TRUST BOARD ITEM: BRIEFING NOTE

Meeting Details:	4th February 2024, Board Room Omagh Hospital at 10am
Director:	Dr Brendan Lavery
Issue Title:	Corporate Risk Register Summary and Corporate Risk Register Assurance Framework
Indicate the connection with the Trust's Mission and Vision *(please tick)*	X People who need us feel cared for X People who work with us feel proud X People who live in our communities trust us
Indicate the link to Trust's strategic priorities *(please tick)*	X Quality and Safety ☐ Workforce Stabilisation ☐ Performance and Access to Services ☐ Delivering Value ☐ Culture
Summary of issue to be discussed:	Material Changes; 1. Increase risk rating of ID1487 and de-escalation of ID 779 to HR Directorate Risk Register Proposed New Risk: 2. Escalation of Fire Risk ID01 from PSI Directorate Risk Register to the Corporate Risk Register Summary report for action: • No action required. All risks and action plans have been updated within last quarter.
Trust Board Response Required *(please tick)*	X For approval ☐ To note

	☐ Decision

Western Health and Social Care Trust

CORPORATE RISK REGISTER & ASSURANCE FRAMEWORK

BRIEFING NOTE PREPARED FOR TRUST BOARD

There are 22 risks on the Corporate Risk Register as approved at Trust Board 4th Janurary 2024.

Summary

- Material Changes to the Risk Register: Increase to risk rating of ID1487 and de-escalation of ID779 to HR Directorate Risk Register.
- Proposed New Risks: Escalation of Fire Risk ID01 from PSI Directorate Risk Register to the Corporate Risk Register.
- Summary report for actions: no action required

Material Changes

1. ID779 – Service impacts arising from performance issues with BSO Shared Services
   Proposal to de-escalate from Corporate Risk Register to HR Directorate Risk Register. The proposed amendment to this risk was discussed and agreed by HR Directorate Governance meeting and the HR senior team on 16th Oct 2023. This was further discussed and reinforced at the Directorate Governance meeting held on 21st Nov 2023 whereby the following rationale for de-escalation was noted;
   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.

Risk Grading

Current Risk Rating – Consequence MAJOR (4) X Likelihood ALMOST CERTAIN (5) = **Extreme** (20)

Proposed Current Risk Rating – Consequence MODERATE (3) X Likelihood POSSIBLE (3) = MEDIUM (9) and risk to be de-escalated to HR Directorate Risk Register.

Lead Director for risk: Karen Hargan

2. ID 1487 – Impact on services as a result of Industrial Action in relation to outstanding agenda for change (AFC) Pay, safe staffing

   Significant Industrial Action in the form of strike action is planned for Thursday, 18 January 2024. The Royal College of Nursing is also participating in this action on this occasion. This strike action is on a massive and unprecedented scale with minimal and emergency services only available throughout Northern Ireland, similar to Christmas Day services, at best. As previously proposed an increase to risk rating to Almost Certain:Major 20 Extreme.

Risk Grading

Current Risk Rating – Consequence MAJOR (4) X Likelihood POSSIBLE (3) = **HIGH** (12)

Proposed Current Risk Rating – Consequence MAJOR (4) X Likelihood ALMOST CERTAIN (5) = **EXTREME** (20)

Lead Director for risk: Karen Hargan

Proposed New Risks

1. Escalation of Fire Risk ID01 from PSI Directorate Risk Register to the Corporate Risk Register.

A copy of the current ID01 directorate risk is attached. Following a CMT review of Fire Risk ID01, a recommendation has been made to escalate to the Corporate Risk Register.

Summary report for action

- All risks have been reviewed in last quarter – no action required
- All action plans 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.		Update as at 4/1/23 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. Additional staffing and ED Nursing Stabilisation project has Update as at 4/1/23 – M McGrath 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. Additional staffing and ED Nursing Stabilisation project has realised 8.86wte Band 5 nurses on the floor with another 3.0wte yet to commence. Additional 0.77wte Band 6 yet to commence. 3.66wte Band 3 HCAs have commenced and 1.0wte yet to commence. This overall investment in staffing has helped to stabilise the ED in SWAH. 8.86wte Band 5 nurses on the floor with another 3.0wte yet to commence. Additional 0.77wte Band 6 yet to commence. 3.66wte Band 3 HCAs have commenced and 1.0wte yet to commence. This overall investment in staffing has helped to stabilise the ED in SWAH.

