

CORPORATE RISK REGISTER & ASSURANCE FRAMEWORK

BRIEFING NOTE PREPARED FOR TRUST BOARD
2nd November 2023

There are 22 risks on the Corporate Risk Register as approved at Trust Board on 7th September 2023.

Summary

- Material Changes to the Risk Register – no material changes
- Proposed New Risks – no new risks for approval
- Summary report for actions – No action required.

Material Changes

N/A

Summary report – for action

Risks not reviewed in last quarter

- All risks reviewed in last quarter.

Action plans not up to date

- No actions required

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. | | <p>[16/10/2023 SWAH – 11/10/23 - 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 be a contributory factor.</p> <p>16/10/2023 AAH risk remains and no change, update remains the same for Altnagelvin</p> <p>[18/09/2023 18:43:40] Risk was reviewed for SWAH and comments from 15/08/23 remain valid.</p> <p>[15/08/2023 15:25:52] Risk reviewed, remark dated 3/4/23 remains valid.</p> <p>[17/05/2023] AAH - 15/05/2023 – Risk reviewed, no change to this risk and comments from AAH remain the same as reported on 28/03/23.</p> <p>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.</p> |

| 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 | ● | 71 | No change | 1 | Actions listed with future due dates | 14/09/2023 - 12/09/2023 – There has been a reduction in the reporting of unallocated cases for Looked After Children which is a result in the reduction in staff vacancies and those cases that are unallocated due to sickness having not reached the 20 day reporting timeframe. Unallocated figures are reported monthly to SPPG and reviewed regularly by Senior Managers within Family & Childcare. | |
| 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 | 13/10/2023 The NIS CAF stage 2 Trust Management responses have now been returned to the Competent Authority. |
| 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 | ● | 82 | No change | 0 | 0 | Actions listed with future due dates | 12/10/2023 In response to adopting the Regional IG strategy , the HoS has developed an IG Improvement Plan which was tabled at IGSG on 11 Oct. If approved at the next meeting in Dec, this will provide a detailed description of the IG activity which supports the action plan of this corp risk. |
| Financial | 779 | Director of Human Resources | Service impacts arising from performance issues within BSO Shared Services | 9 | MEDIUM | 20 | EXTREM | 6 | MEDIUM | ● | 8 | No change | 0 | 0 | Actions listed with future due dates | 17/10/2023The updated Direct Award Contract for Healthdaq has been approved by DOH until September 2024 due to the very specific challenges being experience by the Western Trust and also pending the outcome of the HSC Recruitment Review. Whilst the Amicus system issue at BSO RSS has resolved, BSO RSS continues to work closely with Trusts to address service improvements, a small number of the easement measures introduced are still in place and recruitment activity is being supported through Healthdaq by the Trust's in house recruitment team therefore business as usual has not been reached as yet. However, due to current measures in place the risk has reduced therefore the proposal is to de-escalate to HR Directorate Risk Register and reduce risk rating to Possible:Moderate – Medium 9. |
| Regulation & Compliance | 955 | Director of Finance | Failure to comply with procurement legislation re social care procurement | 12 | MEDIUM | 12 | MEDIUM | 9 | MEDIUM | ● | 0 | → | 0 | 1 | Actions listed with future due dates | 25/09/2023 The Trust has made progress in developing its tender documentation for the re-tendering of its Domiciliary Care Service and this Tender is due to be advertised before the end of September 2023. The Trust is also progressing a tender for Family Support Time out Service and it is anticipated that this will be advertised late 2023. The Trust remains committed to supporting the work required regionally to work towards compliance. |
| 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 | 20 | EXTREM | 5 | HIGH | ● | 0 | ↓ | -5 | 1 | Actions listed with future due dates | 19/09/2023 Proposal to reduce risk level as medical air flow meters have been removed from all areas and medical air outlets capped off. With the exception of ward 26. Ward 26 continue to carry out medical air audits. Wards that no longer have access to medical air have introduced nebulisers. |
| 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 | ↓ | -6 | 1 | Actions listed with future due dates | 19/09/2023 Gaps in Controls have been closed and Gaps in Assurances have been updated. Actions closed and new actions re STDA Improvement Plan created. Overall rating of risk assessed as unchanged. |
| 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 | ● | 43 | No change | 0 | 0 | Actions listed with future due dates | 16/10/2023 SWAH – 11/10/23 - 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 be a contributory factor. |

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 | | | | |
| 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 | ● | 32 | No change | 0 | Actions listed with future due dates | 16/10/2023 12.10.2023. Unfortunately there were no applicants on 3 GI posts advertised. 13th September 2023. Capacity from lagan valley has ceased due to SE trust going live with Encompass. Support from IS providers is ongoing. The Trust has advertised the 3 vacant consultant posts (2 vacant and 1 new post) with a closing date of 22nd September 2023. In September 2023 two nurse endoscopist commenced the NE trainee Programme, it is a two year Programme. The Trust agreed with southern Trust for a Surgeon from SHSCT to provide endoscopy sessions (Two sessions) every fortnight at Omagh DPC starting from 22 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 September Lagan Valley Hospital. The number of patients scoped is dependent on case mix. To date 310 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, 449 patients were treated by end of August .There is a plan to treat a further 189 patients through insourcing, this has started on the 9th september 2023. Kingsbridge North West/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. One of the Trust employed surgeon will do one regional endoscopy session per week at Omagh hospital starting from 14th September 2023. There are two potential locum recruitment being progressed, if successful they will start in October 2023. Three endoscopist surgeons have been recruited however, they will take up post next year summer, 2024. |
| 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 | ● | 38 | No change | 1 | Actions listed with future due dates | 25/09/2023 The 2023/24 budget allocation for Health & Social Care effectively represents a flat cash budget, with a similar level of funding to the previous year. It therefore makes no allowance for the increasing costs of running services and the rising demand for care across the population. This has inevitability had an impact on the Trust's financial balance with financial pressures increasing due to demographic growth and the requirement for the Trust to contribute to the Regional savings target. Consequently, the Trust is currently projecting a deficit position of £22m in 2023/24. The Trust has taken a range of actions to strengthen financial controls and financial accountability and will continue to link closely with DoH and SPPG on our financial planning assumptions. |

