

## CMT Briefing

<b>Meeting Details:</b>	Dec 2023
<b>Director:</b>	Dr Brendan Lavery
<b>Topic:</b>	Corporate Risk Register & Assurance Framework (CRR&AF)
<b>Trust Board Response Required</b> <ul style="list-style-type: none"> <li>• <b>For approval</b></li>   <li>• <b>Material Change</b></li>   <li>• <b>To note</b></li> </ul>	<ul style="list-style-type: none"> <li>- CRR&amp;AF</li>   <li>• No new risk to approve</li>   <li>• No material change</li>   <li>• All Corporate Risks have been reviewed within the last quarter.</li> </ul>
<b>Implementation Plan post CMT discussion</b>	<ul style="list-style-type: none"> <li>• Table Corporate Risk Register at Trust Board seeking final approval as appropriate on approvals agreed above.</li> </ul>

# CORPORATE RISK REGISTER & ASSURANCE FRAMEWORK

## BRIEFING NOTE PREPARED FOR CMT

There are 22 risks on the Corporate Risk Register as approved at Trust Board on 2<sup>nd</sup> November 2023.

### **Summary**

- Material Changes to the Risk Register – no material changes
- Proposed New Risks – no new risk
- 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 action 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>23/11/2023 11:16:55 Deborah Donnelly] 21/11/23: Risk was reviewed for SWAH and comments from 16/10/23 remain valid.</p> <p>[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.</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 Summary Report

Risk Sub- Category	Risk ID	Lead Director	Risk Title	Initial		Current		Target		Current Risk Status		Mths since last updated	Action Plan Status	Latest Update		
				Score	Grade	Score	Grade	Score	Grade	Mths since score changed	Change in score since last review					
Quality of Care	6	Director of Women & Children's Services	Children awaiting allocation of Social Worker may experience harm or abuse	25	EXTREM	12	HIGH	8	HIGH	●	73	No change	1	Actions listed with future due dates	[20/11/2023] There has been an increase in the reporting of unallocated cases for Family Intervention/Generic Teams. This increase is in relation to unfilled posts, high levels of maternity leave and sick leave, staff in Enniskillen area leaving for Tusla, limited transfers to LAC/16+ and high turnaround of cases in Gateway. The Sub-Directorate continues to try to manage these cases as best as possible but high numbers of unallocated place significant pressures on the teams, coupled with extremely slow recruitment for any support staff to bolster the teams or any replacement Social Workers has made the current situation difficult for Principal Social Workers. The Sub-Directorate are doing all they can to try and ensure all the cases are regularly reviewed and teams feel supported. This includes retirees remain in post managing unallocated in two areas. The Sub-Directorate have tried to increase support staff at Band 3/4 in all areas to bolster staff, however there is limited staff out there, retirees in doing supporting roles such as redactions for Information Governance requests to take this role off Social Workers/Social Work Managers, overtime offered to undertake pieces of work and write up cases to create capacity in teams.	
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	1	Actions listed with future due dates	06.12.23 A further two User Standards, which accompany the new Information Security Policy, have been reviewed and approved by CTAG on 6th Dec.
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	●	84	No change	1	Actions listed with future due dates	[05/12/2023] IG training has fallen to 77% across the Trust and is being addressed through IGSG. A Band 7 Encompass IG Lead has been recruited to assist with encompass implementation for WHST. A regional IG Strategy has been finalised to ensure consistency across the Trust, in respect of data protection. To support this and the corporate risk, the IG Improvement Plan has been developed and tabled at IGSG.	
Financial	779	Director of Human Resources	Service impacts arising from performance issues within BSO Shared Services	9	MEDIUM	20	EXTREM	6	MEDIUM	●	10	No change	2	Actions listed with future due dates	[17/10/2023] 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 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	3	Actions listed with future due dates	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.

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				Score	Grade	Score	Grade	Score	Grade	Mths since score changed	Change in score since last review			
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	3	Actions listed with future due dates	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	3	Actions listed with future due dates	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	45	No change	1	Actions listed with future due dates	[01/12/2023] ALT- 01/12/2023 Risk reviewed no change to risk level. Changes to operational management of FLOW with the introduction of site coordination will help to improve FLOW out of ED and create earlier capacity on the wards. FCP is currently being revised.
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	34	No change	1	Actions listed with future due dates	20.11.2023 The Trust has engaged with the Southern Trust to secure support from a Surgeon from SHSCT to provide endoscopy sessions (Two sessions) every fortnight at Omagh DPC, this has started in September 2023. This activity will contribute to the Regional backlog of referrals which will include WHSCT patients. WHSCT was accessing capacity at Lagan Valley regional centre, however, this has now stopped since October due to SEHSCT going live on encompass. 362 patients were treated through this pathway. Further funding has been received from SPPG to support insourcing (a total of 660 patient will be treated from october until 31st March 2024.. A further 1180 patient have been outsourced for treatment at Kingsbridge/3fivetwo, this will be completed by 31st December 2023. Assistant Directors have progressed discussions on mutual aid on 6 June 2023 with SPPG, however, there was no available capacity from other HSC trusts due to workforce challenges.
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	40	No change	3	Actions listed with future due dates	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.
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	35	No change	2	Actions listed with future due dates	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.

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				Score	Grade	Score	Grade	Score	Grade	Mths since score changed	Change in score since last review			
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	● 33	No change	1	Actions listed with future due dates	4/12/23: Inflationary price increases are continuing to have an impact on the Building & Engineering budget which will in turn will constrain the reactive maintenance repairs.
Quality of Care	1306	Acute Hospital Services	Vacant Paediatric Ophthalmology consultant post resulting in no Paediatric Ophthalmology clinics	16	HIGH	16	HIGH	8	HIGH	● 30	No change	1	Actions listed with future due dates	21/11/23 - There is still a risk for paediatric review patents as they are still on a waiting list as BHST do not have capacity to take on these patients. BHST are seeing all new referrals from WHST. On 6th November 2023 the new regional pediatric unit opened in the Mid-Ulster Hospital and there has been a very positive response from patients and parents. There was a deep dive done in to the risk but there is still concerns for the review patients. Mr Collins and Dr Nour continue to validate the list and escalate any patients that they are concerned regarding. We are still using the IS Blackrock for pediatric squints but there is no funding after December 2023 and we will have to look at other options.
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	● 27	No change	3	Actions listed with future due dates	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	● 18	No change	3	Actions listed with future due dates	2022/2023 was the first year that the Acute CAMHS Managed Care Network has both Service Manager and Clinical Medical Director in post. As such the network is at the beginning of a number of projects and pathway groups around the core aim of developing timely high quality assessment and treatment of mental health difficulties for young people and their families within Acute CAMHS (Step 4 and Step 5 of the Regional CAMHS Stepped Care Pathway).
Ensuring Stability of Our Services	1334	Director of Acute Hospital Services	Sustainability of surgical services in Southern Sector of Trust due to recruitment & retention difficulties at Consultant and MI	20	EXTREM	15	HIGH	8	HIGH	● 0	↓ -5	1	Actions listed with future due dates	20/11/23 Update 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	● 9	No change	3	Actions listed with future due dates	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	● 21	No change	1	Actions listed with future due dates	[01/12/2023]December 23: 2 new substantive consultants are in post one started 9/10/23 the other started 1/11/23. we have released one of the locum consultants on the 5/11/23. one visiting consultant returned to work week beginning 27/11/23, however will need supervision in the lab for a number of months. we have 1 consultant vacancy and have 2 locums still in post. The substantive consultant due to start in January has withdrawn and this post needs to go back to advert. The PPCI rota remains stable however this is reliant on locum cover.
Quality of Care	1409	Director of Acute Hospital Services	ED Mental Health Patients	25	EXTREM	16	HIGH	9	MEDIUM	● 10	No change	1	Actions listed with future due dates	[01/12/2023] There is no current change to the ED ALT. Mental health contingency arrangement continue to be operational when required. Mental health work stream 10 is ongoing to create capacity and flow within mental health services.
Health & Safety	1469	Medical Director	Health & Safety Risk to Staff as a result of Violence and Aggression	12	HIGH	12	HIGH	4	HIGH	● 11	No change	1	Actions listed with future due dates	23.11.23 there have been 387 incidents of violence and abuse against staff from 01/09/23 - 23/11/23. A full breakdown of data will be provided to MOVA group at next meeting, planned for Dec 2023

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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	● 10	No change	1	Actions listed with future due dates	[04/12/202] Monthly SDP review meetings with services managers are scheduled to take place in December to review month 8 activity. Elective SDP continues to be monitored through the elective core group including performance trajectories ENT, Gynae ophthalmology, cardiology, general surgery and endoscopy. Further investment has been received to enable they IS in reach endoscopy to continue until March 2024.
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	● 8	No change	2	Actions listed with future due dates	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).