Western Health and Social Care Trust

Meeting Details:	**Corporate Management Team Meeting**
Lead:	Teresa Molloy, Director of Performance and Service Improvement
Topic:	Escalation of Fire Risk ID1 to the Corporate Risk Register
Brief:	Following a CMT review of Fire Risk ID01, a recommendation has been made to escalate to the Corporate Risk Register for the foreseeable future.
Background	A detailed Fire Briefing was prepared for CMT Safety Huddle on the 5th of July 23, which outlined a number of concerns including: • The number of Fires that has taken place throughout the Trust within the last 12 month period; • Fire Stopping/Non-Complaint Fire Board issues in SWAH • Unauthorised Storage/clutter (mainly Altnagelvin Hospital) • Unauthorised & Inappropriate Tea Rooms (Trust wide) • Reduction in Fire Training Compliance Figure Reporting. • A number of datix incidents relating to the inappropriate draining of Medical Gas Cylinders leading to a Fire/Explosion risk. The briefing paper included an action plan consisting of a number of recommendations, detailing how the risk could be appropriately mitigated. Since July, CMT have received a number of additional briefing updates in regards to the risk and specifically on progress made on the action plan. Whilst improvement has been made on a number of actions, it is acknowledged that the required improvement will take a period of time to implement. With this acknowledgement, it was recommended at the CMT Safety Huddle that the current risk (Fire Risk ID1) is escalated to the corporate risk register to allow progress in relation to the action plan to be monitored at a corporate level.
For Approval:	CMT is asked to note the updated Fire Risk ID1 and approve the escalation of Risk ID1 from the PSI Directorate Risk Register to the Corporate Risk Register.
Appendix 1	**Fire Mitigation Improvement Action Plan**

Western Health and Social Care Trust

Appendix 1: Fire Mitigation Improvement Action Plan

No	Recommendations/Mitigations
1	Every Directorate to develop a Fire Risk for their Directorate Risk Register in order that Department leads have a clear understanding of Pertaining Fie Risks.
2	Risk of Fire due to Covid 19 (ID1263) to be closed, as this related to the significantly increased use of oxygen in our hospitals during the period of the pandemic
3	Risk ID1249 (Risk of Fire Spreading – SWAH) & ID1503 (SWAH PFI Fibre Board Non-Compliance) in relation to the SWAH Fire Safety should continue to be kept under review
4	In order to improve the effectiveness of the Fire Safety working Group, the Head of Specialist Estates Services & the Estates Fire Manager attend Directorate Governance SMTs twice yearly to ensure appropriate detailed discussion with professional input relevant to the Directorate Fire risks.
5	The Trust increase the target compliance with Fire Training to 85% from 70%. The campaign should consist of a communication plan, with all Directorates putting a sustained focus on improvement. Fire Safety Training.
6	A strategy for monitoring and reporting of fire training to be considered in terms of the new LMS (issue with inability to report on the various fire training renewal periods).
7	All directorates should review the current level of tea/rest rooms for their staff. In many areas during covid additional tea rooms/staff rest were established to support increased social distancing measures. Many of these areas were "makeshift" tea rooms that are not properly designed for this use and therefore do represent an ongoing fire risk.
8	Going forward and linked to Recommendation 1 above – Issues arising from Directorate Fire Risk Assessments should be monitored at Directorate Governance Meetings. Business Managers or Directorate Governance leads should report on this, including actions being progressed.
9	Reduction of the current level of stock and Equipment stored on site. It is recommended that CMT sponsor a Task & Finish Group to be co-led by the 2 hospital Directorates and supported fully by Estates and Pals re: Hospital Storage solution(s). Storage of stock and equipment should be within designated stores and should not be within corridors or fire escape routes.
10	Working Group to be established to Review Inappropriate draining of Medical Gas Cylinders leading to a Fire/Explosion risk