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|------------------------------------|---------|---|--|---------|--------|---------|--------|--------|--------|--------------------------|-----------------------------------|-------------------------|--------------------------------------|--|
| | | | | Score | Grade | Score | Grade | Score | Grade | Mths since score changed | Change in score since last review | | | |
| 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 | ● 33 | No change | 0 | Actions listed with future due dates | 17/10/2023 Workforce Stabilisation Steering Group and workstreams continue to meet monthly. Off contract agency has reduced however agency usage continues to be high. Critical Shift payments continue within a small number of identified areas. Regional medical workforce baseline report is ongoing and local plans in place to address through Healthdaq. Trust wide attendance target has been set and plans developed to work towards target. An Early Alert was submitted to DOH on 31 August 2023 regarding ENT Head and Neck Cancer services due to the imminent retirement of a consultant and a number of unsuccessful national and international recruitment attempts. |
| 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 | ● 31 | No change | 0 | Actions listed with future due dates | 13/10/2023 It has been confirmed that no Trust owned properties have RACC present within the building fabric. Further review of leased properties to be undertaken by Capital Development. Estates will assist where necessary. |
| Quality of Care | 1306 | Acute Hospital Services | Vacant Paediatric Ophthalmology consultant post resulting in no Paediatric Ophthalmology clinics | 16 | HIGH | 16 | HIGH | 8 | HIGH | ● 28 | No change | 0 | Actions listed with future due dates | 16/10/2023 11/09/23 There is still the a risk for review patients as BHSCT do not have capacity at present to see these patients. Mr. Collins and Dr Abualshar still continue to validate this list. If there is any concerns a consultation will be carried out with BHSCT. The new pediatric unit in Mid-Ulster will be opening on the 6th November 2023. ROP screening is currently be carried out by Dr Abualshar and Dr Mohammad with oversight from BHSCT. Pediatric squints are currently being done in the IS and this is working very well. |
| 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 | ● 25 | No change | 1 | Actions listed with future due dates | 25/09/2023 Meeting held with ARNI rep, attended by Consultants and AD. need for funding to be raised to pay places on course. discussions to be held if course should be considered for NI or if staff travel to UK for same. |
| 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 | ● 16 | No change | 3 | Actions listed with future due dates | 08/08/2023 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 | 0 | Actions listed with future due dates | 16/10/2023 The temporary suspension of Emergency General Surgery remains in place following Trust Board review of the consultation report in July 2023. The risk has been reviewed and there is no further update against this risk 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 | ● 7 | No change | 1 | Actions listed with future due dates | 25/09/2023 staffing continues to improve slightly and remaining posts are being recruited to. in the interim bank/CRR are still required to backfill. FiCare manager post for 6/12 to lead on project to be advertised soon. JD awaiting job evaluation. |
| Ensuring Stability of Our Services | 1375 | Director of Acute Hospital Services | Consultants Cover in Cardiology | 16 | HIGH | 16 | HIGH | 6 | LOW | ● 19 | No change | 0 | Actions listed with future due dates | 16/10/2023 1 substantive post has been filled 10/10/23 with the release of one locum 5/11/23 (ALT). |
| Quality of Care | 1409 | Director of Acute Hospital Services | ED Mental Health Patients | 25 | EXTREM | 16 | HIGH | 9 | MEDIUM | ● 8 | No change | 0 | Actions listed with future due dates | 16/10/2023 - 11/10/23 Risk was reviewed for SWAH and comments from previous updates remain valid. Mental Health services provide cover in the Emergency Department if there are 3 or more mental health patients requiring admission. If they cannot provide cover they have agreed to pay for additional staff in ED to provide that cover. |

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|--------------------|---------|---|--|---------|-------|---------|-------|--------|-------|--------------------------|-----------------------------------|-------------------------|--------------------|--------------------------------------|--|
| | | | | Score | Grade | Score | Grade | Score | Grade | Mths since score changed | Change in score since last review | | | | |
| Health & Safety | 1469 | Medical Director | Health & Safety Risk to Staff as a result of Violence and Aggression | 12 | HIGH | 12 | HIGH | 4 | HIGH | ● | 9 | No change | 2 | Actions listed with future due dates | 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. |
| 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 | ● | 8 | No change | 0 | Actions listed with future due dates | 17/10/2023 Performance against rebuild targets continues to be monitored through Elective Core and Elective Care Board and Strategic Change Board and FP Committee. The CEX Mid Year assurance meetings will have a focus particularly on areas of underperformance highlighted in the latest PTEB report. |
| 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 | ● | 6 | No change | 0 | Actions listed with future due dates | 17/10/2023 - A number of Trade Unions took Industrial Action on 21 & 22 September 2023 both in the form of strike action and action short of strike. The Royal College of Midwives, Chartered Society of Physiotherapy and the Society of Radiographers also participated on these dates for the first time. There was significant disruption to services across both days in terms of cancelled appointments which required to be rescheduled and closure of some services. The Trust and Trade Union Side worked in partnership to manage impacts where possible. Some Trade Unions continue with action short of strike. It is likely that further strike action will take place in the coming weeks if a resolution is not achieved causing further significant impact on services. The risk rating has been reviewed and it is proposed that it is increased to Almost Certain:Major 20 Extreme (Red). |