Corporate Risk Register Assurance Framework 19.10.2023

ID	Opened	Initial Risk		Current Risk		Target Risk		Responsible Director	Lead Officer for Risk	Sub-Directorate	Corporate Objectives	Title	Description	Controls	Gaps in controls	Assurance	Gaps in assurance	Updates	Description	Due date
		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)	Cassidy, Mr Tom	Cassidy, Mr Tom	W & C Safeguarding Children	Safe & Effective Services.	Children awaiting allocation of Social Worker may experience harm or abuse	Due to capacity and demand issues within Family & Childcare, children may not be allocated a Social Worker in a timely manner to provide appropriate support. Children may experience harm as a result and the Trust may not meet its associated professional and organisational requirements.	Ongoing action to secure recurring funding. Update meetings between F&CC ADs and Director. Performance Management Review is being undertaken by HSCB with all 5 Trusts focusing on Unallocated cases and timescales. Service Managers and Social Work Managers monitor and review unallocated cases on a weekly basis. Principal Social Work redeployed will monitor Action Plan and progress to stabilise team. Early Help staff returned to their substantive posts within gateway to increase the ability to allocate Service and SW Managers constantly prioritise workloads.	Inability to get sick leave covered inability to recruit and retain social workers. Principal Social Workers review unallocated cases regularly. HSCB have drafted a regional paper to secure additional funding for Unallocated Cases. Delays in recruitment.	Quarterly governance reports to Governance Committee. Feedback given to Performance & Service Improvement for accountability meetings with HSCB. Up-dates by Director to CMT and Trust. Delegated Statutory Functions Action Plan to review and Address Risks within FIS Enniskillen		[20/11/2023 15:11:30 Angela Wade] There has been an increase in the reporting of unallocated cases for Family Intervention/Genetic Teams. This increase is in relation to unfilled posts, high levels of maternity leave and sick leave, staff in Enniskillen area leaving for Tulla, limited transfers to LAC/16+ and high turnaround of cases in Gateway. The Sub-Directorate continues to try to manage these cases as best as possible but high numbers of unallocated place significant pressures on the teams, coupled with extremely slow recruitment for any support staff to bolster the teams or any replacement Social Workers has made the current situation difficult for Principal Social Workers. The Sub-Directorate are doing all they can to try and ensure all the cases are regularly reviewed and teams feel supported. This includes retirees remain in post managing unallocated in two areas. The Sub-Directorate have tried to increase support staff at Band 3/4 in all areas to bolster staff, however there is limited staff out there, retirees in doing supporting roles such as reductions for Information Governance requests to take this role off Social Workers/Social Work Managers, overtime offered to undertake pieces of work and write up cases to create capacity in teams. [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 sick absences within the teams. Unallocated figures are reported monthly to SPPG and reviewed regularly by Senior Managers within Family & Childcare.	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
49	06/10/09	16	High (Amber)	20	Extreme (Red)	6	Medium (Yellow)	Molloy, Mrs Teresa	Oldcroft, Mr Ronnie	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). NON Managed Trust ICT Equipment (e.g. Radiology modalities, cameras, door access, medical devices etc) in areas such as Radiology, Labs, PFI, HSDU, Estates, GP's etc are operating un-supported operating systems, e.g. Windows XP, and/or do not have the most up to date software updates (patching) and/or have endpoint software	(1). PEOPLE CONTROLS - (1). Cyber Security Training (2). Information Governance, (IG) Mandatory Training, (3). Staff Contract of Employment (2). GOVERNANCE CONTROLS - (1). Network Information Systems (NIS) Cyber Assessment Framework (CAF) (2). User account management processes (Standard Operating Procedure - SOP) (3). HSC Information Security, Policy, Standards, Guidelines and Standard Operating Procedures (SOPs) (4). Trust Cyber Governance Oversight Group (COG), Risk Management Group (RMG), Vulnerability Management Group (VMG), Corporate Governance Sub-committee (CGSG) (5). Change Advisory Board (CAB) (Local and Regional) (6). Regional Oversight Governance Groups - Cyber Programme Board, Regional Cyber Leads (7). Regional and Local Incident Management reporting policies/procedures (8). Regional Cyber Programme Board (Trust - SIRO / AD for ICT Rep) (9). Controls Assurance Standard (10). Duty and Risk Management	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 Informations Systems (NIS). The Cyber Assessment Framework (CAE) model	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 Infrastructure Group (N.I.G) has been set up to discuss all regional network related strategies including the reviewing the regional cyber report (ANSEC), technical network security and segmentation. (5). HSC Operational Telecoms	(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 (2). Delays in the implementation of the HSC Technical Recommendations	Unallocated Cases are reviewed regularly within each team by 06.12.23 A further two User Standards, which accompany the new Information Security Policy, have been reviewed and approved by CTAG on 6th Dec.	Implementation of cyber security work plan which has been agreed with the Region. Recruitment of Band 7 Cyber Security Manager. Recruitment of Band 6 to support implementation of Cyber Security Action Plan. Full implementation for Metacompliance across the Trust with regular course updates being issued thereafter. Introduce routine reporting to Trust Board (or other equivalents (local or regional)) on reported incidents/near miss, and other agreed indicators.	30/09/2023 31/03/2019 31/03/2020 31/08/2018

