

CORPORATE RISK REGISTER & ASSURANCE FRAMEWORK

BRIEFING NOTE PREPARED FOR TRUST BOARD
7th September 2023

There are 22 risks on the Corporate Risk Register as approved at Trust Board on 6th July 2023.

Summary

- Material Changes to the Risk Register – no material changes
- Proposed New Risks – No New Risks
- Summary report for actions – Action plan ID1183 requires update (see section below)

Material Changes

No material changes to report.

Summary report – for action

Risks not reviewed in last quarter

- All risks reviewed in last quarter

Action plans not up to date

- ID1183 requires update 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.		10.03.2023 – A draft risk has been submitted for approval at Acute Directorate Governance. SWAH – 17.05.23 – Risk reviewed, no change to this risk, update remains the same for SWAH. FCP continues to be activated on a regular basis for prolonged periods due to reduced flow on SWAH hospital site. Delayed discharges across the site continue to grow.

Risk Sub-Category	Risk ID	Lead Director	Risk Title	Initial		Current		Target		Current Risk Status		Mths since last updated	Action Plan Status	Latest Update		
				Score	Grade	Score	Grade	Score	Grade	Mths since score changed	Change in score since last review					
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	●	69	No change	1	Actions listed with future due dates	[07/08/2023 16:09:45 Ruth McCrory] August 2023 - SPPG have have started to monitor unallocated cases through monthly service delivery targets. They have proposed a target of 20% reduction in unallocated cases by March 2024 using a baseline as at 31 March 2023 with incremental reduction each quarter. There has been an increase in unallocated cases in Looked After Children which is directly linked to sick absences within the teams. Unallocated figures are reported monthly to SPPG and reviewed regularly by Senior Managers within Family & Childcare. Unallocated Cases are reviewed regularly within each team by Band 7 managers and where risks are identified allocation to a Social Worker is made in a timely manner.□	
ICT & Physical Infrastructure	49	Director of Performance & Service Improvement	The potential impact of a Cyber Security incident on the Western Trust	16	HIGH	20	EXTREM	6	MEDIUM	●	0	↑	4	0	Actions listed with future due dates	[18/08/2023 16:14:41 Valerie Arnold] Corporate Risk 49 – Datix Update for August 2023□ □ •Review of Risk 49 has now been formally approved at CMT and Datix has been updated with amendments including risk rating/scores, controls/assurances and gaps in controls and assurances.□ •Action Plans agreed during review now need to be categorised and ownership of actions agreed in to themes. This will be carried out by RMG group members before updates are applied to the Datix system□ •In response to NIS CAF Stage 1 recommendations, The Trust will prioritise the cyber-risk as the first corporate risk to apply the assurance mapping model based on the institute of internal audit assurance mapping. The Trust's Risk Management Team alongside an ICT Governance Lead will undertake this and a high level review of the assurance processes against the cyber-risk by 30th September to provide assurance against the Trusts risk management approach, and will consider as part of the review the comments provided in this recommendation. □ □ KPI's for July 2023□ Tactical Compliance:□ (1). Supply Chain Incidents – 3□ (2). Vulnerability Alerts – 8□ (3). Sophos Antivirus % - 98.2% (as off 15/8/23)□ (4). Intercept-X – 95% (as off 15/8/23)□ (5). Monthly Patch Management – 90.8% (as off 15.8/23)□ □ Training/Awareness□ (1). IG Governance Trust wide compliance 82 %□ (2). Metacompliance 2,085 staff = 17%□ (3). HSC eLearning 1,260 staff = 10%□ □ Supply Chain:□ (1). No of supplier security questionnaires completed – monthly 0 (during July 2023) □ (2). No of contracts approved ICT/IG Contracts approval meeting - bi-monthly meeting 1 (during July 2023) □ □ Cyber threats/incidents since last update□
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	MEDIUM	●	80	No change	0	Actions listed with future due dates	[20/08/2023 15:32:53 Sarah Davidson] The regional e-learning for Information Governance Awareness training is being reviewed to update its content in line with current data protection risks. To support the implementation of Encompass and the potential data risks and challenges to be mitigated, a New Temporary Band 7 Encompass Information Governance Lead is to be advertised, alongside a Temporary Band & Information Risk Manager (supported by a Temp Band 5) to improve data quality within WHST ICT systems and readiness for Encompass implementation.	

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Financial	779	Director of Human Resources	Service impacts arising from performance issues within BSO Shared Services	9	MEDIUM	20	EXTREM	6	MEDIUM	●	6	No change	1	Actions listed with future due dates	[08/08/2023 22:58:46 Olivia Nicholl] Delivering Value Management Board has approved the extension of Healthdaq to the end of March 2024 due to the very specific challenges being experienced by the Western Trust and also pending the outcome of the HSC Recruitment Review. The Direct Award Contract requires to be updated and sent to DOH. Whilst the Amicus system issue at BSO RSS has resolved, a number of the easement measures introduced are still in place and therefore business as usual has not been reached as yet.	
Regulation & Compliance	955	Director of Finance	Failure to comply with procurement legislation re social care procurement	12	MEDIUM	12	MEDIUM	9	MEDIUM	●	0	→	0	2	Actions listed with future due dates	[27/06/2023 15:52:58 Hazel Browne] During 2022/23, the Regional Social Care Procurement Board was reconstituted and tasked with reviewing the current social care procurement plan. The current social care procurement plan aims to have all Trusts compliant with the PCR 2015 by 2028/29.
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	●	0	→	0	3	Actions listed with future due dates	[24/05/2023 11:54:07] Risk will be reviewed following an audit which will take place in June.
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	9	MEDIUM	6	MEDIUM	●	0	→	0	4	Actions listed with future due dates	[26/04/2023 13:48:35 Sean Moynihan] Actions updated. Legacy cases completed end March (Action closed); Escalation protocol drafted, reviewed by MCA Operations group and MCA Project Board and to be discussed with Directors at MCA review meeting on 24 May 2023.
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	MEDIUM	●	41	No change	1	Actions listed with future due dates	[15/08/2023 15:25:52 Deborah Donnelly] Risk reviewed, remark dated 3/4/23 still remains valid.[17/05/2023 17:59:48 Deborah Donnelly] AAH - 15/05/2023 – Risk reviewed, no change to this risk and comments from AAH remain the same as reported on 28/03/23. SWAH – 17/05/23 - Risk reviewed, no change to this risk, update remains the same for SWAH. FCP continues to be activated on a regular basis for prolonged periods of time due to reduced flow on SWAH Hospital site. Delayed discharges across the site continue to grow.	