| ID | Opened | Initial Risk | | Current Risk | | Target Risk | | Responsible Director | Sub Directorate | Corporate Objectives | Title | Description | Controls | Gaps in controls | Assurance | Gaps in assurance | Action Plan Summary | Due date (Action Plan) | Done date (Action Plan) | Corporate Risk Status | Closed date | Risk Type |
|----|----------|------------------|----------------------|------------------|----------------------|-----------------|---------------------|-----------------------------|----------------------------|--|---|---|--|--|---|---|--|------------------------------|---------------------------------|-----------------------|---------------------------------|-----------|
| | | Rating (initial) | Risk level (initial) | Rating (current) | Risk level (current) | Rating (Target) | Risk level (Target) | | | | | | | | | | | | | | | |
| 6 | 21/09/09 | 25 | Extreme (Red) | 12 | High (Amber) | 8 | High (Amber) | 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 | [14/09/2023 12:01:23 Paula Logue] 12/09/2023 – There has been a reduction in the reporting of unallocated cases for Looked After Children which is a result in the reduction in staff vacancies and those cases that are unallocated due to sickness having not reached the 20 day reporting timeframe. Unallocated figures are reported monthly to SPPG and reviewed regularly by Senior Managers within Family & Childcare. [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 | 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 | Current Corporate Risk | Corporate Risk (Approved) | | Corporate Risk (Approved) | |
| 49 | 06/10/09 | 16 | High (Amber) | 20 | Extreme (Red) | 6 | Medium (Yellow) | ICT Services | 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) MDM | (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 - (1). MDM | 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 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 received an independent report from the Competent Authority in relation to the Network Information Systems (NIS). The Cyber Assessment Framework (CAF) made recommendations against a number of objectives including Managing Security Risk; Protecting against Cyber Attack; Detecting Cyber Security Events; and Minimising the impact of Cyber Security Incidents. These recommendations have been incorporated into the Cyber Security | 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) 10 Steps towards Cyber Security (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 | (4). Staff using unapproved and unsupported communication tools on personal devices i.e Instant messaging solutions for patient care containing trust data GAPS IN GOVERNANCE 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 Regional and Trust Governance arrangements (3). Succession Planning (4). Lack of consistent contribution from Trust Services in completion of NIS Assessments thereby resulting in reduced compliance. GAPS IN TECHNICAL ASSURANCE: Local Assurance (1). External factors impacting on diversion of ICT technical resources and skills which are outside Trust control e.g. HSE security event or major global vulnerabilities | 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. Information Security Policy Launch: DS staff are finalising, with the assistance of the Communication Team, the launch of the newly approved Information Security Policy and associated User Standards. Seven of the standards have now been approved through the Cyber Training Awareness Group (CTAG) with another four standards to | 30/09/2023 31/03/2019 31/03/2020 31/08/2018 | Current Corporate Risk | Corporate Risk (Approved) | | Corporate Risk (Approved) | |

| ID | Opened | Rating (initial) | Risk level (initial) | Rating (current) | Risk level (current) | Rating (Target) | Risk level (Target) | Responsible Director | Sub Directorate | Corporate Objectives | Title | Description | Controls | Gaps in controls | Assurance | Gaps in assurance | Action Plan Summary | Due date (Action Plan) | Done date (Action Plan) | Corporate Risk Status | Closed date | Risk Type |
|-----|----------|------------------|----------------------|------------------|----------------------|-----------------|---------------------|---|-----------------|--|--|---|--|---|---|---|---|--|-------------------------|---------------------------|-------------|---------------------------|
| 284 | 13/12/10 | 16 | High (Amber) | 16 | High (Amber) | 6 | Medium (Yellow) | Planning & Performance - Performance Mgmt | Governance. | Risk of breach of Data Protection legislation through loss, mishandling or inaccessibility of personal or sensitive personal inf | The Trust faces reputation and financial risk from non-compliance across all Directorates with the UK GDPR. Data Protection Act 2018, DoHNI's Good Management, Good Records and the Public Records Act 1923. The risk comprises a number of key factors which increases the level of risk for the Trust: •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 | 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. <i>See link opposite to</i> | 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. | | [12/10/2023 11:33:23 Sarah Davidson] In response to adopting the Regional IG strategy, the HoS has developed an IG Improvement Plan which was tabled at IGSG on 11 Oct. If approved at the next meeting in Dec, this will provide a detailed description of the IG activity which supports the action plan of this corp risk. [04/09/2023 16:05:58 Sarah Davidson] A paper was tabled at IGSG to improve the efficiency of SAR procedures. One of these will increase response time in respect of sign-off of a medical record where there are multiple clinicians/consultants involved. A consultation with clinicians has provided clear support for this and the other SAR improvement processes. The Trust will also adopt the Regional Information Governance Strategy (agreed by all five health Trusts) and the IG Department has begun drafting an internal | 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 IGSG Recruitment of band 5 IG post to support DPA Development of IG information leaflet for support staff Review of Primary (acute) records storage in AAH Restructure of IAO process Review of Secondary storage in Maple Villa Production of Records Storage guidance for home working staff working from home New secondary storage facility in the southern sector Recruitment of IG Team leader post Introduction of | 31/03/2019 31/03/2019 31/03/2019 31/12/2020 30/09/2020 30/09/2020 31/12/2020 30/09/2020 29/03/2024 31/03/2024 29/03/2024 31/12/2021 31/03/2024 01/06/2022 31/03/2023 | Current Corporate Risk | Corporate Risk (Approved) | | Corporate Risk (Approved) |
| 779 | 24/07/14 | 9 | Medium (Yellow) | 20 | Extreme (Red) | 6 | Medium (Yellow) | 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 | 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 BSSC 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. | [17/10/2023 13:31:27 Olivia Nicholl] The updated Direct Award Contract for Healthdaq has been approved by DOH until September 2024 due to the very specific challenges being experience by the Western Trust and also pending the outcome of the HSC Recruitment Review. Whilst the Amicus system issue at BSO RSSC has resolved, BSO RSSC continues to work closely with Trusts to address service improvements, a small number of the easement measures introduced are still in place and recruitment activity is being supported through Healthdaq by the Trust's in house recruitment team therefore business as usual has not been reached as yet. However, due to current measures in place the risk has reduced therefore the proposal is to de-escalate to HR Directorate Risk Register and reduce risk rating to Possible/Moderate | 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 | 31/01/2024 31/01/2024 31/01/2024 | Current Corporate Risk | Corporate Risk (Approved) | | Corporate Risk (Approved) |