Corporate Risk Register Assurance Framework 19.10.2023

ID	Opened	Initial Risk		Current Risk		Target Risk		Responsible Director	Lead Officer for Risk	Sub-Directorate	Corporate Objectives	Title	Description	Controls	Gaps in controls	Assurance	Gaps in assurance	Updates	Description	Due date
		Rating (initial)	Risk level (initial)	Rating (current)	Risk level (current)	Rating (Target)	Risk level (Target)													
284	13/12/10	16	High (Amber)	16	High (Amber)	6	Medium (Yellow)	Molloy, Mrs Teresa	O'Neill, Ms Maura	Planning & 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 provision of patient and client care or for legal or public interest purposes -Concerns on the adherence to records management responsibilities – notably the storage, categorisation and disposal/PRONI transfer of patient, client and staff records	Subject Access and Data Access agreement procedures. Information Governance/Records Management induction/awareness training. ICT security policies. Raised staff awareness via Trust Communications/Share to Learn. Regional code of practice. Information Governance Steering Group. Records held securely/restricted access. Fair processing leaflets/posters. Investigation of incidents. Data Guardians role. Regional DHSSPS Information Governance Advisory Group. Electronic transmission protocol. Investigation of incidents. 2 secondary storage facilities available across NS & SS Trust Protocol for Vacating & Decommissioning of HSC Facilities. Scoping exercise to identify volume and location of secondary close records completed in December 2010. band 3 post in place Review of regional IG training available on HSC Learning completed and updated to provide more robust training for staff. Data Protection & Confidentiality Policy. Information Governance SIRO and RSSC Performance.	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.		[05/12/2022] IG training has fallen to 77% across the Trust and is being addressed through IGSG. A Band 7 Encompass IG Lead has been recruited to assist with encompass implementation for WHSCT. A regional IG Strategy has been finalised to ensure consistency across the Trust, in respect of data protection. To support this and the corporate risk, the IG Improvement Plan has been developed and tabled at IGSG.	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 Infreemation for IG requests	31/03/2019 31/03/2019 31/12/2020 30/09/2020 31/12/2020 29/03/2024 31/03/2024 29/03/2024 31/12/2021 31/03/2024 01/06/2022 31/03/2023
779	24/07/14	9	Medium (Yellow)	20	Extreme (Red)	6	Medium (Yellow)	Hargan, Ms Karen	McAteer, Ms Geraldine	Trust-wide (Risk Register use only)	Workforce.	Service impacts arising from performance issues within BSO Shared Services	The Recruitment Shared Services Centre (RSSC) is experiencing significant operational and staffing challenges which are adversely impacting the service being provided to the Trust and resulting in major delays in appointing staff.  This is also further impacted by the implementation of Amiquus (new platform for pre-employment checks).  BSO Shared Services Centre not meeting deadlines in a timely manner for which the Trust as the employing authority has overall responsibility.  Issues reported by managers in relation to the delivery of services which delays filling vacancies.  Trust managers not complying with payroll and recruitment processes which may also lead to delays.	3 meeting per week to monitor RSSC Performance. Amiquus 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.	Amiquus system reporting tool is not yet available – gap in data being shared with the Trust. There are concerns about accuracy of the information in RSSC Reports. Dependence on BSO for Trust Payroll and Recruitment information to respond to MLA queries, FOIs, etc. in a timely manner.	Establishment of a Task and Finish Group led by the Interim Director of Operations, BSO. Additional meetings with Recruitment Shared Services and Trust. BSO Business Contingency Plan in place. Customer Forum for Payroll and Recruitment.	Verification of information on pay and recruitment exercises. System issues which require work arounds.	[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 experienced by the Western Trust and also pending the outcome of the HSC Recruitment Review. Whilst the Amiquus 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.  [08/08/2023 22:58:46 Olivia Nicholl] Delivering Value Management Board has approved the extension of Healthdaq to the end of March 2024 due to the very specific challenges being experienced by the Western Trust and also pending the outcome of the HSC Recruitment Review. The Direct Award Contract requires to be updated and sent to DOH. Whilst the Amiquus system issue at BSO RSS has resolved, a number of the easement measures introduced are still in place and therefore business as usual has not been reached as yet.  [15/05/2023 15:24:03 Olivia Nicholl] The current contract for Healthdaq is in place until the end of July 2023. A review is underway of the benefits of Healthdaq and consideration of extension of the contract or to bring it to an end. A Regional Recruitment Project Board has been established to oversee the implementation of recommendations from the regional Recruitment Review. The Trust is represented on the Project Board.	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 31/01/2024

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ID	Opened	Initial Risk		Current Risk		Target Risk		Responsible Director	Lead Officer for Risk	Sub-Directorate	Corporate Objectives	Title	Description	Controls	Gaps in controls	Assurance	Gaps in assurance	Updates	Description	Due date
		Rating (initial)	Risk level (initial)	Rating (current)	Risk level (current)	Rating (Target)	Risk level (Target)													
955	11/08/16	12	Medium (Yellow)	12	Medium (Yellow)	9	Medium (Yellow)	McCauley, Ms Eimear	Browne, Ms Hazel	Trust-wide (Risk Register use only)	Financial Management & Performance, Modernisation, Public Confidence.	Failure to comply with procurement legislation re social care procurement	The risk that the Trust will breach UK procurement legislation rules in awarding contracts for the provision of social care services. The legislation outlines that a formal tender process must be followed when awarding contracts that are expected to be above a specified threshold. This is to be managed by BSO PaLS on behalf of all Trusts but the current proposed work programme means that Trusts will not be fully compliant with the legislation for a period of 5 years ending on 31 March 2022.	The issue has been discussed at the Trust's Procurement Board and Social Care Procurement Group. The Trust's Director of Finance & Contracting has highlighted this issue to the Regional Procurement Board.	The Trust does not have the resource or infrastructure required to manage this risk internally. DOH has determined that the issue should be managed regionally.			<p>[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.</p> <p>[27/06/2023 15:52:58 Hazel Browne] During 2022/23, the Regional Social Care Procurement Board was reconstituted and tasked with reviewing the current social care procurement plan. The current social care procurement plan aims to have all Trusts compliant with the PCR 2015 by 2028/29.</p> <p>The Trust has made progress in developing its tender documentation for the re-tendering of its Domiciliary Care service and is also progressing a tender for Family Support Time out Service. Progress on a regional basis is being made across a number of social care areas. The Trust remains committed to supporting the work required regionally to work towards compliance.</p> <p>[09/03/2023 14:15:11 Joanne Cassidy] Risk has been reviewed and there is no change</p> <p>[17/11/2022 15:54:11 Hazel Browne] Reviewed 17/11/22</p> <p>[20/10/2022 17:45:14 Hazel Browne] Reviewed 20/10/22</p> <p>[01/08/2022 09:22:27 Hazel Browne] Reviewed 1/8/22</p> <p>[20/07/2022 11:36:13 Roisin O'Neill] DoH have now written to Chief Executives requesting nominations to form the new Social Care Procurement Board, to attend a workshop and complete the review and approval of the Terms of Reference.</p> <p>[20/06/2022 13:24:34 Hazel Browne] Reviewed 20/6/22</p> <p>[04/03/2022 14:40:45 Hazel Browne] The report from the SCPB workshop has been approved at Regional PB and recommendations contained are being taken forward. The Trust is awaiting further correspondence from the SCPB chair about</p>	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
1133	23/05/19	15	Extreme (Red)	20	Extreme (Red)	5	High (Amber)	Keenan, Ms Donna	Madden, Ms Noella	Trust-wide (Risk Register use only)	Safe & Effective Services.	Risk to safe patient care relating to inappropriate use of medical air	Risk of patient receiving medical air in error when oxygen is required resulting in hypoxia.	Regional procurement process - will no longer be able to buy a medical air flowmeter without a flowguard In the Trust's clinical procedures for medical gases Included on the medical gas training for wards Medical air blanking caps have been circulated to wards to insert into outlets that wont be used Colour coding of medical air flowmeters and air outlet on most wards Flowmeters with air-guards attached on all wards now.	Lack of knowledge of colour coding and appreciation of risks with medical gases Potentially have old flowmeters that are not fully compliant with colour coding (not mandatory) Not all medical air flowmeters had airguards but they do now Incidents are continuing to happen during 2020, lack of confidence that the actions taken last year are being adhered to in all areas - further review of processes and controls undertaken 29 May 2020. Lack of knowledge of colour coding and appreciation of risks with medical gases	Walk around to be carried out in SWAH/OHPCC although they have new flowmeters with air-guards. Walk around on Altnagelvin site occurred in November 2018. To be repeated February 2019. To be picked up on annual medical gases walkaround. No external inspections Update 05 June 2020 - Lead nurses and service managers have been asked to provide assurances on the actions taken in response to the revised controls for each of their designated areas of responsibility. May 2020 update - regular Walk arounds to be undertaken on all hospital sites until assurance in place.	Lack of training on medical gases. This has increased now since included in Trust Combination training days.	<p>[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.</p> <p>[24/05/2023 11:54:07 Joanne Cassidy] Risk will be reviewed following an audit which will take place in June.</p> <p>[09/03/2023 12:11:46 Joanne Cassidy] The roll out of nebuliser machines is complete. A final walk through will be undertaken by the end of March to ensure all medical air outlets are capped off. Ward 26 and neonatal intensive care unit are reviewing their risk assessments and mitigating steps have been put in place including weekly audits. These will be reviewed at the next meeting of the Trust Medical Gas Working Group on 5th June.</p> <p>[07/11/2022 12:29:26 Joanne Cassidy] Training on using nebulisers machines was conducted on the Altnagelvin site on 6th of October.</p> <p>Staff who attended the training will train the remaining ward / department staff unit at least 75% of all staff trained.</p> <p>When this figure has been reached, staff will liaise with Noella Madden who will arrange a date and time to attend the ward and remove the medical air flow meters and replace with nebuliser machines. The medical air wall port will be capped off. This will be the same process for SWAH &amp; Omagh.</p> <p>Training was delivered in SWAH on 4th November.</p> <p>Training will be delivered in Omagh on 11th November.</p> <p>[22/09/2022 12:08:55 Joanne Cassidy] 230 electronic nebulisers have been purchased. Roll out plan in place including cascade training, allocation of devices, removal of flow metres and capping of medical air points. We envisage that the roll out will be completed by mid December.</p> <p>[29/07/2022 15:28:57 Joanne Cassidy] The medical air audit is still continuing until as such times as adequate air pumps can be purchased following the submission of the business case and staff have been trained. Compliance with the audit is variable and</p>	SAI reviews progress actions to completion Review the mitigating actions and any gaps in controls Possible further learning from SAI investigation Continue to include in Trust combination training days (potential for this to become a mandatory area) Old flow-meters removed to ensure colour coding approach is used Air outlet blocking caps to be inserted to air outlets that are not needed Ensure full compliance with use of air guards on medical air flowmeters across all three sites	30/12/2022 30/06/2023 31/12/2019