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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	MEDIUM	30	No change	1	Actions listed with future due dates	[15/08/2023 15:08:13 Deborah Donnelly] The Trust is due to advertise the 3 vacant consultant posts (2 vacant and 1 new post) in August 2023. In September a nurse endoscopist will commence the NE trainee programme. The Trust has engaged with the Southern Trust to secure support from a Surgeon from SHSCT to provide endoscopy sessions (Two sessions) every fortnight at Omagh DPC. SHSCT has agreed with the proposed Job plan, the sessions will commence in September 2023. This activity will contribute to the Regional backlog of referrals which will include WHSCT patients. WHSCT currently accessing 156 points every two weeks since 22nd May until end of August as a minimum at Lagan Valley Hospital. The number of patients scoped is dependent on case mix. To date 264 red flag patients have been treated. Medinet insourcing Slippage from the Omagh IPT is being utilised to secure capacity from an independent sector provider through in-sourcing which will enable a total volume of 450 patients to be treated (318 as additional core and 132 as IS activity). This commenced on the 17th June 2023 and it is planned to continue weekly with 64 patients scoped each weekend. To date 359 red flag patients have been treated. There is a plan to see a further 189 IS scopes up to end December. 352 outsourcing – The WLI Plan will enable 900 patients to be seen in Independent Sector from April – December 23. This contract started at the beginning of June and so far 400 patients have been treated. Based on the above, the Lagan Valley and Medinet capacity should allow for the core gap to be met, and also provide additional capacity to reduce the overall waiting times over the coming weeks and months and contribute to the focus on regional referrals. The 900 patients sent to 352 should then reduce the overall backlog of patients waiting. Mutual Aid: Assistant Directors have progressed discussions on 6 June 2023 with SPPG in relation to mutual aid request. Review meetings with SPPG (last meeting 10/08/23) continue. A further assessment of mutual aid will be held following the WHSCT consultant advert. To date we have not received offers of assistance apart from the Medinet consultant.
Financial	1236	Finance and Contracting	Ability to achieve financial stability, due to both reductions in Income and increased expenditure.	16	HIGH	16	HIGH	6	MEDIUM	36	No change	2	Actions listed with future due dates	[27/06/2023 15:49:18 Hazel Browne] The 2023/24 budget allocation for Health & Social Care effectively represents a flat cash budget and therefore makes no allowance for the increasing costs of running services and demographic growth. Despite regional planning to deliver significant savings, the DoH projected position remains in material deficit. Consequently, 2023/24 will inevitably involve significant financial pressures across Health and Social Care that will have an impact on the Trust's financial balance. The Trust is linking closely with DoH and SPPG as they assess the implications of the budget allocation and has developed plans to support the delivery of savings.
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	31	No change	1	Actions listed with future due dates	[08/08/2023 22:54:10 Olivia Nicholl] The Trust's Workforce Stabilisation Steering Group meets on a monthly basis, actions are being progressed through the 3 workstreams – Agency Reduction, Medical Workforce Stabilisation and Workforce Stabilisation and Retention. Regionally consideration is being given to the number and availability of specialist doctors. The Trust is also participating in a regional medical workforce baseline exercise. An early alert was submitted to DOH on 21 June 2023 in relation to the down turn in Head and Neck Surgery due to staffing challenges and surgical pathway.
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	MEDIUM	29	No change	1	Actions listed with future due dates	[15/08/2023 10:01:25 Nicola Norris] 15/08/23: Following a review by an independent surveyor BLM has increased from £196m to £216m, this is due to a number of reasons including 8.5% inflation, depreciation of the Trust Estate and a further review of current risks. Estates continue to target this risk by investing available capital to target high priority areas.
Quality of Care	1306	Acute Hospital Services	Vacant Paediatric Ophthalmology consultant post resulting in no Paediatric Ophthalmology clinics	16	HIGH	16	HIGH	8	HIGH	26	No change	1	Actions listed with future due dates	[15/08/2023 17:02:34 Deborah Donnelly] 07/08/2023 13:36:05 - The risk still remains for review patients and we have been unable to facilitate additional clinics for a visiting speciality doctor. Mr Collins and Dr Abualshar continue to validate the review list. BHSCT are still unable to facilitate the review patients due to their own backlog. All new patients are referred straight to BHSCT. The new paediatric unit in the Mid-Ulster hospital has been deferred to October 2023 due to a leak being discovered. We are still using Blackrock Clinic for paediatric squint patients and this is working very well - good feedback from patients and families.

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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	MEDIUM	23	No change	3	Actions listed with future due dates	[24/05/2023 10:17:36 Angela Wade] As a result of the work ongoing around the Neo Natal service it has been agreed to look at bringing ARNI training to the Trust. This will equip medical staff to resuscitate, stabilise and transfer sick babies. This risk will be discussed at today's Directorate Governance Meeting with a view to de-escalation to Directorate risk register.
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	14	No change	1	Actions listed with future due dates	[08/08/2023 11:30:12 Amanda Ross] 2022/2023 was the first year that the Acute CAMHS Managed Care Network has both Service Manager and Clinical Medical Director in post. As such the network is at the beginning of a number of projects and pathway groups around the core aim of developing timely high quality assessment and treatment of mental health difficulties for young people and their families within Acute CAMHS (Step 4 and Step 5 of the Regional CAMHS Stepped Care Pathway).
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	15	HIGH	8	HIGH	0	-5	1	Actions listed with future due dates	[15/08/2023 17:04:10 Deborah Donnelly] SWAH Update 10/8/23 On 6th July 2023, the monthly Western Health and Social Care Trust Board meeting considered the Findings Report on the Trust's consultation on the temporary suspension of Emergency General Surgery at South West Acute Hospital. Whilst the Trust noted that there was very significant objections to the temporary change, it was also recognised that the new pathways put in place have been working effectively. It was noted that an average of two patients per day have been admitted to Altnagelvin for Emergency General Surgery since 19 December 2022, and there is no evidence that the temporary change to the pathways at SWAH has negatively impacted on patient clinical outcomes. The Trust is satisfied that the temporary suspension of Emergency General Surgery at SWAH and the new pathways put in place to assess patients via the ambulatory pathway at SWAH, and to treat patients requiring admission at Altnagelvin, has significantly mitigated the patient safety risks which arose from the challenges in the Consultant General Surgeon workforce. The alternative clinical pathways for the treatment of emergency general surgery patients at SWAH are carefully monitored by the Trust and this will continue at this time.
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	16	HIGH	6	MEDIUM	5	No change	3	Actions listed with future due dates	[24/05/2023 10:22:04 Angela Wade] As a result of the Neo Natal project work that has been undertaken the nursing position has improved. Although retirees are still being used it is at a much less rate. One staff member is finishing QIS training in June 23 and another is due to begin the course in the Autumn. This item will be discussed at today's Directorate Governance Meeting with a view to de-escalation to Directorate Risk Register.
Ensuring Stability of Our Services	1375	Director of Acute Hospital Services	Consultants Cover in Cardiology	16	HIGH	16	HIGH	6	LOW	17	No change	1	Actions listed with future due dates	[15/08/2023 17:05:44 Deborah Donnelly] Update as at 14/08/2023 this risk remains unchanged however successful interviews have secured 4 consultants with an aim that they will be in post by the end of September. Once all in post, this risk will close.
Quality of Care	1409	Director of Acute Hospital Services	ED Mental Health Patients	25	EXTREM	16	HIGH	9	MEDIUM	6	No change	1	Actions listed with future due dates	[15/08/2023 17:11:51 Deborah Donnelly] Update 09/08/2023 risk reviewed remains extreme. Additional challenges with the strict compliance to the appendix C (ABSCONDED PATIENT) document for PSNI, ability to escalate concerns for absconded patients unable to be facilitated or facing significant delay to due lack of security and resource for site searches and CCTV monitoring.
Health & Safety	1469	Medical Director	Health & Safety Risk to Staff as a result of Violence and Aggression	12	HIGH	12	HIGH	4	HIGH	7	No change	0	Actions listed with future due dates	[24/08/2023 10:22:05 the reporter] •An inspection programme carried out by the HSE between 2018 and 2022 looked at the way violence & abuse and musculoskeletal disorders were both managed within the NHS, as both are contributors of ill health. Recommendations have been made in relation to risk assessments, training, roles and monitor, and review. It is expected that the HSENI may in the future review management systems for these common failings to ensure remedial actions are in place. The MOVA group is focussing on specific work streams in relation to Risk Assessments, Supporting Staff, Training, Tackling Verbal Abuse and Security and Personal Alarms. The group is monitoring incidents of abuse against staff leading to absence from work and RIDDOR reporting. From 01/01/2019 - 01/08/2023 there was 71 RIDDOR reported incidents in relation to violence and abuse in the workplace, 70 of which were due to actual assault and 1 to physical threat.