ID	1
Opened	19/11/2008
Rating (initial)	20
Risk level (initial)	Extreme (Red)
Rating (current)	15
Risk level (current)	Extreme (Red)
Rating (Target)	8
Risk level (Target)	High (Amber)
Responsible Director	Molloy, Mrs Teresa
Lead Officer for Risk	McNulty, Mr Patrick
Sub-Directorate	Planning & Performance - Facilities Management
Corporate Objectives	Safe & Effective Services.
Title	Fire Risks
Description	As a result of the nature, use and condition of Trust owned, leased, occupied or unoccupied premises there is a risk of fire which could result in injury or death to staff, clients or public, damage to property, financial loss or loss of service.
Controls	Fire Safety Working Group. Fire risk assessments. Fire Safety Controls Assurance Standard action plan. Reporting of all fire incidents, unwanted fire alarms. Database records Fire Safety Records (Audit, Assessments, Training). Fire Safety Policy and Manual. Liaison Meetings with NI Fire & Rescue Service. Regular fire drills. Monitoring of arrangements for at-risk clients. Nominated Site Officers appointed and trained. Fire Emergency Exercises. Fire training offered for all staff. Directorate Action Plans address audit findings, e.g. fire drills, weekly tests, training. . Fire Improvement works/evacuation lifts at Altnagelvin. All fire officers are now registered with IFE. Backlog Maintenance Firecode Annual Bids
Gaps in controls	Ageing estate which does not comply with current fire code. Inability to monitor mandatory training compliance figures through new HR systems. Low levels of mandatory training uptake. Target 85% Availability of funding to target items identified in Fire Risk Assessment plans
Assurance	RQIA inspection of registered premises. Register of Fire Risk Assessments. All premises receive annual fire safety audit by Estates Fire Safety Team /SWAH PFI Fire Safety Audit by BSO Internal Audit/Annual PFI Safety Audit (Quadriga) Monthly review of fire training attendance. NIFRS Audit Programme. Briefings provided to Risk Management Sub-Committee/Governance Committee on significant issues. Fire Safety Annual Report Fire Safety Training recorded on HRPTS and reported to TB Controls Assurance Replacement Framework SWAH Annual Fire Safety Building Survey SWAH - Annual fire stopping survey fire risk assessments

Gaps in assurance	SWAH Annual Fire Building Survey fire stopping risks identifed to be actioned
Updates	[04/12/2023 11:16:30 Nicola Norris] 4/12/23: Head of Service and Environmental Manager attending all SMTs to support fire risk and training. New link to fire safety training on LMS system (online training). SWAH Fire evacuation Strategy being reviewed in conjunction with NIFRS. [26/10/2023 10:13:22 the reporter] 26/10/23: Further paper has been submitted to CMT Huddle providing an update to the July briefing paper on progress made to date. CMT have approved the decision to escalate the fire risk to corporate. [02/10/2023 12:36:58 Nicola Norris] Burn test for SWAH has indicated the full compliance of the fire board with relevant British Standards. Programme of work to be established for the issues pertaining to the deflective head within the SWAH. Fire risk paper to be reviewed by CMT in October 2023. [05/09/2023 09:27:48 Nicola Norris] Schedule of senior management fire safety walkarounds has been established. Estates management to attend directorate SMT meetings to discuss fire safety issues. SWAH burn test scheduled for 11th September. Fire stopping programme to be completed by November 2023, significant works still to be scheduled. [02/08/2023 13:22:17 Nicola Norris] 2 Aug 2023: Walk round of senior management on Altnagelvin site took place on Friday 28th July which highlighted ongoing issues in relation to unofficial tea rooms, inappropriate storage and unauthorised smoking. Plan in place to address issues raised. [02/08/2023 13:19:25 Nicola Norris] 2 Aug 2023: SWAH Fire Risk - Updated Fire Risk Assessment (21.7.23) confirms risk considered 'Moderate' based on the additional mitigation control measures that have been established, without these mitigation measures the risk is rated as 'Substantial'. Joint Fire Technical Working Group TWG (Trust and Project Co) oversee 5 point Mitigating Action Plan (Revised Evacuation Strategy, Mitie Fire Wardens, Evacuation Training/BCP Test, Daily Fire Audits and robust Planned Preventative Maintenance for Fire Safety). Risk based rectification work continues with 8 highest risk areas complete 21.7.23. Visual Inspection surveys completed 28.7.23 and report due 7.8.23. Rectification

