions/non-molestation orders against violent individuals. No Acute Liaison Psychiatry service in ED No programme of regular education regarding mental health presentations in ED and other acute settings of risk. CAMHS referral pathways not clarified for patients aged 0-18. CAMHS not co-located in hospital. No dedicated area for intoxicated or consistently violent patients to be treated in ED. Lack of resource to provide safety intervention training following CEC	Audit Trust controls assurance standards reporting Risk assessment compliance reporting on corporate risk register, directorate governance Incident reporting to MOVA Steering Group Audit Regional Benchmarking and DOH return on violence against staff Health and Safety Inspections		Adopt and imbed regional MOVA policy in Trust Policy and Procedures Draft business case to expand resources for Safety Intervention Training	03/04/2023 03/04/2023	
1472	06/02/2023	12	HIGH	12	HIGH	8	HIGH	Director of Performance & Service Improvement	Performance & Service Improvement	Ensuring Stability of Our Services Improving the Health of Our People Improving the Quality and Experience of Care Supporting and Empowering Staff	Risk of the Trust not achieving the Rebuild Targets as set out by SPPG.	Following the covid pandemic and the resulting reduction in services we remain in an environment with the potential for resurgence of covid and other pandemic illnesses, adherence to PHA and/or CMO guidance impacting on the ability for all services to achieve pre pandemic levels of activity, workforce challenges and the need to implement a financial recovery plan. <input type="checkbox"/> Therefore there is a risk of the Trust not meeting the rebuild targets as set by SPPG (initially to rebuild to 2019/20 pre-pandemic levels). <input type="checkbox"/>	RAG rated Service Delivery Plans Monthly monitoring and expected outturn meetings with service areas. Working Safely alongside COVID-19 & Respiratory Infections guidance IPC Training Dynamic Risk Assessments (Annual/Covid/vulnerable staff) Risk assessment Training Link to Corporate Workforce Risk IDxx	Continued workforce challenges impacting on service delivery plans. Validation of data within reporting timeframes. Impact of financial recovery and/or cost increases.	Monthly SPPG reporting templates Performance Improvement Meetings Performance management framework Delivering Strategic Change Board Working Together Delivering Value Regional HSC Performance and Transformation Executive Board Finance and Performance Committee Trust Board Benchmarking		Development of elective care board action plan	31/03/2023	