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		Rating (initial)	Risk level (initial)	Rating (current)	Risk level (current)	Rating (Target)	Risk level (Target)													
1183	27/11/19	25	Extreme (Red)	9	Medium (Yellow)	6	Medium (Yellow)	O'Brien, Ms Karen	McLaughlin, Ms Christine	Directorate-wide (Risk Register Use only)	Governance, Safe & Effective Services.	Where MCA processes are not being followed, patients may be deprived of their liberty, without having safeguards in place	Where MCA processes are not being followed, there is the risk that patients may be deprived of their liberty, without having the required safeguards in place, with the result that individual staff may be held criminally liable with appropriate sanctions, including financial penalties and imprisonment.  For patients that lack capacity and for whom safeguards are not in place, there is the risk that statutory services may not be delivered. Emergency provisions should be considered where deemed appropriate, to support continuing service delivery until the safeguards are approved.  The Department of Health, requires H&SC Trusts to proceed with a partial implementation of the Mental Capacity Act (NI) 2016 (MCA) for providing a statutory framework for the	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  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 end March (Action closed). Escalation protocol drafted, reviewed by MCA Operations group and MCA Project Board and to be discussed with Directors at MCA review meeting on 24 May 2023. [07/12/2022 12:27:24 Sean Moynihan] 07/12/2022. Outstanding actions reviewed and updated. 2 additional actions added. [22/09/2022 15:36:51 Joanne Cassidy] 01/07/2022 - Risk regraded to risk to High (15) Short Term Detention Authorisation activity is still in breach of MCA legislation, it is recognised that Legacy1 activity is on track to be completed by end March 2022 and that all community authorisations and extensions are being processed within the required timeframes. [17/06/2022 12:00:49 Joanne Cassidy] Proposal to regrade risk to High (15) [20/04/2022 12:20:31 Joanne Cassidy] Short Term Detention Authorisation activity is still in breach of MCA legislation, it is recognised that Legacy1 activity is on track to be completed by end March 2022 and that all community authorisations and extensions are being processed within the required timeframes. [25/01/2022 12:54:09 Sean Moynihan] January 2022 - reviewed and updated controls, gaps in controls and actions. September 21 - review of risk and actions. July 21 - update to title, description, controls, assurances and actions. 04/05/21. Risk updated to highlight criminal liability. Current risk rating and target risk rating updated. 18/04/21. Controls, Assurances, Gaps and Action Plan reviewed and updated. PCOP Directorate risk developed. MH Directorate Risk drafted and to be tabled at April Dir Governance. IPT drafted. Comms Plan approved. 24/02/21 - Controls, Assurances, Gaps and action plan review and updated. 15/01/21 MCA team supporting Directorates to develop their	Engage with programme board and team  Scope potential Mental Capacity/DOLs assessments  A Programme Implementation Officer to continue engaging on leading implementation.  Trust Lead Directors and Responsible leads in each Sub-Directorate to be identified  Quantification of Costs and completion of the IPT bid to ensure fully funded MCA arrangements and minimise financial risk  HR & remunerations for staff identified to undertake duties on panels  Seek Interest from relevant staff to sit on panels.  Ensure sufficient staff attend training to allow them to undertake statutory functions commencing 2nd December 2019  Seek Interest from Nurses at Band 7 and above to sit on panels.  Rotas for panel activity and short-term authorisation to be developed.  Ongoing communication with the Unions.  Communication Plan to be developed - draft to be presents at Mar21 Project Board  Resource appointed from within directorate to support identification, completion of forms and processing of all Required Safeguards.nance.  Currently engaged with Acute and W&F	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 31/03/2024 30/11/2022 30/11/2022 30/11/2022
1216	15/04/20	15	Extreme (Red)	15	Extreme (Red)	6	Medium (Yellow)	McKay, Ms Geraldine	Pollard, Mr Gavin	Acute - Emergency Care & Medicine	Public Confidence, Safe & Effective Services.	Risk of patient harm in Trust EDs due to capacity, staffing and patient flow issues	If Emergency Department (ED) Physical capacity and staffing levels are not sufficient to meet the demands of patient numbers and acuity, there will be increased likelihood of significant patient harm, risk to staff wellbeing and damage to Trust reputation as a direct result.	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  Full capacity protocol	Implementation of SAFER principles challenged due to Medical Job plans and current Medical team models in operation  ageing population living with challenging health needs  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	[01/12/2023] ALT- 01/12/2023 Risk reviewed no change to risk level. Changes to operational management of FLOW with the introduction of site co-ordination will help to improve FLOW out of ED and create earlier capacity on the wards. FCP is currently being revised.	PACIE implementation to commence March 2020.  Improvement QI work commencing with aim to address communication within department.  Full capacity protocol	31/03/2022 31/12/2023 28/02/2022