Risk Summary Report

Risk Sub-Category	Risk ID	Lead Director	Risk Title	Initial		Current		Target		Current Risk Status		Mths since last updated	Action Plan Status	Latest Update
				Score	Grade	Score	Grade	Score	Grade	Mths since score changed	Change in score since last review			
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	HIGH	6	No change	0	Actions listed with future due dates	[16/08/2023 11:47:13 Sarah Davidson] Revised SDP targets have been finalised and being monitored monthly with quarterly reports to FP Committee, Trust Board and PTEB. Awaiting SDF targets to be confirmed. Whilst recovery plans have been developed, there continues to be workforce challenges in a number of vulnerable areas. Continued emphasis at weekly elective and cancer performance meetings. There was no issues for escalation in relation to performance at the end of year Ground Clearing with the Trust demonstrating ongoing rebuild within the majority of services.
Quality of Care	1487	Director of Human Resources	Impact on services as a result of Industrial Action in relation to outstanding Agenda for Change (AFC) Pay, safe staffing and tr	12	HIGH	12	HIGH	8	HIGH	4	No change	1	Actions listed with future due dates	[08/08/2023 22:56:40 Olivia Nicholl] Trade Union officials have had meetings with the Secretary of State and we await the outcome of discussions. Trade Unions have continued to pause Strike Action, however, action short of strike has continued with some of the action escalating i.e. approved social work action

ID	Opened	Initial Risk Rating (initial)	Initial Risk level (initial)	Current Risk Rating (current)	Current Risk level (current)	Target Risk Rating (Target)	Target Risk level (Target)	Responsible Director	Lead Officer for Risk	Sub-Directorate	Corporate Objectives	Title	Description	Controls	Gaps in controls	Assurance	Gaps in assurance	Updates	Action Plan	Due date	Done date	Corporate Risk Status	Closed date	Risk Type
6	21/09/2009	25	Extreme (Red)	12	High (Amber)	8	High (Amber)	Cassidy, Mr Tom	Cassidy, Mr Tom	W & C Safeguarding Children	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		[07/08/2023 16:09:45 Ruth McCrory] August 2023 - SPPG have have started to monitor unallocated cases through monthly service delivery targets. They have proposed a target of 20% reduction in unallocated cases by March 2024 using a baseline as at 31 March 2023 with incremental reduction each quarter. There has been an increase in unallocated cases in Looked After Children which is directly linked to sick absences within the teams. Unallocated figures are reported monthly to SPPG and reviewed regularly by Senior Managers within Family & Childcare. Unallocated Cases are reviewed regularly within each team by Band 7 managers and where risks are identified allocation to a Social Worker is made in a timely manner. [12/06/2023 17:14:40 Ruth McCrory] June 2023 - SPPG have indicated that they plan to monitor unallocated cases through monthly service delivery targets. They have proposed a target of 20% reduction in unallocated cases by March 2024 using a baseline as at 31 March 2023. Looked After Children	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	29/09/2023 30/09/2020 01/11/2018	31/12/2019 30/09/2020 06/03/2019	Current Corporate Risk		Corporate Risk (Approved)
49	06/10/2009	16	High (Amber)	20	Extreme (Red)	6	Medium (Yellow)	Molloy, Mrs Teresa	Oldcroft, Mr Ronnie	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. A Cyber incident will directly impact on the delivery of patient/client care. Compromises can arise from: (1). 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) and/or have end-point software exclusions applied by third parties which can lead to Ransomware attacks, introduction of malware or hacking incidents (2). Lack of Cyber Security awareness or training across	(1). PEOPLE CONTROLS - (1). Cyber Security Training . (2). Information Governance, (IG) Mandatory Training. (3). Staff Contract of Employment (2). GOVERNANCE CONTROLS (1). Network Information Systems (NIS) Cyber Assessment Framework (CAF) (2). User account management processes (Standard Operating Procedure - SOP) (3). HSC Information Security, Policy, Standards, Guidelines and Standard Operating Procedures (SOPs) (4). Trust Cyber Governance Oversight Group (COG), Risk Management Group (RMG), Vulnerability Management Group (VMG), Corporate Governance Sub-committee (CGSG) (5). Change Advisory Board (CAB) (Local and Regional) (6). Regional Oversight Governance Groups - Cyber Programme Board, Regional Cyber Leads (7). Regional and Local Incident Management reporting policies/procedures (8). Regional Cyber Programme	GAPS IN PEOPLE CONTROLS : (1). Insufficient User Uptake of ICT Security and cyber awareness training and instructions, in particular user behaviour (e.g Not rebooting ICT Equipment when prompted) . (2). Insufficient buy-in from Services to agree maintenance window with ICT with regard to their departmental systems (3). Cyber Training is not mandatory (5). Business Continuity (Desktop Exercises undertaken by Staff) GAPS IN GOVERNANCE CONTROLS: Local Assurance (1). Leavers and movers processes (2). Technical Disaster Recovery Plan (3). Resource for contracting function to cover governance elements and that GDPR is correct (4). Supplier Framework - Resource required by WHSCT (5). SOP for Information Asset Handling Corporate Assurance (1). WHSCT have not adopted the HSC ICT Security Policy (2). Review of Regional Cyber Incident Plan is required Independent Assurance (1). The Trust have reviewed an	PEOPLE ASSURANCE: (1). As part of a Regional Cyber Programme, a Regional Cyber Phishing Exercise has been carried out (2). Mandatory IG Training Reporting Available (3). Contract of Employment Provides assurance that staff can be held to account (4). Regional E-Learning programme (Metacompliance) (5). Business Continuity (Desktop Exercises undertaken by Staff) GOVERNANCE ASSURANCE: (1). Internal audit / IT Dept self-assessment against National Cyber Security Centre (NCSC) (2). ICT Vulnerability Management Group (VMG) regularly reviews and assesses Cyber threats and vulnerabilities (3). ICT Security Review meetings regularly reviews and assesses service submitted ICT Security Questionnaire (4). The regional Network Infrastructure Group (N.I.G) has been set up to discuss all regional network related strategies including the reviewing the regional cyber report	(4). Staff using unapproved and un-supported communication tools on personal devices i.e Instant messaging solutions for patient care containing trust data GAPS IN GOVERNANCE E ASSURANCE: Local Assurance (1). Newly Established Groups e.g. COG will take time to get established in terms of process (2). Work to be carried out in co-ordinating with the Trust	[18/08/2023 16:14:41 Valerie Arnold] Corporate Risk 49 – Datix Update for August 2023 -Review of Risk 49 has now been formally approved at CMT and Datix has been updated with amendments including risk rating/scores, controls/assurances and gaps in controls and assurances. -Action Plans agreed during review now need to be categorised and ownership of actions agreed in to themes. This will be carried out by RMG group members before updates are applied to the Datix system -In response to NIS CAF Stage 1 recommendations, The Trust will prioritise the cyber-risk as the first corporate risk to apply the assurance mapping model based on the institute of internal audit assurance mapping. The Trust's Risk Management Team alongside an ICT Governance Lead will undertake this and a high level review of the assurance processes against the cyber-risk by 30th September to provide assurance against the Trusts risk management approach, and will consider as part of the review the	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.	30/09/2023 31/03/2019 31/03/2020 31/08/2018	28/02/2019 31/03/2019 31/08/2019 31/08/2018	Current Corporate Risk		Corporate Risk (Approved)