| ID | Opened | Rating (initial) | Risk level (initial) | Rating (current) | Risk level (current) | Rating (Target) | Risk level (Target) | Responsible Director | Sub Directorate | Corporate Objectives | Title | Description | Controls | Gaps in controls | Assurance | Gaps in assurance | Action Plan Summary | Due date (Action Plan) | Done date (Action Plan) | Corporate Risk Status | Closed date | Risk Type |
|------|----------|------------------|----------------------|------------------|----------------------|-----------------|---------------------|-------------------------------------|---|---|---|--|---|---|--|--|--|--|-------------------------|---------------------------|-------------|---------------------------|
| 955 | 11/08/16 | 12 | Medium (Yellow) | 12 | Medium (Yellow) | 9 | Medium (Yellow) | 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. | | | [25/09/2023 08:45:06 Hazel Browne] The Trust has made progress in developing its tender documentation for the re-tendering of its Domiciliary Care Service and this Tender is due to be advertised before the end of September 2023. The Trust is also progressing a tender for Family Support Time out Service and it is anticipated that this will be advertised late 2023. The Trust remains committed to supporting the work required regionally to work towards compliance. [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. The Trust has made progress in developing its | The 5 year implementation plan will continue to be monitored - via Regional Procurement Board, Trust Procurement Board and Social Care Procurement Group. | 29/12/2023 | Current Corporate Risk | Corporate Risk (Approved) | | Corporate Risk (Approved) |
| 1133 | 23/05/19 | 15 | Extreme (Red) | 20 | Extreme (Red) | 5 | High (Amber) | 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. | [19/09/2023 12:24:07 Joanne Cassidy] Proposal to reduce risk level as medical air flow meters have been removed from all areas and medical air outlets capped off. With the exception of ward 26. Ward 26 continue to carry out medical air audits. Wards that no longer have access to medical air have introduced nebulisers. [24/05/2023 11:54:07 Joanne Cassidy] Risk will be reviewed following an audit which will take place in June. [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 | 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 | Current Corporate Risk | Corporate Risk (Approved) | | Corporate Risk (Approved) |

| ID | Opened | Rating (initial) | Risk level (initial) | Rating (current) | Risk level (current) | Rating (Target) | Risk level (Target) | Responsible Director | Sub Directorate | Corporate Objectives | Title | Description | Controls | Gaps in controls | Assurance | Gaps in assurance | Action Plan Summary | Due date (Action Plan) | Done date (Action Plan) | Corporate Risk Status | Closed date | Risk Type |
|------|----------|------------------|----------------------|------------------|----------------------|-----------------|---------------------|---|---|---|---|---|---|--|---|---|--|--|---------------------------|---------------------------|---------------------------|---------------------------|
| 1183 | 27/11/19 | 25 | Extreme (Red) | 9 | Medium (Yellow) | 6 | Medium (Yellow) | Directorate-wide (Risk Register Use only) | Governance, Safe & Effective Services. | Where MCA processes are not being followed, patients may be deprived of their liberty, without having safeguards in place | 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. | 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 Funding not adequate to deliver the projected activity. Funding not provided recurrently, compounding recruitment issues | RQIA monitoring role MCA Information T&F group (systems, processes & reporting) Trust is engaging with regional arrangements to share practice and develop solutions MCA Project Board held monthly. Training T&F group Mental Health Order MCA Project Team | Systems, Processes & Reporting to be strengthened & formalised - Encompass is the Regional Direction, Western Trust go live is April 25 | [19/09/2023 12:06:56 Sean Moynihan] Gaps in Controls have been closed and Gaps in Assurances have been updated. Actions closed and new actions re STDA Improvement Plan created. Overall rating of risk assessed as unchanged. [26/04/2023 13:48:35 Sean Moynihan] Actions updated. Legacy cases completed and 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 progress at MCA. | 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 | 31/12/2020 31/03/2020 31/03/2020 31/03/2020 29/10/2021 31/03/2020 31/03/2020 31/03/2020 31/03/2021 30/07/2021 30/06/2023 31/03/2023 31/03/2024 30/11/2022 30/11/2022 30/11/2022 | Current Corporate Risk | Corporate Risk (Approved) | | Corporate Risk (Approved) |
| 1216 | 15/04/20 | 15 | Extreme (Red) | 15 | Extreme (Red) | 6 | Medium (Yellow) | 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. | Business case approved dedicated HALO (Hospital Ambulance Liaison Officer) NIAS crews waiting to offload in our hospital early warning score 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 | Implementation of SAFER principles challenged due to Medical Job plans and current Medical team models in operation aging 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 | [16/10/2023 16:46:13 Deborah Donnelly] SWAH - 11/10/23 - 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 be a contributory factor. 16/10/2023 AAH risk remains and no change, update remains the same for Altnagelvin. [18/09/2023 18:43:40 Deborah Donnelly] Risk was reviewed for SWAH and comments from 15/08/23 remain valid. [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 08/02/22 | 31/03/2022 31/12/2023 28/02/2022 | Current Corporate Risk | Corporate Risk (Approved) | | Corporate Risk (Approved) | |