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		Rating (initial)	Risk level (initial)	Rating (current)	Risk level (current)	Rating (Target)	Risk level (Target)														
1219	30/04/20	20	Extreme (Red)	20	Extreme (Red)	6	Medium (Yellow)	McKay, Ms Geraldine	Mushapho, Mr Tshamano	Acute - Diagnostics & Cancer Services	Safe & Effective Services.	Lack of endoscopy capacity in the Trust has resulted in breaching of the 2 week red flag wait/urgent and routine wait and surveillance targets for endoscopy. The lack of timeliness for endoscopy will lead to delayed diagnosis of cancer and poor outcome for these patients as evidenced in SALS. The service has been further impacted by Covid 19 where the service has been reduced to emergency and red flag endoscopy only and reduced turnaround times between patients due to IPC requirements.	Lack of endoscopy capacity in the Trust has resulted in breaching of the 2 week red flag wait/urgent and routine wait and surveillance targets for endoscopy. The lack of timeliness for endoscopy will lead to delayed diagnosis of cancer and poor outcome for these patients as evidenced in SALS. The service has been further impacted by Covid 19 where the service has been reduced to emergency and red flag endoscopy only and reduced turnaround times between patients due to IPC requirements.	Telephone pre assessment of colonoscopy on-going to improve list utilisation and reduce DNA rates. Independent sector was utilised to deliver 250 surveillance colonoscopies from January to March 2020. Further use of Independent Sector to be explored post Covid -19. Surveillance waiting lists are being validated in line with new guidelines. Discussions have commenced with the commissioner to recurrently fund one of the posts in 20/21 to address the demand/capacity gap. The second post will be funded from a current vacancy. Training of 2 nurse endoscopists under transformation commenced in September 2018 - trainees were to be signed off by the end of 2020 the delay was due to Covid-19. Short-term provision by SE Trust to provide WT in IS tender 200 patients identified and moved to the independent sector.	Band 4 team lead recruited to manage waiting lists and oversee the scheduling team and processes. Encourage consultants to triage referrals in line with NIGAN 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 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	[23/11/2023 13:05:43 Deborah Donnelly] 20.11.2023 The Trust has engaged with the Southern Trust to secure support from a Surgeon from SHSCT to provide endoscopy sessions (Two sessions) every fortnight at Omagh DPC, this has started in September 2023. This activity will contribute to the Regional backlog of referrals which will include WHSCT patients. WHSCT was accessing capacity at Lagan Valley regional centre, however, this has now stopped since October due to SEHSCCT going live on encompass. 362 patients were treated through this pathway. Further funding has been received from SPPG to support insourcing (a total of 660 patient will be treated from October until 31st March 2024. A further 1180 patient have been outsourced for treatment at Kingsbridge/Strivevo, this will be completed by 31st December 2023. Assistant Directors have progressed discussions on mutual aid on 6 June 2023 with SPPG, however, there was no available capacity from other HSC trusts due to workforce challenges. [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 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 489 patients through	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 30/06/2023 31/03/2024
1236	21/08/20	16	High (Amber)	16	High (Amber)	6	Medium (Yellow)	McCauley, Ms Eimear	Nolan, Shauna	Finance	Ensuring Stability of Our Services	Ability to achieve financial stability, due to both reductions in income and increased expenditure.	With continued reductions in income from savings requirements coupled with increased expenditure due to demand and risk, there will be a reduction in the Trust's ability to achieve financial stability in the current and future years, resulting in significant challenges in meeting the Trust strategic priorities	Chief Executive Assurance meetings to review performance Recovery Plan Oversight - Directorate, CMT, Trust Board (and Finance & Performance Committee) and DoH Annual Financial Plan to review risks to financial position and opportunities for savings Trust Board (and Finance & Performance Committee) and CMT oversight of the financial position monthly Monthly budget reports for all levels in the organisation, with follow-up variances Monthly Finance focus meetings between Finance and Directors / Senior Directorate Officers	Controls are in place. However, it is not always possible to have full financial controls without looking at quality & safety risks to patients/clients.	CMTFMG financial performance reports to Trust Board and CMT members. Internal Audit. Assurances from Director of Finance and ADF to CMT & Trust Board. Assurance obtained by the Chief Executive from chairing CMTFMG Self-assessment and audit of Financial Management Controls Assurance Standard. External Audit (NIAO) . DHSSPS/HSCB monthly financial monitoring.	No gaps identified.	[25/03/2023 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 Browne] The 2023/24 budget allocation for Health & Social Care effectively represents a flat cash budget and therefore makes no allowance for the increasing costs of running services and demographic growth. Despite regional planning to deliver significant savings, the DoH projected position remains in material deficit. Consequently, 2023/24 will inevitably involve significant financial pressures across Health and Social Care that will have an impact on the Trust's financial balance. The Trust is linking closely with DoH and SPPG as they assess the implications of the budget allocation and has developed plans to support the delivery of savings. [09/03/2023 14:15:34 Joanne Cassidy] Risk has been reviewed and there is no change [07/12/2022 16:59:37 Hazel Browne] No further update [17/11/2022 15:51:53 Hazel Browne] Work is ongoing in relation to the financial plan for 2022/23. The Trust continues to work collaboratively with SPPG to secure additional funding to address financial pressures. [20/10/2022 17:03:38 the reporter] There has been limited change to the financial landscape being experienced by the Trust. Work is ongoing in relation to the financial plan for 2022/23. The Trust continues to work collaboratively with SPPG and is supporting regional financial balance through a number of economies in place in relation to Delivering Value, discretionary	Ongoing financial management and monitoring (Operation of DVMB (Delivering Value Management Board))	31/12/2023 31/12/2023	

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		Rating (initial)	Risk level (initial)	Rating (current)	Risk level (current)	Rating (Target)	Risk level (Target)													
1254	18/01/21	16	High (Amber)	16	High (Amber)	8	High (Amber)	Hargan, Ms Karen	Santiago, Riona	Trust-wide (Risk Register use only)	Ensuring Stability of Our Services, Improving the Quality and Experience of Care, Supporting and Empowering Staff	Inability to deliver safe, high quality and sustainable services due to workforce supply and disruptions	Due to an inability to attract, recruit and retain staff throughout the Trust, services may not be able to maintain high quality safe services which may result in a reduction in service provision.	Trust Business Continuity Plans with full HR support on hospital / community workforce groups. Delivering Care - Nurse Staffing in Northern Ireland Organisation Development Steering Group Health and Wellbeing Strategy Engagement & Involvement Strategy DOH Workforce Strategy & Trust Workforce Strategy and key actions Policies - Rec & Selection Framework, Attendance at Work, Flexible Working, Redundancy and Redeployment, etc. HR Strategic Business Partner identified for each Directorate - targeted interventions in relation to absence, agency usage, temporary staffing and other identified Directorate priorities. (Risk 6, 1075) Pension information sessions Joint Forum, Joint LNC and Consultation Group Workforce Information reports provided to key stakeholders Trust Governance Arrangements - People Committee Use of Bank/Agency/Locum Staff through Locum's Nest. Single Employer Project Group Review of existing Locum Framework <b>Regional Strategic and</b>	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. RQIA Inspections of services which link to employment matters UK Border Agency Inspections on ad hoc basis. Audit assurance and progress reports in relation to Audit recommendations provided at least twice per year to internal audit. Professional Guidance - Telford, Royal Colleges, NI Delivering Care (N&M)	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 Allocate Cases. Impact of Pay Strategy across all staff groups. Pay discussions are led by Department of Health	[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 medical workforce baseline report is ongoing and local plans in place to address through Healthday. 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.  [08/08/2023 22:54:10 Olivia Nicholl] The Trust's Workforce Stabilisation Steering Group meets on a monthly basis, actions are being progressed through the 3 workstreams – Agency Reduction, Medical Workforce Stabilisation and Workforce Stabilisation and Retention. Regionally consideration is being given to the number and availability of specialist doctors. The Trust is also participating in a regional medical workforce baseline exercise. An early alert was submitted to DOH on 21 June 2023 in relation to the down turn in Head and Neck Surgery due to staffing challenges and surgical pathway.  [15/05/2023 15:03:21 Olivia Nicholl] A Trust Workforce Stabilisation Steering Group established with 3 workstreams (i) Agency Reduction Programme (ii) Medical Workforce Stabilisation and Retention and (iii) Workforce Stabilisation and Retention. Terms of Reference have been developed for the Steering Group and workstreams. An early alert has been submitted to the Department of Health on 10 May 2023 in relation to the impact on palliative care services due to upcoming medical retirements or reduced working hours requests. There is also a potential that the overall rota will become unsustainable	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 31/12/2023
1288	08/04/21	12	High (Amber)	12	High (Amber)	6	Medium (Yellow)	Molloy, Mrs Teresa	McNulty, Mr Patrick	Trust-wide (Risk Register use only)	Ensuring Stability of Our Services, Improving the Quality and Experience of Care	Risk of failure to meet regulatory standards and compliance associated with Trust infrastructure and estate.	There is a risk of deterioration in the Trust Estate due to ageing and lack of capital investment in the maintenance of building services infrastructure and physical environment which could lead to loss of service and non-compliance with regulatory and statutory standards (e.g. water, electrical, asbestos and physical infrastructure).	Monitoring and review by PSI SMT of directorate risks including water, electrical, fire safety, vacant estate asbestos and physical infrastructure. Should a critical issue materialise further funding can be sought from DOH or existing funding reprinted to address the new critical issue Estates Strategy 2015/16-2020/21 Annual review of building condition (3) and creation of prioritised BLM list. 2022/23 Backlog maintenance programme developed and implemented Continual bidding for funding to address backlog maintenance Targeting of priority areas as funding becomes available. Monthly review of Backlog Maintenance capital investment plan Priority Backlog Maintenance capital investment plan	Ageing infrastructure resulting in deterioration of buildings Insufficient funding to carry out full remedial works identified.	Back-log Maintenance list Health & Safety audits Environmental Cleanliness audits Authorising Engineer audits Annual inspections carried out Membership at Health and Safety/ Water Safety Groups Reports to Corporate Governance Sub Committee/Governance Committee Assurance standards Buildings, Land, Plant & Non-Medical Equipment Oakleaf - 6 facet independent survey	Lack of Funding for backlog maintenance.	4/12/23: Inflationary price increases are continuing to have an impact on the Building & Engineering budget which will in turn will constrain the reactive maintenance repairs.	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 31/03/2022 31/08/2021 31/03/2022 30/06/2022 30/09/2022