Description	Emergency Lighting replacement Implement fire safety improvements Implement Fire Safety Improvements -18/19 NIFRS to speak with clients implement fire safety improvement works 17/18 Fire safety objectives review for 16/17 Fire Safety Report 15/16 Priority list of firecode works to be prepared Fire Improvement Works 14/15. Implementation of Directorate Action Plans. Fire Improvement Works 15/16 Implement elearning fire safety training Emergency Lighting Testing and Repair - Tower Block Altnagelvin Risk assessments backlog to be closed Fire Safety Works 2022/2023 Report to be submitted to DoH regarding risk in relation to vacant estate Stradreagh SWAH Fire Stopping Surveys Complete SWAH Fire stopping rectification works complete SWAH Fire Risk assessments issued for Trust assurance Annual SWAH Fire Risk Assessments completed CEO briefing to take place 15th June 2023. Director of PSI has raised an early alert to DoH. Fire Technical Working Group have met on 14th June 2023 to agree a range of actions. Phase 1 SWAH Rectification works complete (evacuation routes)
Due date	31/03/2021 31/03/2021 31/03/2019 30/09/2018 31/03/2018 30/06/2016 30/06/2016 31/07/2016 31/03/2015 31/12/2015 31/03/2016 30/09/2017 31/03/2017 31/03/2021 31/03/2023 30/06/2022 25/04/2022 23/12/2022 31/03/2023 21/12/2022 30/06/2023 30/06/2023 30/06/2023 30/06/2022

Done date	31/03/2021 31/03/2021 31/03/2019 30/09/2018 31/03/2018 31/05/2016 31/05/2016 30/06/2016 31/03/2015 31/12/2015 31/03/2016 30/09/2017 31/03/2017 31/03/2021 02/06/2023 06/09/2022 06/09/2022 02/06/2023 30/06/2021
Corporate Risk Status	De- escalated to Directorate Risk
Closed date	
Risk Type	Directorate Risk

Risk Register 25/01/2024

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Risk ID	Lead Director	Risk Title	Initial Score	Initial Grade	Current Score	Current Grade	Target Score	Target Grade	Current Risk Status: Mths since score changed	Current Risk Status: Change in score since last review	Mths since last updated	Action Plan Status	Latest Update
6	Director of Women & Children's Services	Children awaiting allocation of Social Worker may experience harm or abuse	25	EXTREM	12	HIGH	8	HIGH	74	No change	2	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
49	Director of Performance & Service Improvement	The potential impact of a Cyber Security incident on the Western Trust	16	HIGH	20	EXTREM	6	MEDIUM	6	No change	1	Actions listed with future due dates	[05/01/2024]The disaggregation of the Regional Cyber Strategic Outline Case (SOC) may have a knock on impact on the recruitment of resources into the Trust Cyber Team. The planned resources in the Regional Cyber SOC are no longer likely to be permanently funded in Trusts, but will be included in each resulting child project and any necessary resources will be reviewed on approval of the child projects Business Case.
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	85	No change	1	Actions listed with future due dates	[04/01/2024] The Trust's IG training compliance has now improved to 80% (as at 30 November 2023). WHSCT has organised Regional SIRO training for March 2024, to ensure consistent application of data protection within corporate governance controls/decisions, across the five health trusts, SPPG, BSO, NIAS and NI Blood Transfusion Service.
779	Director of Human Resources	Service impacts arising from performance issues within BSO Shared Services	9	MEDIUM	20	EXTREM	6	MEDIUM	11	No change	0	Actions listed with future due dates	[16/01/2024] Update: BSO RSS continues to work closely with the Trust in relation to any emerging operational issues. A small number of easement measures remain in place and recruitment activity continues to be supported through Healthdaq and the Trust's in house recruitment team. Therefore it is still proposed that as the risk has reduced it can be de-escalated to HR Directorate Risk Register and the risk rating can be reduced to Possible: Moderate (Medium 9).