| ID | Opened | Rating (initial) | Risk level (initial) | Rating (current) | Risk level (current) | Rating (Target) | Risk level (Target) | Responsible Director | Sub Directorate | Corporate Objectives | Title | Description | Controls | Gaps in controls | Assurance | Gaps in assurance | Action Plan Summary | Due date (Action Plan) | Done date (Action Plan) | Corporate Risk Status | Closed date | Risk Type |
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| 1219 | 30/04/20 | 20 | Extreme (Red) | 20 | Extreme (Red) | 6 | Medium (Yellow) | 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 SAIs. The service has been further impacted by Covid -19 where the service has been reduced to emergency and red flag endoscopy only and reduced turnaround times between patients due to COVID-19. | 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 | Band 4 team lead recruited to manage waiting lists and oversee the scheduling team and processes. Encourage consultants to triage referrals in line with NICAN suspect cancer guidelines (Oct 2019) and utilise the urgent and routine categories. Additional funding for a second pre assessment nurse has been discussed with the commissioner- await confirmation in 2021 allocation | Waiting lists discussed monthly at the Endoscopy Users Group Clinical audits are completed annually to benchmark the service against National Standards. Monthly monitoring of waiting lists is carried out to identify longest waits and prioritise for scheduling. | The need for the Trust to invest further in the development of GI Trainees in line with the evidence base for modernisation, thereby proactively growing the team to meet future demand. The need to develop the service to include the inclusion of a hepatologist as part of the team in line with Royal College modernisation of gastroenterology training and service provision. The need to address the impact of a job plan which includes the medical on-call rota The need to urgently increase the consultant workforce and make the Trust an attractive opportunity for the next round of doctors in recruitment April 2021 | [16/10/2023 16:53:34 Deborah Donnelly] 12.10.2023. Unfortunately there were no applicants on 3 GI posts advertised. 13th September 2023. Capacity from Igan valley has ceased due to SE trust going live with Encompass. Support from IS providers is ongoing. The Trust has advertised the 3 vacant consultant posts (2 vacant and 1 new post) with a closing date of 22nd September 2023. In September 2023 two nurse endoscopist commenced the NE trainee Programme, it is a two year Programme. The Trust agreed with southern Trust for a Surgeon from SHSCT to provide endoscopy sessions (Two sessions) every fortnight at Omagh DPC starting from 22 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 2023 and | Explore the possibility of utilising the Independent Sector to address waiting lists. Need to review GI consultants job plan to reduce General Medicine commitment to increase availability for endoscopy lists. Secure funding for an additional pre assessment nurse to support list utilisation and reduce DNA rates. 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 31/03/2024 | Current Corporate Risk | Corporate Risk (Approved) | | Corporate Risk (Approved) |
| 1236 | 21/08/20 | 16 | High (Amber) | 16 | High (Amber) | 6 | Medium (Yellow) | 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. | [25/09/2023 12:53:12 Shauna Nolan] The 2023/24 budget allocation for Health & Social Care effectively represents a flat cash budget, with a similar level of funding to the previous year. It therefore makes no allowance for the increasing costs of running services and the rising demand for care across the population. This has inevitability had an impact on the Trust's financial balance with financial pressures increasing due to demographic growth and the requirement for the Trust to contribute to the Regional savings target. Consequently, the Trust is currently projecting a deficit position of £22m in 2023/24. The Trust has taken a range of actions to strengthen financial controls and financial accountability and will continue to link closely with DoH and SPPG on our financial planning assumptions. [27/06/2023 15:49:18 Hazel Brown] The | Ongoing financial management and monitoring Operation of DVMB (Delivering Value Management Board) | 31/12/2023 31/12/2023 | Current Corporate Risk | Corporate Risk (Approved) | | Corporate Risk (Approved) |