ID	Opened	Initial Risk		Current Risk		Target Risk		Responsible Director	Lead Officer for Risk	Sub-Directorate	Corporate Objectives	Title	Description	Controls	Gaps in controls	Assurance	Gaps in assurance	Updates	Action Plan	Due date	Done date	Corporate Risk Status	Closed date	Risk Type
		Rating (initial)	Risk level (initial)	Rating (current)	Risk level (current)	Rating (Target)	Risk level (Target)																	
284	13/12/2010	16	High (Amber)	16	High (Amber)	6	Medium (Yellow)	Molloy, Mrs Teresa	O'Neill, Ms Maura	Planning & Performance - Performance Mgmt	Governance	Risk of breach of Data Protection legislation through less, 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, DoH/H'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: •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 storage 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 for	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.	[20/08/2023 15:32:53 Sarah Davidson] The regional e-learning for Information Governance Awareness training is being reviewed to update its content in line with current data protection risks. To support the implementation of Encompass and the potential data risks and challenges to be mitigated, a New Temporary Band 7 Encompass Information Governance Lead is to be advertised, alongside a Temporary Band 8 Information Risk Manager (supported by a Temp Band 5) to improve data quality within WHSCT ICT systems and readiness for Encompass implementation. [05/06/2023 13:42:40 Sarah Davidson] A new WHSCT Information Sharing Agreement Template has been developed and has been added to existing contracts with Independent Service Providers, to increase the robustness of the data protection clauses and ensure the security of personal data shared with ISPs. [15/05/2023 10:01:33 Sarah Davidson] Information Governance Awareness training	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 to be finalised through IGSC 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 Infreamation for IG requests	31/03/2019 31/03/2019 31/03/2019 31/12/2020 25/11/2020 30/09/2020 30/09/2020 31/12/2020 30/09/2020 29/03/2024 30/09/2023 29/03/2024 31/12/2021 31/03/2024 01/06/2022 31/03/2023	31/03/2019 28/02/2019 01/03/2019 01/03/2019 01/03/2019 31/12/2020 30/09/2020 31/12/2020 09/09/2021 01/06/2022 08/03/2023	Current Corporate Risk		Corporate Risk (Approved)	
779	24/07/2014	9	Medium (Yellow)	20	Extrema (Red)	6	Medium (Yellow)	Hargan, Ms Karen	McAleer, Ms Geraldine	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. This is also further impacted by the implementation of Amicus (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. Amicus 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.	Amicus 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.	[08/08/2023 22:58:46 Olivia Nicholl] Delivering Value Management Board has approved the extension of Healthdaq to the end of March 2024 due to the very specific challenges being experienced by the Western Trust and also pending the outcome of the HSC Recruitment Review. The Direct Award Contract requires to be updated and sent to DOH. Whilst the Amicus system issue at BSO RSS has resolved, a number of the easement measures introduced are still in place and therefore business as usual has not been reached as yet. [15/05/2023 15:24:03 Olivia Nicholl] The current contract for Healthdaq is in place until the end of July 2023. A review is underway of the benefits of Healthdaq and consideration of extension of the contract or to bring it to an end. A Regional Recruitment Project Board has been established to oversee the implementation of recommendations from the regional Recruitment Review	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 managers on escalations	30/09/2023 30/09/2023 30/09/2023	30/09/2023 30/09/2023	Current Corporate Risk		Corporate Risk (Approved)

ID	Opened	Initial Risk		Current Risk		Target Risk		Responsible Director	Lead Officer for Risk	Sub-Directorate	Corporate Objectives	Title	Description	Controls	Gaps in controls	Assurance	Gaps in assurance	Updates	Action Plan	Due date	Done date	Corporate Risk Status	Closed date	Risk Type
		Rating (initial)	Risk level (initial)	Rating (current)	Risk level (current)	Rating (Target)	Risk level (Target)																	
955	11/08/2016	12	Medium (Yellow)	12	Medium (Yellow)	9	Medium (Yellow)	McCauley, Ms Eimear	Browne, Ms Hazel	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.		<p>[27/06/2023 15:52:58 Hazel Browne] During 2022/23, the Regional Social Care Procurement Board was reconstituted and tasked with reviewing the current social care procurement plan. The current social care procurement plan aims to have all Trusts compliant with the PCR 2015 by 2028/29.</p> <p>The Trust has made progress in developing its tender documentation for the re-tendering of its Domiciliary Care service and is also progressing a tender for Family Support Time out Service. Progress on a regional basis is being made across a number of social care areas. The Trust remains committed to supporting the work required regionally to work towards compliance.</p> <p>[09/03/2023 14:15:11 Joanne Cassidy] Risk has been reviewed and there is no change</p> <p>[17/11/2022 15:54:11 Hazel Browne] Reviewed 17/11/22</p> <p>[20/10/2022 17:45:14 Hazel Browne] Reviewed 20/10/22</p>	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		Current Corporate Risk		Corporate Risk (Approved)	
1133	23/05/2019	15	Extreme (Red)	25	Extreme (Red)	5	High (Amber)	Keenan, Ms Donna	Madden, Ms Noella	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.	<p>[24/05/2023 11:54:07 Joanne Cassidy] Risk will be reviewed following an audit which will take place in June.</p> <p>[09/03/2023 12:11:46 Joanne Cassidy] The roll out of nebuliser machines is complete. A final walk through will be undertaken by the end of March to ensure all medical air outlets are capped off. Ward 26 and neonatal intensive care unit are reviewing their risk assessments and mitigating steps have been put in place including weekly audits. These will be reviewed at the next meeting of the Trust Medical Gas Working Group on 5th June.</p> <p>[07/11/2022 12:29:26 Joanne Cassidy] Training on using nebulisers machines was conducted on the Altnagelvin site on 6th of October. Staff who attended the training will train the remaining ward / department staff until at least 75% of all staff trained. When this figure has been reached, staff will liaise with Noella Madden who will arrange a date and time to attend the ward and remove the medical air flow meters and replace with nebuliser machines. The medical air will</p>	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	30/12/2022 30/06/2023 31/12/2019	13/01/2023 31/12/2019 31/12/2019 31/12/2019 31/12/2019	Current Corporate Risk		Corporate Risk (Approved)