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1306	16/06/21	16	High (Amber)	16	High (Amber)	8	High (Amber)	Gillespie, Mr Mark	Johnston, Mrs Stephanie	Directorate-wide (Risk Register Use only)	Ensuring Stability of Our Services, Improving the Quality and Experience of Care	Vacant Paediatric Ophthalmology consultant post resulting in no Paediatric Ophthalmology clinics	No consultant to lead Paediatric Ophthalmology services. No routine paediatric cases being seen in Ophthalmology. Long waiting lists with clinical risk of adverse outcomes. No clinical oversight for orthoptic and optometry clinics.	ROP screening performed by retinal consultants as a temporary measure Urgent paediatric cases discussed with general ophthalmologists for referral to Belfast as required.	No consultant oversight for orthoptics and optometry increase clinical risk Significant clinical risk in ROP screening by consultants without Paediatric fellowship.	Ongoing discussions with commissioners as regards filling the post.		<p>[23/11/2023 12:16:19 Deborah Donnelly] 21/11/23 - There is still a risk for paediatric review patients as they are still on a waiting list as BHSCT do not have capacity to take on these patients. BHSCT are seeing all new referrals from WHSCT. On 6th November 2023 the new regional pediatric unit opened in the Mid-Ulster Hospital and there has been a very positive response from patients and parents. There was a deep dive done in to the risk but there is still concerns for the review patients. Mr Collins and Dr Nour continue to validate the list and escalate any patients that they are concerned regarding. We are still using the IS Blackrock for pediatric squints but there is no funding after December 2023 and we will have to look at other options.</p> <p>[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 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. Paediatric squints are currently being done in the IS and this is working very well.</p> <p>[11/09/2023 16:09:39 Deborah Donnelly] There is still 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 6th 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.</p> <p>[15/08/2023 17:02:34 Deborah Donnelly] 07/08/2023 13:36:05 - The risk still remains for review patients and we have been unable to facilitate additional clinics for a visiting speciality doctor. Mr Collins and Dr Abualshar continue to validate the review list. BHSCT are still unable to facilitate the review patients due to their own backlog. All new patients are referred straight to BHSCT.</p> <p><del>The new paediatric unit in the Mid-Ulster hospital has been</del></p> <p>[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.</p> <p>[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.</p> <p>[24/03/2023 10:44:51 Joanne Cassidy] 2 SAls regarding transfer of babies SAI 66-21 and 09-22.</p> <p>[09/02/2023 11:42:09 Joanne Cassidy] There continues to be gaps in the paediatric and neonatal rotas. In the past it was expected that the paediatric teams would support the neonatal service overnight if there were emergencies. At a regional meeting last week with NISTAR and it was confirmed that the paed team do not cover the neonatal emergencies any more as many of those on that rota do not have the skills. We highlighted to the commissioner present at this meeting that this needs addressed.</p> <p>An audit is to be taken forward to look at the impact within Trusts when they are faced with undertaking a transfer if the NISTAR team are not available.</p> <p>[30/11/2022 14:57:45 Joanne Cassidy] A deep dive exercise has been completed. Actions regarding time critical transfers are being taken forwards.</p> <p>[08/09/2022 12:01:18 Eileen Harrigan] Sep 22 - A deep dive exercise is currently underway into this risk at the request of Trust Board. Belfast Trust has been notified about the W Trust concerns re provision of transfer service.</p> <p>Meetings have taken place and findings will be presented to C&amp;SC Governance forum in the near future (Oct).</p>	Advertise new agreed post for a General Ophthalmology Consultant Agree solution for review patients	30/04/2023 31/12/2023
1307	16/06/21	25	Extreme (Red)	25	Extreme (Red)	6	Medium (Yellow)	Gillespie, Mr Mark	McKenna, Ms Mary	Supporting and Empowering Staff	Clinical Risk regarding Delayed Transfer of Babies, Children and Adults to Other Hospitals	Due to limitations on the NISTAR resource and ability of Trust to facilitate transfers that don't meet NISTAR protocols and lack of clarity around same, time critical transfers are being either delayed or are completed using sub-optimal alternatives. This may result in harm to patients being transferred, the patients in the services covering the transfer as well as additional financial cost to the Trust.	Consider stabilising and holding patient until NISTAR available. Ensure staff are trained in use of transport equipment in case required to transfer patient in absence of NISTAR. In absence of NISTAR, Paramedics (independent company) may be used. NISTAR will make ambulance and driver available if local team can do transfer	paramedics are no longer able of 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.		<p>[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.</p> <p>[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.</p> <p>[24/03/2023 10:44:51 Joanne Cassidy] 2 SAls regarding transfer of babies SAI 66-21 and 09-22.</p> <p>[09/02/2023 11:42:09 Joanne Cassidy] There continues to be gaps in the paediatric and neonatal rotas. In the past it was expected that the paediatric teams would support the neonatal service overnight if there were emergencies. At a regional meeting last week with NISTAR and it was confirmed that the paed team do not cover the neonatal emergencies any more as many of those on that rota do not have the skills. We highlighted to the commissioner present at this meeting that this needs addressed.</p> <p>An audit is to be taken forward to look at the impact within Trusts when they are faced with undertaking a transfer if the NISTAR team are not available.</p> <p>[30/11/2022 14:57:45 Joanne Cassidy] A deep dive exercise has been completed. Actions regarding time critical transfers are being taken forwards.</p> <p>[08/09/2022 12:01:18 Eileen Harrigan] Sep 22 - A deep dive exercise is currently underway into this risk at the request of Trust Board. Belfast Trust has been notified about the W Trust concerns re provision of transfer service.</p> <p>Meetings have taken place and findings will be presented to C&amp;SC Governance forum in the near future (Oct).</p>	Escalate to Director of Acute services for discussion with counterpart in Belfast as he/she is responsible for NISTAR. Raise at corporate safety huddle and RRG Escalate through child health partnership.	30/06/2022 31/03/2022 31/03/2022		