| ID | Opened | Rating (initial) | Risk level (initial) | Rating (current) | Risk level (current) | Rating (Target) | Risk level (Target) | Responsible Director | Sub Directorate | Corporate Objectives | Title | Description | Controls | Gaps in controls | Assurance | Gaps in assurance | Action Plan Summary | Due date (Action Plan) | Done date (Action Plan) | Corporate Risk Status | Closed date | Risk Type |
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| 1254 | 18/01/21 | 16 | High (Amber) | 16 | High (Amber) | 8 | High (Amber) | 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 | 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) Process improvement required for consultant recruitment in order to ensure process works effectively. | 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 | 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 Regulations and impact for staff HSC Pension particularly high earners. Impact of McCloud and Sergeant Employment Law cases. Safe staffing model for social work. Lack of regional cap on medical agency rates Legal challenges to Terms and Conditions arising from changing employment law e.g. PSNI and Altacite Cases. Impact of Pay Strategy across all staff groups. <i>See discussion on last page</i> | [17/10/2023 11:26:32 Olivia Nicholl] Workforce Stabilisation Steering Group and workstreams continue to meet monthly. Off contract agency has reduced however agency usage continues to be high. Critical Shift payments continue within a small number of identified areas. Regional baseline report is ongoing and local plans in place to address through Healthdaq. Trust wide attendance target has been set and plans developed to work towards target. An Early Alert was submitted to DOH on 31 August 2023 regarding ENT Head and Neck Cancer services due to the imminent retirement of a consultant and a number of unsuccessful national and international recruitment attempts. | 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) | | Corporate Risk (Approved) |
| 1288 | 08/04/21 | 12 | High (Amber) | 12 | High (Amber) | 6 | Medium (Yellow) | Trust-wide (Risk Register use only) | Ensuring Stability of Our Services, Improving the Quality and Experience of Care | Risk of failure to meet regulatory standards and compliance associated with Trust infrastructure and estate. | There is a risk of deterioration in the Trust Estate due to ageing and lack of capital investment in the maintenance of building services infrastructure and physical 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 reprioritised to address the new critical issue Estates Strategy 2015/16-2020/21 Annual review of building condition (3i) and creation of prioritised BLM list. 2022/23 Backlog maintenance programme developed and implemented Continual bidding for funding to address backlog maintenance Targeting of priority areas as funding becomes available. Monthly review of Backlog Maintenance capital investment plan Priority Backlog Maintenance capital investment plan | Ageing infrastructure resulting in deterioration of buildings Insufficient funding to carry out full remedial works identified. | Back-log Maintenance list Health & Safety audits Environmental Cleanliness audits Authorising Engineer audits Annual inspections carried out Membership at Health and Safety/ Water Safety Groups Reports to Corporate Governance Sub Committee/Governance Committee Assurance standards Buildings, Land, Plant & Non-Medical Equipment Oakleaf - 6 facet independent survey | Lack of Funding for backlog maintenance. | [13/10/2023 12:11:53 Nicola Norris] 13/10/23: It has been confirmed that no Trust owned properties have RACC present within the building fabric. Further review of leased properties to be undertaken by Capital Development. Estates will assist where necessary. [02/10/2023 12:33:03 Nicola Norris] Oct 2023 - PAM Plan submitted to the DoH. Whilst physical condition of the estate has decreased, the overall condition of the Trust property portfolio has improved by 2.9%. The Trust continue evaluate with the RAAC exists within the Trust. Survey has nearing completion and is anticipated to be completed within the next week. [05/09/2023 10:04:38 Nicola Norris] 3 July NIAC issued safety notice NISN-2023-01 concerning the failure RAAC planks. Estates Dept undertook a survey of Trust facilities constructed within the appropriate time period to | 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 | Current Corporate Risk | Corporate Risk (Approved) | | Corporate Risk (Approved) |

| ID | Opened | Rating (initial) | Risk level (initial) | Rating (current) | Risk level (current) | Rating (Target) | Risk level (Target) | Responsible Director | Sub Directorate | Corporate Objectives | Title | Description | Controls | Gaps in controls | Assurance | Gaps in assurance | Action Plan Summary | Due date (Action Plan) | Done date (Action Plan) | Corporate Risk Status | Closed date | Risk Type |
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| 1306 | 16/06/21 | 16 | High (Amber) | 16 | High (Amber) | 8 | High (Amber) | 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. | | [16/10/2023 17:25:51 Deborah Donnelly] 11/09/23 There is still the a risk for review patients as BHSCT do not have capacity at present to see these patients. Mr. Collins and Dr Abualshar still continue to validate this list. If there is any concerns a consultation will be carried out with BHSCT. The new paediatric unit in Mid-Ulster will be opening on the 8th November 2023. ROP screening is currently be carried out by Dr Abualshar and Dr Mohammad with oversight from BHSCT. Paediatric squints are currently being done in the IS and this is working very well. [11/09/2023 16:09:39 Deborah Donnelly] There is still the a risk for review patients as BHSCT do not have capacity at present to see these patients. Mr Collins and Dr Abualshar still continue to validate this list. If there is any concerns a consultation will be carried out with BHSCT. The new | 30/04/2023 31/12/2023 | Current Corporate Risk | Corporate Risk (Approved) | | Corporate Risk (Approved) | |
| 1307 | 16/06/21 | 25 | Extreme (Red) | 25 | Extreme (Red) | 6 | Medium (Yellow) | | 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, Pro-paramedics (independent company) may be used. NISTAR will make ambulance and driver available if local team can do transfer | proparamedics are no longer able to supply NISTAR with back up 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. | | | [25/09/2023 14:38:18 Mary McKenna] Meeting held with ARNI rep, attended by Consultants and AD. need for funding to be raised to pay places on course. discussions to be held if course should be considered for NI or if staff travel to UK for same. in the interim staff will do simulated training at local level. [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 | 30/06/2022 31/03/2022 | Current Corporate Risk | Corporate Risk (Approved) | | Corporate Risk (Approved) | |