ID	Opened	Initial Risk Rating (initial)	Initial Risk level (initial)	Current Risk Rating (current)	Current Risk level (current)	Target Risk Rating (Target)	Target Risk level (Target)	Responsible Director	Lead Officer for Risk	Sub-Directorate	Corporate Objectives	Title	Description	Controls	Gaps in controls	Assurance	Gaps in assurance	Updates	Action Plan	Due date	Done date	Corporate Risk Status	Closed date	Risk Type
1183	27/11/2019	25	Extreme (Red)	9	Medium (Yellow)	6	Medium (Yellow)	O'Brien, Ms Karen	McLaughlin, Ms Christine	Directorate-wide (Risk Register Use only)	Governance, Safe & Effective Services.	Where MCA processes are not being followed, patients may be deprived of their liberty, without having safeguards in place	Where MCA processes are not being followed, there is the risk that patients may be deprived of their liberty, without having the relevant safeguards in place, with the result that individual staff may be held criminally liable with appropriate sanctions, including financial penalties and imprisonment. For patients that lack capacity and for whom safeguards are not in place, there is the risk that statutory services may not be delivered. Emergency provisions should be considered where deemed appropriate, to support continuing service delivery until the safeguards are approved. The Department of Health, requires HASC 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	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 strengthened Extended scope of Legacy to Day Care and Dom Care 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	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	{26/04/2023 13:48:35 Sean Moynihan} Actions updated. Legacy cases completed end March (Action closed); Escalation protocol drafted, reviewed by MCA Operations group and MCA Project Board and to be discussed with Directors at MCA review meeting on 24 May 2023. {07/12/2022 12:27:24 Sean Moynihan} 07/12/2022. Outstanding actions reviewed and updated. 2 additional actions added. {22/09/2022 15:36:51 Joanne Cassidy} 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. {17/06/2022 12:00:49 Joanne Cassidy} Proposal to regrade risk to High (15) {20/04/2022 12:20:31 Joanne Cassidy} 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. {17/06/2022 12:00:49 Joanne Cassidy} Proposal to regrade risk to High (15) {20/04/2022 12:20:31 Joanne Cassidy} 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. {17/06/2022 12:00:49 Joanne Cassidy} Proposal to regrade risk to High (15) {20/04/2022 12:20:31 Joanne Cassidy} 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. {17/06/2022 12:00:49 Joanne Cassidy} Proposal to regrade risk to High (15)	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.	31/12/2020 31/03/2020 31/03/2020 31/03/2020 29/10/2021 25/10/2021 31/03/2020 31/03/2020 31/03/2020 31/03/2020 31/03/2020 31/03/2021 30/06/2023 30/11/2022 30/11/2022 30/11/2022 30/11/2022 30/11/2022	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 21/07/2021 26/04/2023 07/12/2022 07/12/2022 07/12/2022 07/12/2022	Current Corporate Risk		Corporate Risk (Approved)
1216	15/04/2020	15	Extreme (Red)	15	Extreme (Red)	6	Medium (Yellow)	McKay, Ms Geraldine	Pollard, Mr Gavin	Acute - Emergency Care & Medicine	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	{15/08/2023 15:25:52 Deborah Donnelly} Risk reviewed, remark dated 3/4/23 still remains valid. {17/05/2023 17:59:48 Deborah Donnelly} AAH - 15/05/2023 - Risk reviewed, no change to this risk and comments from AAH remain the same as reported on 28/03/23. SWAH – 17/05/23 - Risk reviewed, no change to this risk, update remains the same for SWAH. FCP continues to be activated on a regular basis for prolonged periods of time due to reduced flow on SWAH Hospital site. Delayed discharges across the site continue to grow. {07/04/2023 11:23:50 Ann Gibson} 06/04/23-Excessive numbers of DTA's and poor flow on the hospital site continues. Discharge lounge operational, but with poor usage. Continuous flow model in use onsite , but ward escalation already at maximum in agreed areas. Ambulatory care capacity decreased due to ongoing inpatient escalation {03/04/2023 16:14:43 Deborah Donnelly} AAH - 28/03/2023 - This risk remains due to the extreme pressures faced with the	PACE implementation to commence March 2020. Improvement QI work commencing with aim to address communication within department. Full capacity protocol	31/03/2022 30/09/2023 28/02/2022	06/05/2022 15/03/2022	Current Corporate Risk		Corporate Risk (Approved)

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1219	30/04/2020	20	Extreme (Red)	20	Extreme (Red)	6	Medium (Yellow)	McKay, Ms Geraldine	Mushapho, Mr Tshamano	Acute - Diagnostics & Cancer 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	[15/08/2023 15:08:13 Deborah Donnelly] The Trust is due to advertise the 3 vacant consultant posts (2 vacant and 1 new post) in August 2023. In September a nurse endoscopist will commence the NE trainee programme. The Trust has engaged with the Southern Trust to secure support from a Surgeon from SHSCT to provide endoscopy sessions (Two sessions) every fortnight at Omagh DPC. SHSCT has agreed with the proposed Job plan, the sessions will commence in September 2023. This activity will contribute to the Regional backlog of referrals which will include WHSCT patients. WHSCT currently accessing 156 points every two weeks since 22nd May until end of August as a minimum at Lagen Valley Hospital. The number of patients scoped is dependent on case mix. To date 264 red flag patients have been treated. Medinet insourcing Slippage from the Omagh IPT is being utilised to secure capacity from an independent sector provider through in-sourcing which will enable a total volume of 450 patients to be treated (318 as	Explore the possibility of utilising the Independent Sector to address waiting lists. Need to review GI consultants job posts (2 vacant and 1 new post) in August 2023. In September a commitment to increase availability for endoscopy lists. Secure funding for an additional pre assessment nurse to support list utilisation and reduce DNA rates. Recruit 2 trainee nurse endoscopist Recruitment of a further GI consultant to fill present vacancy and increase the medical team to 6 wte.	05/10/2021 30/10/2022 30/04/2023 30/06/2023 01/09/2023	05/10/2021 14/11/2022 04/04/2023 19/06/2023	Current Corporate Risk		Corporate Risk (Approved)
1236	21/08/2020	16	High (Amber)	16	High (Amber)	6	Medium (Yellow)	McCauley, Ms Eimear	Nolan, Shauna	Finance	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.	[27/06/2023 15:49:18 Hazel Browne] The 2023/24 budget allocation for Health & Social Care effectively represents a flat cash budget and therefore makes no allowance for the increasing costs of running services and demographic growth. Despite regional planning to deliver significant savings, the DoH projected position remains in material deficit. Consequently, 2023/24 will inevitably involve significant financial pressures across Health and Social Care that will have an impact on the Trust's financial balance. The Trust is linking closely with DoH and SPPG as they assess the implications of the budget allocation and has developed plans to support the delivery of savings. [09/03/2023 14:15:34 Joanne Cassidy] Risk has been reviewed and there is no change [07/12/2022 16:59:37 Hazel Browne] No further update [17/11/2022 15:51:53 Hazel Browne] Work is ongoing in relation to the financial plan for 2022/23. The Trust continues to work collaboratively with SPPG to secure additional funding to	Ongoing financial management and monitoring Operation of DVMB (Delivering Value Management Board) to ensure delivery of the 3 year financial recovery process	29/09/2023 29/09/2023		Current Corporate Risk		Corporate Risk (Approved)