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**			
955	Director of Finance	Failure to comply with procurement legislation re social care procurement	12	MEDIUM	12	MEDIUM	9	MEDIUM	88	No change	0	Actions listed with future due dates	[22/01/2024] The Trust is making progress in the re-tendering of its domiciliary care service, with the service due to be re-tendered within next 6 months. Work is also ongoing in progressing with a tender for the Family Support Time Out Service. The Trust remains committed to the regional social care procurement plan and supporting the work regionally to move
1133	Director Nursing, Midwifery and AHP	Risk to safe patient care relating to inappropriate use of medical air	15	EXTREM	20	EXTREM	5	HIGH	43	No change	0	Actions listed with future due dates	25/01/2024 At upcoming PCOP governance meeting risk ID1133 will be discussed with a view to reducing the risk. This is based on work such as, the removal of all medical air flow meters throughout the Trust, except ward 26 who continue to audit medical air and have completed risk assessment for their area, medical air outlets have been capped off, nebuliser machines have been introduced to all areas that previously used medical air to deliver nebulised medication, further training sessions have been completed with key staff, medical gases working group continue to meet.
1183	Director of Adult Mental Health & Learning Disability	Where MCA processes are not being followed, patients may be deprived of their liberty, without having safeguards in place	25	EXTREM	15	HIGH	6	MEDIUM	18	No change	0	Actions listed with future due dates	[24/01/2024] Jan 24 review includes update on pressures in identifying and assessing STDA, Medic capacity constraints, increasing use of emergency provisions, processes to assure that staff completing forms are suitably qualified, review of administrative processes with NIRT and conveyance issues. Actions have been identified to address these issues. Risk scoring
1216	Director of Diagnostics, Cancer and Medical Specialities	Risk of patient harm in Trust EDs due to capacity, staffing and patient flow issues	15	EXTREM	15	EXTREM	6	MEDIUM	46	No change	1	Actions listed with future due dates	16/01/2024 Update as at 4/1/23 – 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. Additional staffing and ED Nursing Stabilisation project has Update as at 4/1/23 – M McGrath
1219	Director of Diagnostics, Cancer and Medical Specialities	Lack of endoscopy capacity for endoscopy to meet the demand which impacts on Patient outcomes	20	EXTREM	20	EXTREM	6	MEDIUM	35	No change	1	Actions listed with future due dates	[08/01/2024] The Surgeon from SHSCT is providing one endoscopy session per week since September 2023. This activity will contribute to the Regional Omagh DPC. The WHSCT is accessing capacity at Lagan Valley regional centre since 15 December 2023. Further funding has been received from SPPG to support insourcing, a total of 330 patient will be treated from January 2024 until 31st March 2024. A further 150 patients have been outsourced for treatment at Kingsbridge/3fivetwo, this will be completed by 31st March 2024. Three surgeons have been recruited with a provisional start date in Autumn 2024. The risk of delayed treatment remains as there are not enough endoscopists to deliver all the funded sessions, currently 72% of the total funded sessions is being delivered.

		Initial Risk		Current Risk		Target Risk														
ID	Opened	Rating (initial)	Risk level (initial)	Rating (current)	Risk level (current)	Rating (Target)	Risk level (Target)	Responsible Director	Sub-Directorate	Corporate Objectives	Title	Description	Controls	Gaps in controls	Assurance	Gaps in assurance	Description	Due date	Done date	Risk Type
6	21/09/2009	25	Extreme (Red)	12	High (Amber)	8	High (Amber)	Executive Director of Social Work	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 meets its associated professional and organisational requirements.	Ongoing action to secure recurring funding. Update meetings between F&CC ADs and Director. Performance Management Review is being undertaken by HSCB with all 5 Trusts focusing on Unallocated cases and timescales Service Managers and Social Work Managers monitor and review unallocated cases on a weekly basis. Principal Social Work redeployed	Inability to get sick leave covered inability to recruit and retain social workers Principal Social Workers review unallocated cases regularly HSCB have drafted a regional paper to secure additional funding for Unallocated Cases. Delays in recruitment	Quarterly governance reports to Governance Committee. Feedback given to Performance & Service Improvement for accountability meetings with HSCB. Up-dates by Director to CMT and Trust. Delegated Statutory Functions Action Plan to review and Address Risks within FIS Enniskillen		Piloting a generic model of practice 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	29/09/2023 31/12/2019 30/09/2020 06/03/2019	Corporate Risk (Approved)