| ID | Opened | Rating (initial) | Risk level (initial) | Rating (current) | Risk level (current) | Rating (Target) | Risk level (Target) | Responsible Director | Sub Directorate | Corporate Objectives | Title | Description | Controls | Gaps in controls | Assurance | Gaps in assurance | Action Plan Summary | Due date (Action Plan) | Done date (Action Plan) | Corporate Risk Status | Closed date | Risk Type |
|------|----------|------------------|----------------------|------------------|----------------------|-----------------|---------------------|--------------------------------|--|--|--|--|---|--|-----------|---|--|------------------------|---------------------------|-----------------------|---------------------------|-----------|
| 1320 | 15/09/21 | 12 | High (Amber) | 20 | Extreme (Red) | 8 | High (Amber) | | Improving the Quality and Experience of Care | Delayed/inappropriate placement of children assessed as requiring inpatient mental health care. | Increasing demand for the need for inpatient beds has resulted in capacity issues within the regional adolescent mental health inpatient unit. There is significant challenges for CAMHS resulting in increasing delays in accessing and securing emergency, urgent or planned admission for treatment to a regional bed for vulnerable adolescents requiring immediate and planned inpatient mental health care. As a consequence of this children are being placed | 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/Paed 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 /Paediatric wards. 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 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). 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 towards achieving the date | 31/05/2023 31/05/2023 31/05/2023 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) | | Corporate Risk (Approved) | |
| 1334 | 26/10/21 | 20 | Extreme (Red) | 15 | High (Amber) | 8 | High (Amber) | 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 | Trust have authorised a Sustainable Surgical Services project to examine surgical services pan-Trust wef 18/10/21 Recruitment campaign is continuous at Specialty Dr and trainee level. Funded establishment should be 6.5 wte consultant Surgeons - current baseline is 3.0 wte with 3.5 wte gap Specialty Drs funded for 8.0 wte; 5.0 in place 2 of whom are locums and one acting up. Ongoing use of locums from within the Trust to sustain the rota at South West Acute. Newly appointed Consultant taking up post 25/10/21 Ongoing efforts to recruit - Interviews planned for 2.0 wte Consultants late October 2021 (now currently deferred pending Royal College approval) | Reluctance from other surgeons across NI to participate in providing locum cover due to the generality of surgical cover required. Difficulties recruiting and retaining at locum and permanent level as above. Difficulty securing Royal College approval for general surgical posts. | Continuing support from Altnagelvin Surgical body to provide locum cover for rota gaps. Programme Board will have fortnightly oversight of all of the actions within the Review Programme. Senior clinical support to project identified and in place. Project lead has been seconded full time to Project team. Project Lead currently briefs CMT twice weekly This will be taken over by Programme Board with fortnightly oversight from 01/11/2021 CMT will continue to support service and project | | [16/10/2023 17:27:11 Deborah Donnelly] The temporary suspension of Emergency General Surgery remains in place following Trust Board review of the consultation report in July 2023. The risk has been reviewed and there is no further update against this risk at this time. [11/09/2023 16:03:00 Deborah Donnelly] The updates from August were reviewed 11/9/23 and confirmed there was no further update. [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 pathway route in place | 01/09/2023 | Current Corporate Risk | Corporate Risk (Approved) | | Corporate Risk (Approved) | |

| ID | Opened | Rating (initial) | Risk level (initial) | Rating (current) | Risk level (current) | Rating (Target) | Risk level (Target) | Responsible Director | Sub Directorate | Corporate Objectives | Title | Description | Controls | Gaps in controls | Assurance | Gaps in assurance | Action Plan Summary | Due date (Action Plan) | Done date (Action Plan) | Corporate Risk Status | Closed date | Risk Type |
|------|----------|------------------|----------------------|------------------|----------------------|-----------------|---------------------|-----------------------------------|---|--|--|--|--|---|--|--|---|--|-------------------------|---------------------------|-------------|---------------------------|
| 1338 | 08/11/21 | 20 | Extreme (Red) | 16 | High (Amber) | 6 | Medium (Yellow) | | 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 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 the number is inadequate or when there isn't enough QIS available. WhatsApp group set up and urgent messages sent when staffing is depleted at short notice. Cot closures after consultation with medical staff and Neonatal Network of NI Contingency plan drawn up | Due to the reduced number of QIS nurses who cover additional shifts, there are occasions when no additional staff can be sourced. This is particularly relevant when there is unpredicted staff absences at short notice. This may result in cot closures/ transfers and in SWAH the local contingency plans will be implemented. Inability to transfer antenatal patients or neonates further adds to this safety issue as these babies will have to either be stabilised for transfer or remain locally. Unpredicted emergencies in both units, with babies requiring high dependency or intensive care- some of which can take a prolonged period of 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. | [25/09/2023 14:41:50 Mary McKenna] staffing continues to improve slightly and remaining posts are being recruited to. in the interim bank/CRR are still required to backfill. FiCare manager post for 6/12 to lead on project to be advertised soon. JD awaiting job evaluation. [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 | Review of Staffing Contingency Plan Rotation between Paeds and NICU Bid for staff to backfill training Close cots as necessary Inform Commissioners and NNNI Monitor clinical incidents | 30/09/2022 31/03/2022 13/10/2021 30/10/2021 30/09/2022 | Current Corporate Risk | Corporate Risk (Approved) | | Corporate Risk (Approved) |
| 1375 | 15/03/22 | 16 | High (Amber) | 16 | High (Amber) | 6 | Low (Green) | 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. | [16/10/2023 17:28:20 Deborah Donnelly] 1 substantive post has been filled 10/10/23 with the release of one locum 5/11/23 (ALT). 2nd substantive consultant starting 30/10/23 with the release of a further locum 31/12/23. (ALT). The 3rd consultant is due to start SWAH 2/1/24. The Long Term Sick leave continues from the NHSCT and we have a locum against this vacancy. [15/09/2023 19:08:43 Deborah Donnelly] The first of our consultants is due to start in mid October 2023 the remainder of the consultants have given start dates of January 2024. The PPCI Rota continues to be supported by locum cardiologists. Fragility will persist until the substantive staff are in post. [15/08/2023 17:05:44 Deborah Donnelly] Update as at 14/08/2023 this risk remains unchanged. | Recruitment to fill vacant posts. | 31/07/2023 | Current Corporate Risk | Corporate Risk (Approved) | | Corporate Risk (Approved) |