ID	Opened	Initial Risk		Current Risk		Target Risk		Responsible Director	Lead Officer for Risk	Sub-Directorate	Corporate Objectives	Title	Description	Controls	Gaps in controls	Assurance	Gaps in assurance	Updates	Action Plan	Due date	Done date	Corporate Risk Status	Closed date	Risk Type
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1254	18/01/2021	16	High (Amber)	16	High (Amber)	8	High (Amber)	Hargan, Ms Karen	Santiago, Riona	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 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 Use of Bank/Agency/Locum Staff through Locum's Nest, Stoke, Employer Direct Group	Occupational Health - absence of locums and increasing demands on team without additional resources. Low uptake of mandatory training and completed annual appraisal. Inability to follow normal 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	BSO Shared Service not meeting statutory or procedural deadlines resulting in, for example, delays in recruitment 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	[08/08/2023 22:54:10 Olivia Nicholl] The Trust's Workforce Stabilisation Steering Group meets on a monthly basis, actions are being progressed through the 3 workstreams - Agency Reduction, Medical Workforce Stabilisation and Retention. Regionally consideration is being given to the number and availability of specialist doctors. The Trust is also participating in a regional medical workforce baseline exercise. An early alert was submitted to DOH on 21 June 2023 in relation to the down turn in Head and Neck Surgery due to staffing challenges and surgical pathway. [15/05/2023 15:03:21 Olivia Nicholl] A Trust Workforce Stabilisation Steering Group established with 3 workstreams (i) Agency Reduction Programme (ii) Medical Workforce Stabilisation and Retention and (iii) Workforce Stabilisation and Retention. Terms of Reference have been developed for the Steering Group and	Looking After our People Growing for the Future Belonging to the HSC New Ways of Working	31/12/2023 31/12/2023 31/12/2023		Current Corporate Risk		Corporate Risk (Approved)
1288	08/04/2021	12	High (Amber)	12	High (Amber)	6	Medium (Yellow)	Molloy, Mrs Teresa	McNulty, Mr Patrick	Trust-wide (Risk Register use only)	Ensuring Stability of Our Services. Improving the Quality and Experience of Care	Risk of failure to meet regulatory standards and compliance associated with Trust infrastructure and estate.	There is a risk of deterioration in the Trust Estate due to ageing and lack of capital investment in the maintenance of building services infrastructure and physical environment which could lead to loss of service and non-compliance with regulatory and statutory standards (e.g. water, electrical, asbestos and physical infrastructure).	Monitoring and review by PSI SMT of directorate risks including water, electrical, fire safety, vacant estate asbestos and physical infrastructure. Should a critical issue materialise further funding can be sought from DOH or existing funding re-prioritised 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. 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.	[15/08/2023 10:01:25 Nicola Norris] 15/08/23: Following a review by an independent surveyor BLM has increased from £196m to £216m, this is due to a number of reasons including 8.5% inflation, depreciation of the Trust Estate and a further review of current risks. Estates continue to target this risk by investing available capital to target high priority areas. [06/07/2023 16:58:08 Nicola Norris] 6/7/23: BLM plan approved by CMT. Estates have commenced the design, procurement and construction of BLM projects. Estates to complete condition survey of Trust property portfolio for submission to the Department before 30/07/23. [02/06/2023 11:58:54 Nicola Norris] £4.9m BLM funding identified for 2023/24. BLM plan submitted to PSI SMT for approval. [03/05/2023 12:49:58 Nicola Norris] Fire occurred in Melrose Day Centre, cause of fire has been identified as a deliberate	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 DoH approval of BLM 2022/23.	30/06/2022 30/09/2021 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 07/09/2021 12/04/2022 31/08/2021 12/04/2022 06/06/2022 30/09/2022	Current Corporate Risk		Corporate Risk (Approved)	

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		Rating (initial)	Risk level (initial)	Rating (current)	Risk level (current)	Rating (Target)	Risk level (Target)																	
1306	16/06/2021	16	High (Amber)	16	High (Amber)	8	High (Amber)	McKay, Ms Geraldine	Johnston, Mrs Stephanie	Directorate-wide (Risk Register Use only)	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.		[15/08/2023 17:02:34 Deborah Donnelly] 07/08/2023 13:36:05 - The risk still remains for review patients and we have been unable to facilitate additional clinics for a visiting speciality doctor. Mr Collins and Dr Abualshar continue to validate the review list. BHSCT are still unable to facilitate the review patients due to their own backlog. All new patients are referred straight to BHSCT. The new paediatric unit in the Mid-Ulster hospital has been deferred to October 2023 due to a leak being discovered. We are still using Blackrock Clinic for paediatric squint patients and this is working very well - good feedback from patients and families. [20/06/2023 21:15:09 Deborah Donnelly] Risk still remains for review patients. There is approximately 100 patients on the review list. Mr Collins continues to validate the review waiting list. Dr Abualshar has also been doing telephone triage for these patients. BHSCT advised that they do not have capacity to take on these patients at present. The new Paediatric clinic should commence in August	Advertise new agreed post for a General Ophthalmology Consultant Agree solution for review patients	30/04/2023 30/10/2023	04/04/2023	Current Corporate Risk		Corporate Risk (Approved)
1307	16/06/2021	25	Extreme (Red)	25	Extreme (Red)	6	Medium (Yellow)	Cassidy, Mr Tom	McKenna, Ms Mary	Women & Children's - Healthcare	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.	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, Paramedics (independent company) may be used. NISTAR will make ambulance and driver available if local team can do transfer	Impact on Services when Trust Staff are called away to facilitate transfer Working with neonatal shortage - no adequately trained staff to backfill and training delivered during core time No funding for dedicated rota Difficulty ensuring ongoing professional development to maintain skills. Requirement to provide/source Trust Time Critical Transfer Training tailored to all disciplines i.e. Paediatricians require different training to anaesthetists, and nurses also require different training as they all have separate roles.		[24/05/2023 10:17:36 Angela Wade] As a result of the work ongoing around the Neo Natal service it has been agreed to look at bringing ARNI training to the Trust. This will equip medical staff to resuscitate, stabilise and transfer sick babies. This risk will be discussed at today's Directorate Governance Meeting with a view to de-escalation to Directorate risk register. [24/03/2023 10:44:51 Joanne Cassidy] 2 SAIs regarding transfer of babies SAI 66-21 and 09-22. [09/02/2023 11:42:09 Joanne Cassidy] 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	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	Current Corporate Risk		Corporate Risk (Approved)	