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1320	15/09/21	12	High (Amber)	20	Extreme (Red)	8	High (Amber)	Cassidy, Mr Tom	Duffy, Mr Kevin		Improving the Quality and Experience of Care	Delayed/inappropriate placement of children assessed as requiring inpatient mental health care.	Increasing demand for the need for inpatient beds has 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 inappropriately in inpatient AMHS beds when available and/or acute medical and paediatric wards or are being managed by Community CAMHS intensively with heightened complex risk. As a consequence CAMHS staff from other steps within the Service are being redeployed to support this intensive working. Community CAMHS remains under significant capacity and resource issues.	Staff training in Paediatrics Department Regular meetings with AMH Services Regular meetings with Beechcroft (weekly) and daily updates Policy on age appropriate care to acute setting Policy on U18 admission to AMH wards Protocol CAMHS/AMHS pathway OOH (2011) - under review at present	Environmental risks of temporary placement wards/facilities in particular YP presenting self-harm, suicidal risk, risk of absconding, Supervision deficit in ED/AMH/Paediatric wards Psychiatric cover limited in CAMHS and AMHS Delayed & limited availability of AMH beds in Trust. Training/knowledge deficit re pathways related to high staff turnover in acute medical/AMHS setting CAMHS/AMHS OOH Pathway review overdue Unfunded demand for CAMHS OOH Limited regional capacity for inpatient beds	Monitoring of waiting lists Regional AD Forum - standing item Regional Care Network - weekly data collation Daily updates with Beechcroft In-house monitoring of inappropriate admissions Early Alerts of inappropriate placements both in AMHS wards and Acute medical /Paediatric wards. Weekly review and monitoring by HSCB Escalation to HSCB/DOH		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).	CAMHS Business case to be developed to progress development of CAMHS OOH service provision Family & Child Care Social work input in over 16 MH assessment with AMHS to be reviewed to ensure cover and consistency to mitigate risk WTCAMHS/AMHS OOH 2011 pathway to be considered and reviewed When a young person presents in a mental health crisis OOH the WTCAMHS/AMHS OOH protocol adhered and followed. No MH Adolescent, No AMHS, No Medical paediatric wards CAMHS will attempt to work intensively with YP and family notwithstanding capacity and resource issues Task and finish group to support unmet needs re training /risks identified and policy regarding YP requiring MH admission inappropriately placed on medical wards. Daily contact with Beechcroft re bed availability and hospital to hospital tx asap 1:1 Nursing on ward to support YP and support system provided through agency cover when possible to secure CAMHS continue to hold clinical responsibility for these young people In situation of no available bed CAMHS seek AMHS inpatient bed (SAC).	31/05/2023 31/05/2023 31/05/2023 31/05/2023 31/05/2023 31/05/2023 31/05/2023 31/05/2023
1334	26/10/21	20	Extreme (Red)	15	High (Amber)	8	High (Amber)	Gillespie, Mr Mark	Gillespie, Mr Mark	Acute - Surgery & Anaesthetics	Ensuring Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care	Sustainability of surgical services in Southern Sector of Trust due to recruitment & retention difficulties at Consultant and Mi tier level in South West Acute. This is threatening the ability to deliver 24/7 emergency service and the range of commissioned elective activity. There has been a high turn-over of locum consultant surgeons who have been appointed to cover gaps, leading to gaps and concerns about continuity of care. It has been highlighted that emergency surgical services are at risk within the next 4 months due to inability to sustain a Surgeon of the Week and On-call emergency rota at consultant level	Trust has authorised a Sustainable Surgical Services project to examine surgical services pan-Trust w/ef 18/10/21 Recruitment campaign is continuous at Speciality Dr and trainee level. Funded establishment should be 6.5 wte consultant Surgeons - current baseline is 3.0 wte with 3.5 wte gap Speciality Drs funded for 8.0 wte; 5.0 in place 2 of whom are locums and one acting up. Ongoing use of locums from within the Trust to sustain the rota at South West Acute. Newly appointed Consultant taking up post 25/10/21 Ongoing efforts to recruit - Interviews planned for 2.0 wte Consultants late October 2021 (now currently deferred pending Royal College approval)	Reluctance from other surgeons across NI to participate in providing locum cover due to the generality of surgical cover required. Difficulties recruiting and retaining at locum and permanent level as above. Difficulty securing Royal College approval for general surgical posts.	Continuing support from Altnagelvin Surgical body to provide locum cover for rota gaps. Programme Board will have fortnightly oversight of all of the actions within the Review Programme. Senior clinical support to project identified and in place. Project lead has been seconded full time to Project team. Project Lead currently briefs CMT twice weekly This will be taken over by Programme Board with fortnightly oversight from 01/11/2021 CMT will continue to support service and project		[23/11/2023 12:24:35 Deborah Donnelly] 20/11/23 Update 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. [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 pathways put in place have been working effectively. It was noted that an average of two patients per day have been admitted to Altnagelvin for Emergency General Surgery since 19 December 2022, and there is no evidence that the temporary change to the pathways at SWAH has negatively impacted on patient clinical outcomes. The Trust is satisfied that the temporary suspension of Emergency General Surgery at SWAH and the new pathways put in place to assess patients via the ambulatory pathway at SWAH, and to treat patients requiring admission at Altnagelvin, has significantly mitigated the patient safety risks which arose from the challenges in the Consultant General Surgeon workforce. The alternative clinical pathways for the treatment of emergency general surgery patients at SWAH are carefully monitored by the Trust and this will continue at this time. [21/07/2023 19:10:40 Deborah Donnelly] Update received from Corporate Risk Manager O'Connell O'Doherty on 7th July 2023 to advise that approval to reduce the risk rating on this corporate	A Proposal for Sustainable Surgical Services will be developed by end January 2022 to address the most emergent issues eg emergency surgical services in the Southern Sector of the Trust.	01/09/2023	
1338	09/11/21	20	Extreme (Red)	16	High (Amber)	6	Medium (Yellow)	Gillespie, Mr Mark	McKenna, Ms Mary		Ensuring Stability of Our Services, Improving the Health of Our People, Supporting and Empowering Staff	Risk to Provision of Neonatal Care in SWAH due to staffing shortages particularly staff qualified in speciality. Lack of senior staff, particularly those QIS (qualified in speciality) has resulted in difficulty staffing the NICU safely and effectively and has resulted in cot closures (locally and regionally); inadequately covered shifts; high stress and low morale within nursing; difficulty in planning and may result in unit closure.	Staff working additional hours/bank/overtime. Acting Manager and Head of Service covering clinical shifts when he number is inadequate or when there isn't enough QIS available. WhatsApp group set up and urgent messages sent when staffing is depleted at short notice. Cot closures after consultation with medical staff and Neonatal Network of NI Contingency plan drawn up	Due to the reduced number of QIS nurses who cover additional shifts, there are occasions when no additional staff can be sourced. This is particularly relevant when there is unpredicted staff absences at short notice. This may result in cot closures/ transfers and in SWAH the local contingency plans will be implemented. Inability to transfer antenatal patients or neonates further adds to this safety issue as these babies will have to either be stabilised for transfer or remain locally. Unpredicted emergencies in both units, with babies requiring high dependency or intensive care-some of which can take a prolonged period of stabilisation.	Cot closures monitored regionally	There may be a lack of regional cots and neonatal transfer services which results in babies having to stay in the neonatal unit for longer than expected, thus putting more pressure on an already depleted team and increasing the safety risk.	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.	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 13/10/2021 30/10/2021 30/09/2022	