49	06/10/2009	16	High (Amber)	20	Extreme (Red)	6	Medium (Yellow)	Director of Performance & Service Improvement	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	(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	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	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 Exerecises undertaken by Staff)	(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	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	29/03/2024 31/03/2019 31/03/2019 31/03/2020 31/08/2018	 28/02/2019 31/03/2019 31/08/2019 31/08/2018	Corporate Risk (Approved)
284	13/12/2010	16	High (Amber)	16	High (Amber)	6	Medium (Yellow)	Director of Performance & Service Improvement	Planning & Performance - Performance Mgmt	Governance.	Risk of breach of Data Protection legislation through loss, mishandling or inaccessibility of personal or sensitive personal inf	The Trust faces reputation and financial risk from non-compliance across all Directorates with the UK GDPR, Data Protection Act 2018, DoHNI's Good Management, Good Records and the Public Records Act 1923. The risk comprises a number of key factors which increases the level of risk for the Trust: •Insecurely sharing or accessing the personal data of clients, patients and staff without a legislative basis	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	Potential that information may be stored/transferred in breach of Trust policies. Limited uptake of Information Governance and Records Management training. No capacity within the team to take on provision of IG training	Reports to Risk Management Sub-Committee/Governance Committee BSO Audit of ICT and Information Management Standards. BSO Internal Audit of Information Governance. Revised composition and terms of reference of the Information Governance Steering Group as a result of the new SIRO/IAO framework.		Band 3 0.5 post inceased to full time Recruitment of Band 4 Information Governance Development of information leaflet for Support Services Staff to increase awareness of information governance Review of regional e-learning IG training Establishment of Regional Records Man Group Development of IG action plan to be finalised through IGSG Recruitment of band 5 IG post to	31/03/2019 31/03/2019 31/03/2019 31/12/2020 30/09/2020 30/09/2020 31/12/2020 30/09/2020 29/03/2024 31/03/2024 29/03/2024 31/12/2021 31/03/2024 01/06/2022 31/03/2023	31/03/2019 28/02/2019 01/03/2019 25/11/2020 30/09/2020 30/09/2020 31/12/2020 30/09/2020 09/09/2021 01/06/2022 08/03/2023	Corporate Risk (Approved)

779	24/07/2014	9	Medium (Yellow)	20	Extreme (Red)	6	Medium (Yellow)	Director Adult Mental Health & Disability Services	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 Amiqus (new platform for pre-employment checks). BSO Shared Services Centre	3 meeting per week to monitor RSSC Performance. Amiqus updates - 3 reports per week on progress. Retained recruitment supporting escalations. Healthdaq - processing high volume requisitions by this system internally. Operational meetings with Trust and RSSC. Updates to Corporate Management Team. Trust Communications to Managers and	Amiqus system reporting tool is not yet available – gap in data being shared with the Trust. There are concerns about accuracy of the information in RSSC Reports. Dependence on BSO for Trust Payroll and Recruitment information to respond to MLA queries, FOIs, etc. in a timely manner.	Establishment of a Task and Finish Group led by the Interim Director of Operations, BSO. Additional meetings with Recruitment Shared Services and Trust. BSO Business Contingency Plan in place. Customer Forum for Payroll and Recruitment.	Verification of information on pay and recruitment exercises. System issues which require work arounds.	Greater focus by the Trust on emerging issues. Monitoring of RSS reports and data and the duration of time to fill posts across staff groups. Establishment of database to capture complaints relating to recruitment issues encountered by Trust recruiting managers via web based form. Working closely retained recruitment and Trust managers on escalations	30/04/2024 30/04/2024 30/04/2024 30/04/2024		Corporate Risk (Approved)
955	11/08/2016	12	Medium (Yellow)	12	Medium (Yellow)	9	Medium (Yellow)	Director of Finance, Contracts & Capital Development	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	The issue has been discussed at the Trust's Procurement Board and Social Care Procurement Group. The Trust's Director of Finance & Contracting has highlighted this issue to the Regional Procurement Board.	The Trust does not have the resource or infrastructure required to manage this risk internally. DOH has determined that the issue should be managed regionally.			The 5 year implentation plan will continue to be monitored - via Regional Procurement Board, Trust Procurement Board and Social Care Procurement Group.	31/03/2024		Corporate Risk (Approved)