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1320	15/09/2021	12	High (Amber)	20	Extreme (Red)	8	High (Amber)	Cassidy, Mr Tom	Duffy, Mr Kevin		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-	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/Paediatric 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		[08/08/2023 11:30:12 Amanda Ross] 2022/2023 was the first year that the Acute CAMHS Managed Care Network has both Service Manager and Clinical Medical Director in post. As such the network is at the beginning of a number of projects and Early Alerts of inappropriate placements both in AMHS wards and Acute medical /Paediatric wards. Weekly review and monitoring by HSCB Escalation to HSCB/DOH The Managed Care Network continues to work on ensuring equitable, needs driven access, to consistent acute support to ensure delivery of the right support at the right time, avoiding unnecessary admissions and delays in discharge to and from the regional CAMHS Inpatient unit at Beechcroft. Significant progress has been made around analysing the data with respect to admissions to Beechcroft. The data has also helped develop regional understanding of the pressure within acute CAMHS	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 appropriate cover where	31/05/2023 31/05/2023 31/05/2023 31/05/2023 31/05/2023 31/05/2023 31/05/2023		Current Corporate Risk		Corporate Risk (Approved)
1334	26/10/2021	20	Extreme (Red)	15	High (Amber)	8	High (Amber)	McKay, Ms Geraldine	Gillespie, Mr Mark	Acute - Surgery & Anaesthetics	Ensuring Stability of Our Services. Improving the Health of Our People. Improving the Quality and Experience of Care	Sustainability of surgical services in Southern Sector of Trust due to recruitment & retention difficulties at Consultant and Mi	Inability to recruit and retain permanent general surgical staff particularly at Consultant and middle tier level in South West Acute. This is threatening the ability to deliver 24/7 emergency service and the range of commissioned elective 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 Speciality 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		[15/08/2023 17:04:10 Deborah Donnelly] SWAH Update 10/8/23 On 6th July 2023, the monthly Western Health and Social Care Trust Board meeting considered the Findings Report on the Trust's consultation on the temporary suspension of Emergency General Surgery at South West Acute Hospital. Whilst the Trust noted that there was very significant objections to the temporary change, it was also recognised that the new pathways put in place have been working effectively. It was noted that an average of two patients per day have been admitted to Altnagelvin for Emergency General Surgery since 19 December 2022, and there is no evidence that the temporary change to the pathways at SWAH has negatively impacted on patient clinical outcomes. The Trust is satisfied that the temporary suspension of Emergency General Surgery at SWAH and the new pathways put in place to assess patients via the ambulatory pathway at SWAH, and to treat patients requiring admission at Altnagelvin, has significantly benefited the patient	A Proposal for Sustainable Surgical Services will be developed by end January 2022 to address the most emergent issue eg emergency surgical services in the Southern Sector of the Trust.	01/09/2023		Current Corporate Risk		Corporate Risk (Approved)

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1338	08/11/2021	20	Extreme (Red)	16	High (Amber)	6	Medium (Yellow)	Cassidy, Mr Tom	McKenna, Ms Mary	Women & Children's - Healthcare	Ensuring Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering Staff	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.	Staff working additional hours/bank/overtime. Acting Manager and Head of Service covering clinical shifts when 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.	[24/05/2023 10:22:04 Angela Wade] As a result of the Neo Natal project work that has been undertaken the nursing position has improved. Although retirees are still being used it is at a much less rate. One staff member is finishing QIS training in June 23 and another is due to begin the course in the Autumn. This item will be discussed at today's Directorate Governance Meeting with a view to de-escalation to Directorate Risk Register. [09/03/2023 13:37:35 Joanne Cassidy] 02/03/2023 - Approval at Trust Board to reduce grading from extreme 20 to High 16. [09/02/2023 11:53:04 Joanne Cassidy] 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	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 29/07/2022	29/07/2022 01/04/2022 13/10/2021 01/04/2021 13/10/2021 29/10/2021 29/07/2022	Current Corporate Risk		Corporate Risk (Approved)
1375	15/03/2022	16	High (Amber)	16	High (Amber)	6	Low (Green)	McKay, Ms Geraldine	Miller, Ms Trudy	Acute - Emergency Care & Medicine	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.	[16/01/2023 15:26:37 Eileen Harwood] One Band 6 and Band Donnelly] Update as at 14/08/2023 this risk remains unchanged however successful interviews have secured 4 consultants with an aim that they will be in post by the end of September. Once all in post, this risk will close. [21/06/2023 18:17:11 Deborah Donnelly] Staffing remains fragile Reliance on locum cover remains on both NS and SS of the trust A locum has been secured to cover sick leave from NHSCT and will support the PPCI rota. 3 substantive posts are out to add with a closing date of 23/6/23 A review of finance and conversion to further substantive posts is being explored	Recruitment to fill vacant posts.	31/07/2023	15/08/2023	Current Corporate Risk		Corporate Risk (Approved)

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1409	01/07/2022	25	Extreme (Red)	16	High (Amber)	9	Medium (Yellow)	McKay, Ms Geraldine	Pollard, Mr Gavin	Acute - Unscheduled Care	Ensuring Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering Staff	ED Mental Health Patients	Due to lack of local and regional mental health beds patients requiring mental health assessment and admission are required to stay in the department for prolonged periods, with minimal mental health input. Voluntary and detained patients at high risk of harm due to lack of suitable staffing, supervision and infrastructure onsite. The department is overwhelmed with multiple patients awaiting admission some have already absconded and/or attempted 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 datax 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	[15/08/2023 17:11:51 Deborah Donnelly] Update 09/08/2023 risk reviewed remains extreme. Additional challenges with the strict compliance to the appendix C (ABSCONDED PATIENT) document for PSNI, ability to escalate concerns for absconded patients unable to be facilitated or facing significant delay to due lack of security and resource for site searches and CCTV monitoring. [19/06/2023 17:53:07 Deborah Donnelly] Risk reviewed, no change to this risk and comments from SWAH remain the same as previously reported. [17/05/2023 18:17:46 Deborah Donnelly] AAH – 15/05/2023 Assessment space available in ED for Assessment only. Still does not provide continuous mental health presence in ED 24/7. Issues relating to prolonged stays in ED awaiting admission to mental health facilities continues. Continue to work with mental health team to improve this pathway. SWAH – 17/05/23 Risk reviewed, no change to this risk at present, 30/3/23 comments remain valid.	Meetings Workforce Improvement Meetings	03/07/2023 03/07/2023 03/07/2023		Current Corporate Risk		Corporate Risk (Approved)	
1469	06/01/2023	12	High (Amber)	12	High (Amber)	4	High (Amber)	Lavery, Dr Brendan	Cassidy, Ms Joanne	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. 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.	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 cessation of training provision. Paris alert system not utilised in all areas to warn staff regarding patients with a history of violence Non-completion of Annual H&S risk assessment/associated risk assessments incorrect completion or lack of understanding of what is necessary to assess and how	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	[24/08/2023 10:22:05 the reporter] *An inspection programme carried out by the HSE between 2018 and 2022 looked at the way violence & abuse and musculoskeletal disorders were both managed within the NHS, as both are contributors of ill health. Recommendations have been made in relation to risk assessments, training, roles and monitor, and review. It is expected that the HSENI may in the future review management systems for these common failings to ensure remedial actions are in place. The MOVA group is focussing on specific work streams in relation to Risk Assessments, Supporting Staff, Training, Tackling Verbal Abuse and Security and Personal Alarms. The group is monitoring incidents of abuse against staff leading to absence from work and RIDDOR reporting. From 01/01/2019 - 01/08/2023 there was 71 RIDDOR reported incidents in relation to violence and abuse in the workplace, 70 of which were due to actual assault and 1 to physical threat. [24/08/2023 09:50:02 the reporter]	Adopt and imbed regional MOVA policy in Trust Policy and Procedures Draft business case to expand resources for Safety Intervention Training	03/07/2023 03/07/2023		Current Corporate Risk		Corporate Risk (Approved)	