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|------|----------|------------------|----------------------|------------------|----------------------|-----------------|---------------------|-------------------------------------|---|--|--|--|---|---|-----------|--|--|------------------------------|---------------------------------|-----------------------|---------------------------------|-----------|
| 1409 | 01/07/22 | 25 | Extreme (Red) | 16 | High (Amber) | 9 | Medium (Yellow) | Acute - Unscheduled Care | Ensuring Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering Staff | ED Mental Health Patients | Due to lack of local and regional mental health beds patients requiring mental health assessment and admission are required to stay in the department for prolonged periods, with minimal mental health input. Voluntary and detained patients at high risk of harm due to lack of suitable staffing, supervision and infrastructure onsite. The department is overwhelmed with multiple patients awaiting admission some have already absconded and/or attempted self-harm while awaiting treatment. | -Crisis/MHL will review all patients every 24 hours and liaise with psychiatry as required -ED will complete Kardex's - Psych Consultants will be available for advice if needed -Additional staffing support when available from Mental Health Grangewood to ED when a threshold of three or more has been reached. -Weekly meetings planned for ED and Mental Health to work collaboratively to improve the safety and experience for patients (commenced 16th June 2022). -Continue to report and review all associated incidents via datix to further understand risk and mitigations -MAPA training | -Timely access to Mental Health beds continue -Overall congestion and capacity issues within ED compounds the challenge in managing this group of patients | Daily engagement with MH and ED to manage risk Newly established weekly meetings between ED and mental health teams | | [16/10/2023 17:30:06 Deborah Donnelly] 11/10/23 Risk was reviewed for SWAH and comments from previous updates remain valid. Mental Health services provide cover in the Emergency Department if there are 3 or more mental health patients requiring admission. If they cannot provide cover they have agreed to pay for additional staff in ED to provide that cover. 16/10/2023 AAH risk remains and no change [18/09/2023 18:40:55 Deborah Donnelly] Risk was reviewed for SWAH and comments from 15/08/23 remain valid. [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 delays to | 03/07/2023 31/12/2023 31/12/2023 | Current Corporate Risk | Corporate Risk (Approved) | | Corporate Risk (Approved) | |
| 1469 | 06/01/23 | 12 | High (Amber) | 12 | High (Amber) | 4 | High (Amber) | 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 | 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 | 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 assessments/associated risk assessments Incorrect completion or lack of understanding of what is necessary to assess and how assessment should be completed. | 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 | 03/07/2023 03/07/2023 | Current Corporate Risk | Corporate Risk (Approved) | | Corporate Risk (Approved) | |

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|------|----------|------------------|----------------------|------------------|----------------------|-----------------|---------------------|----------------------|---|---|---|---|---|---|---|--|---|--|-------------------------|---------------------------|-------------|---------------------------|
| 1472 | 06/02/23 | 12 | High (Amber) | 12 | High (Amber) | 8 | High (Amber) | | 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 levels). | RAG rated Service Delivery Plans Monthly monitoring and expected outturn meetings with service areas. Working Safely alongside COVID-19 & Respiratory Infections guidance IPC Training Dynamic Risk Assessments (Annual/Covid/vulnerable staff) Risk assessment Training Link to Corporate Workforce Risk IDxx | Continued workforce challenges impacting on service delivery plans. Validation of data within reporting timeframes. Impact of financial recovery and/or cost increases. | Monthly SPPG reporting templates Performance Improvement Meetings Performance management framework Delivering Strategic Change Board Working Together Delivering Value Regional HSC Performance and Transformation Executive Board Finance and Performance Committee Trust Board Benchmarking | | [17/10/2023 08:59:12 Sarah Davidson] Performance against rebuild targets continues to be monitored through Elective Core and Elective Care Board and Strategic Change Board and FP Committee. The CEX Mid Year assurance meetings will have a focus particularly on areas of underperformance highlighted in the latest PTEB report. [06/09/2023 09:15:56 Sarah Davidson] SDP Performance monitoring to PTEB and FP Committee takes place on a quarterly basis, whilst monthly performance monitoring with service areas continue. Performance issues are escalated to CMT through Strategic Change Board. July performance reported some deterioration, however this was expected due to workforce issues (additional leave). It is anticipated this position will improve in September. [16/08/2023 11:47:13 Sarah Davidson] Revised | Development of elective care board action plan Monthly meeting with Service Areas to review SDP Monthly review of cancer performance and elective care board action plans Development of a cancer optimisation plan Implementation of AHP Action Plan | 29/09/2023 30/09/2024 31/03/2024 29/09/2023 29/03/2024 | Current Corporate Risk | Corporate Risk (Approved) | | Corporate Risk (Approved) |
| 1487 | 06/04/23 | 12 | High (Amber) | 12 | High (Amber) | 8 | High (Amber) | 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 for Change (AFC) Pay, safe staffing and tr | Impact on services of ongoing Industrial Action, including both strike action and short of strike, taken in relation to 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 | 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 | 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 coordination due to additional working hours and stress. No requirement for staff to work to derogated staffing levels and risks to patient/client safety. Legal entitlement of TU members to participate in industrial action. | 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. | [17/10/2023 12:41:38 Olivia Nicholl] A number of Trade Unions took Industrial Action on 21 & 22 September 2023 both in the form of strike action and action short of strike. The Royal College of Midwives, Chartered Society of Physiotherapy and the Society of Radiographers also participated on these dates for the first time. There was significant disruption to services across both days in terms of cancelled appointments which required to be rescheduled and closure of some services. The Trust and Trade Union Side worked in partnership to manage impacts where possible. Some Trade Unions continue with action short of strike. It is likely that further strike action will take place in the coming weeks if a resolution is not achieved causing further significant impact on services. The risk rating has been reviewed and it is proposed that it is increased to Amber | 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 | 31/01/2024 31/01/2024 31/01/2024 | Current Corporate Risk | Corporate Risk (Approved) | | Corporate Risk (Approved) |