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1375	15/03/22	16	High (Amber)	16	High (Amber)	6	Low (Green)	McKay, Ms Geraldine	Miller, Ms Trudy	Acute - Emergency Care & Medicine	Ensuring Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care	Consultants Cover in Cardiology	Due to challenges regionally in relation to securing substantive positions and the limited availability of locum resources, a 6 person on call rota has been depleted by 50% leading to potential gaps in the rota.	Working with International Recruitment team to expedite a new appointment. Working through current job plans to identify monies to increase the Consultant complement. -Secured short term locum Middle Grade Doctor to support Ward based work on a short to medium term basis. Worked with Medical HR to secure short to medium term locums (starting 27th February). Link with regional pPCI network to seek support for any gaps in rota. Linkage with RCM to ensure sign off of job plans and job descriptions. -A review of current workload and a short term reduction in outpatient work to facilitate redistribution.	Locum resources has limited availability. Challenges regionally in relation to securing substantive positions.	Medical HR working collaboratively on recruitment. Clinical Lead has oversight of the rota Business continuity arrangements are in place should there be an unplanned rota gap.	Locum resources has limited availability. Challenges regionally in relation to securing substantive positions.	[01/12/2023]December 23: 2 new substantive consultants are in post one started 9/10/23 the other started 1/11/23. we have released one of the locum consultants on the 5/11/23. one visiting consultant returned to work week beginning 27/11/23, however will need supervision in the lab for a number of months. we have 1 consultant vacancy and have 2 locums still in post. The substantive consultant due to start in January has withdrawn and this post needs to go back to advert. The PPCI rota remains stable however this is reliant on locum cover.	Recruitment to fill vacant posts.	31/07/2023
1409	01/07/22	25	Extreme (Red)	16	High (Amber)	9	Medium (Yellow)	McKay, Ms Geraldine	Pollard, Mr Gavin	Acute - Unscheduled Care	Ensuring Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering Staff	ED Mental Health Patients	Due to lack of local and regional mental health beds patients requiring mental health assessment and admission are required to stay in the department for prolonged periods, with minimal mental health input. Voluntary and detained patients at high risk of harm due to lack of suitable staffing, supervision and infrastructure onsite. The department is overwhelmed with multiple patients awaiting admission some have already absconded and/or attempted self-harm while awaiting transfer or identification of a Mental Health bed due to inadequate supervision.	-Crisis/MHL will review all patients every 24 hours and liaise with psychiatry as required -ED will complete Kardex's – Psych Consultants will be available for advice if needed -Additional staffing support when available from Mental Health Grangewood to ED when a threshold of three or more has been reached. -Weekly meetings planned for ED and Mental Health to work collaboratively to improve the safety and experience for patients (commenced 16th June 2022). -Continue to report and review all associated incidents via 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	[01/12/2023] There is no current change to the ED ALT. Mental health contingency arrangement continue to be operational when required. Mental health work stream 10 is ongoing to create capacity and flow within mental health services.	Meetings Workforce Improvement Meetings	03/07/2023 31/12/2023 31/12/2023	
1469	06/01/23	12	High (Amber)	12	High (Amber)	4	High (Amber)	Lavery, Dr Brendan	O'Doherty, Ms Oonagh	Trust-wide (Risk Register use only)	Supporting and Empowering Staff	Health & Safety Risk to Staff as a result of Violence and Aggression	Increases in the number and complexity of patients being treated and awaiting treatment in all our settings; along with social, economic, and environmental factors; restrictive guidelines / practices resulting from Covid etc; increased social media challenges; and the absence of a Corporate legal remedy; have all contributed to an already high level of abuse, violence and aggression against Trust staff. The result is that staff are increasingly subjected to both sporadic and longer consistent patterns of patients/client/visitors displaying abusive, challenging, aggressive and violent behaviours in our facilities, communities and home environments leading to significant risk of emotional and physical harm.	Management of Violence and Aggression (MOVA) group in place. Zero Tolerance & Security policy Trust adherence to The Management of Health and Safety at Work Regulations NI (2000). Health and Safety at Work NI Order 1978 Lone Working Guidance Staff support through Occupational Health Safety Intervention training - available to relevant staff. V&A risk assessment. Usage of Trust General Risk Assessment form for document of specific risks. Incident reporting on DATIX – identification of trends. Risk Register process in place RIDDOR reporting of staff absence and further scrutiny Policy for the Use of Restrictive Interventions with Adult Service Users – May 2017 Trust Security Working Group Ad hoc Risk Strategy Meetings Trust Health and Safety Policy	MOVA Policy - Await implementation of regional guidance Limited Legal support available for staff from the Trust when seeking prosecutions/non-molestation orders against violent individuals. No Acute Liaison Psychiatry service in ED No programme of regular education regarding mental health presentations in ED and other acute settings of risk. CAMHS referral pathways not clarified for patients aged 0-18. CAMHS not co-located in hospital. No dedicated area for intoxicated or consistently violent patients to be treated in ED. Lack of resource to provide safety intervention training following CEC cessation of training provision. Paris alert system not utilised in all areas to warn staff regarding patients with a history of violence Non-completion of Annual H&S risk assessment/associated risk assessments/incorrect completion or lack of understanding of what is necessary to assess and how 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	[23.11.23] in total there have been 387 incidents of violence and abuse against staff from 01/09/23 - 23/11/23. A full breakdown of data will be provided to MOVA group at next meeting, planned for Dec 2023 [24/08/2023 10:22:05 the reporter] *An inspection programme carried out by the HSE between 2018 and 2022 looked at the way violence & abuse and musculoskeletal disorders were both managed within the NHS, as both are contributors of ill health. Recommendations have been made in relation to risk assessments, training, roles and monitor, and review. It is expected that the HSENI may in the future review management systems for these common failings to ensure remedial actions are in place. The MOVA group is focussing on specific work streams in relation to Risk Assessments, Supporting Staff, Training, Tackling Verbal Abuse and Security and Personal Alarms. The group is monitoring incidents of abuse against staff leading to absence from work and RIDDOR reporting. From 01/01/2019 - 01/08/2023 there was 71 RIDDOR reported incidents in relation to violence and abuse in the workplace, 70 of which were due to actual assault and 1 to physical threat. [24/05/2023 09:50:02 Joanne Cassidy] HSE - NHS Chief Executive letter and report on Violence and Abuse interventions to be shared at MOVA group. From 1st April 2022 - 30th April 2023 there was 7810 incidents of violence and abuse reported. 1875 involved violence and abuse against staff, 171 were security related. [20/04/2023 11:04:14 Joanne Cassidy] There has been 250 incidents of violence and abuse against staff from 01/02/23 - 31/03/23: 214 Physical and 36 verbal. The next MOVA group meeting will be held on Monday 24th April. [08/03/2023 15:26:03 Joanne Cassidy] The Management of Violence and Aggression group met on 20th February. Membership of Task and Finish groups was confirmed. Groups have been set up to work on Post Incident Support for Staff, Risk Assessments, Tackling Verbal Abuse, Security & Personal Alarms and Training. Groups will provide a briefing on progress against work plans at all meetings going forward.	Adopt and imbed regional MOVA policy in Trust Policy and Procedures Draft business case to expand resources for Safety Intervention Training	03/07/2023 03/07/2023	

Corporate Risk Register Assurance Framework 19.10.2023

ID	Opened	Initial Risk		Current Risk		Target Risk		Responsible Director	Lead Officer for Risk	Sub-Directorate	Corporate Objectives	Title	Description	Controls	Gaps in controls	Assurance	Gaps in assurance	Updates	Description	Due date
		Rating (initial)	Risk level (initial)	Rating (current)	Risk level (current)	Rating (Target)	Risk level (Target)													
1472	06/02/23	12	High (Amber)	12	High (Amber)	8	High (Amber)	Molloy, Mrs Teresa	O'Neill, Ms Maura		Ensuring Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering Staff	Risk of the Trust not achieving the Rebuild Targets as set out by SPPG.	Following the covid pandemic and the resulting reduction in services we remain in an environment with the potential for resurgence of covid and other pandemic illnesses, adherence to PHA and/or CMO guidance impacting on the ability for all services to achieve pre pandemic levels of activity, workforce challenges and the need to implement a financial recovery plan. Therefore there is a risk of the Trust not meeting the rebuild targets as set by SPPG (initially to rebuild to 2019/20 pre-pandemic levels).	RAG rated Service Delivery Plans Monthly monitoring and expected 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		[04/12/202] Monthly SDP review meetings with services managers are scheduled to take place in December to review month 8 activity. Elective SDP continues to be monitored through the elective core group including performance trajectories ENT, Gynaec ophthalmology, cardiology, general surgery and endoscopy. Further investment has been received to enable they IS in reach endoscopy to continue until March 2024.	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