ID	Opened	Initial Risk		Current Risk		Target Risk		Responsible Director	Lead Officer for Risk	Sub-Directorate	Corporate Objectives	Title	Description	Controls	Gaps in controls	Assurance	Gaps in assurance	Updates	Action Plan	Due date	Done date	Corporate Risk Status	Closed date	Risk Type
		Rating (initial)	Risk level (initial)	Rating (current)	Risk level (current)	Rating (Target)	Risk level (Target)																	
1472	06/02/2023	12	High (Amber)	12	High (Amber)	8	High (Amber)	Molloy, Mrs Teresa	O'Neill, Ms Maura		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. 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).	RAG rated Service Delivery Plans Monthly monitoring and expected return 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		[16/08/2023 11:47:13 Sarah Davidson] Revised SDP targets have been finalised and being monitored monthly with quarterly reports to FP Committee, Trust Board and PTEB. Awaiting SDF targets to be confirmed. Whilst recovery plans have been developed, there continues to be workforce challenges in a number of vulnerable areas. Continued emphasis at weekly elective and cancer performance meetings. There was no issues for escalation in relation to performance at the end of year Ground Clearing with the Trust demonstrating ongoing rebuild within the majority of services. [07/06/2023 14:07:28 Sarah Davidson] The Trust has received a satisfactory internal audit report (draft) in relation to performance management. Awaiting SPPG SDP Targets for 2023/24 to be finalised. Recovery/Trajectory plans will be available on 24 June for Outpatients/Ins and Days and Cancer. [16/05/2023 13:00:23 Sarah Davidson] Revised targets have been drafted by SPPG for 2023/24 with most areas increasing to 110% against the	Development of elective care board action plan Development of a cancer optimisation plan Implementation of AHP Action Plan	29/09/2023 29/09/2023 29/03/2024		Current Corporate Risk		Corporate Risk (Approved)
1487	06/04/2023	12	High (Amber)	12	High (Amber)	8	High (Amber)	Hargan, Ms Karen	Dunlop, Ms Pauline	Human Resources	Ensuring Stability of Our Services. Supporting and Empowering Staff	Impact on services as a result of Industrial Action in relation to outstanding Agenda for Change (AFC) Pay, safe staffing and tr	Impact on services of ongoing Industrial Action, including both strike action and action short of strike, taken in relation to Agenda for Change (AFC) pay, safe staffing and travel rates. AFC staff make up 94% of overall workforce. Due to workforce shortages and the nature of services provided, including unscheduled care, discretionary effort and flexibility are required from staff to do additional hours and cover for absent colleagues and for vacancies in order to respond in a timely way to service requirements and maintain safe staffing levels. The quality of services from a Social Work perspective will be impacted and the result will only be understood over the course of the industrial action and is also dependent on its length.	Trust compliance with Agenda for Change Terms and Conditions of Services. TU Side engagement with local and regional representatives regarding derogations and service level planning for service delivery on the basis of agreed derogations. Command and Control Silver and Bronze arrangements in place including arrangements for escalation of risks and issues to Health Silver through SPPG and DOH. HR Industrial Action Group established to work closely with Services on IA plans, development of derogations and negotiation with Trade Unions. Business Continuity Plans have been updated and impact assessments completed to identify specific risks as each notice of action is received. Business continuity plans implemented to adapt service delivery in light of ASOS and strike action including standing down of services which cannot be safely maintained. Risk based contingency plans applied in other services which cannot be stood down to ensure	Service impacts over a prolonged period of time of Industrial action. Postponement and rescheduling of appointments increasing delays for patients on waiting lists. Increasing unallocated cases across a number of areas i.e. nursing, social work. Vacant/uncovered cases not worked unless immediate risk to life and limb harm accepted by Trade Union representatives. Not able to make the necessary improvements in statutory requirements for review Compromising ability to meet statutory social work responsibilities for children i.e. delays in permanency planning, presentation to Trust Adoption Panel, Court timescales, etc. Impacting on consistency of social work input to inform planning processes for children e.g. child protection, looked after children and family support processes Business as usual and service improvement programmes impacted due to diversion of resources to IA Impact on the health and wellbeing of staff involved in IA	Trust is in line with NHS Terms and Conditions of Service. Partnership Working with TU Side. Regular engagement with DoH to influence e.g. mileage rate.	Pay discussions in NI are led by Department of Health however the dispute in relation to the 2022/23 pay award is being managed by Government at Westminster and there is no capacity for the WHSCT to influence resolution of dispute. Absence of Health Minister to engage with this. Outstanding Pay Awards for all staff. Staff are not required to let their manager know in advance if they intend to participate in strike action.	[08/08/2023 22:56:40 Olivia Nicholl] Trade Union officials have had meetings with the Secretary of State and we await the outcome of discussions. Trade Unions have continued to pause Strike Action, however, action short of strike has continued with some of the action escalating i.e. approved social work action. [15/05/2023 15:30:55 Olivia Nicholl] All Trades Unions paused Industrial Action in light of ongoing discussions with the Secretary of State. Another meeting is planned in the coming weeks. It is hoped by the end of May 2023 we should know if these meetings will have made any progress on the pay offer in Northern Ireland or whether Trades Unions will seek to renew their mandate for further Industrial Action. [20/04/2023 14:13:01 Joanne Cassidy] New Risk approved at Trust Board on 6th April	Resolution of local issues Plans to address continued service impacts Continued engagement with local and regional TU Side representatives on derogations. Implementation of Business Continuity arrangements	10/10/2023 25/10/2023 09/11/2023 25/10/2023		Current Corporate Risk		Corporate Risk (Approved)