1133	23/05/2019	15	Extreme (Red)	20	Extreme (Red)	5	High (Amber)	Director of Nursing, Midwifery and AHPs	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	Lack of knowledge of colour coding and appreciation of risks with medical gases Potentially have old flometers that are not fully compliant with colour coding (not mandatory) Not all medical air flowmeters had airguards but they do now Incidents are continuing to happen during 2020, lack of confidence that the actions taken last year are being adherred to in all areas - further review of processes and controls	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	Lack of training on medical gases. This has increased now since included in Trust Combination training days.	SAI reviews progress actions to completion Review the mitigating actions and any gaps in controls Possible further learning from SAI investigation Continue to include in Trust combination training days (potential for this to become a mandatory area) Old flow-meters removed to ensure colour coding approach is used Air outlet blocking caps to be inserted to air outlets that are not needed Ensure full	30/12/2022 31/03/2024 31/12/2019	13/01/2023 31/12/2019 31/12/2019 31/12/2019 31/12/2019 31/12/2019	Corporate Risk (Approved)
1183	27/11/2019	25	Extreme (Red)	15	High (Amber)	6	Medium (Yellow)	Director of Adult Mental Health & Disability Services	Directorate-wide (Risk Register Use only)	Governance., Safe & Effective Services.	Where MCA processes are not being followed, patients may be deprived of their liberty, without having safeguards in place	Where MCA processes are not being followed, there is the risk that patients may be deprived of their liberty, without having the relevant safeguards in place, with the result that individual staff may be held criminally liable with appropriate sanctions, including financial penalties and imprisonment. For patients that lack capacity and for whom safeguards are not in place, there is the risk that statutory	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	Medic capacity to ensure timely completion of relevant forms and availability to sit on Panels Funding not adequate to deliver the projected activity. Funding not provided recurrently, compounding recruitment issues Timing of progression to the introduction of the second phase of MCA legislation is yet to be confirmed. Review of requirement for DolS in Special Schools	RQIA monitoring role MCA Information T&F group (systems, processes & reporting) Trust is engaging with regional arrangements to share practice and develop solutions MCA Project Board held monthly. Training T&F group Mental Health Order MCA Project Team	Systems, Processes & Reporting to be strengthened & formalised - Encompass is the Regional Direction, Western Trust go live is April 25 Assurance required that all staff completing MCA forms are suitable qualified to do so Escalation processes to be bedded in across Acute and Community Issues in relation to Gap	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	31/12/2020 31/03/2020 31/03/2020 31/03/2020 31/03/2020 31/03/2020 29/10/2021 31/03/2020 31/03/2020 31/03/2020 31/03/2020 31/03/2021 30/07/2021 30/06/2023 31/03/2023 31/03/2024 30/11/2022 30/11/2022 31/03/2024 31/03/2024 30/06/2024 31/03/2024 31/03/2024 30/09/2024 30/11/2022 30/11/2022	31/08/2019 02/12/2019 31/08/2019 31/08/2019 01/11/2019 01/12/2019 25/10/2021 31/03/2020 31/03/2020 02/12/2019 31/01/2020 21/04/2021 21/07/2021 30/06/2023 26/04/2023 07/12/2022 07/12/2022 07/12/2022 07/12/2022	Corporate Risk (Approved)

1216	15/04/2020	15	Extreme (Red)	15	Extreme (Red)	6	Medium (Yellow)	Director of Diagnostics, Cancer ad Medical Specialties	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)	Implementation of SAFER principles challenged due to Medical Job plans and current Medical team models in operation ageing population living with challenging health needs Community infrastructure to meet needs of patients i.e. Gp appointments, social care packages Recruitment to perm medical posts Challenging across NI	Datix - Incident, Complaints, Litigation, Risk register Patient flow teams, Night service manager, SPOC, Hub Regional huddle Established patient pathways	Gaps in patient pathway	PACE implementation to commence March 2020. Improvement QI work commencing with aim to address communication within department. Full capacity protocol	31/03/2022 29/02/2024 28/02/2022	06/05/2022 15/03/2022	Corporate Risk (Approved)
1219	30/04/2020	20	Extreme (Red)	20	Extreme (Red)	6	Medium (Yellow)	Director of Diagnostics, Cancer and medical specialties	Acute - Diagnostics & Cancer Services	Safe & Effective Services.	Lack of endoscopy capacity for endoscopy to meet the demand which impacts on Patient outcomes	Lack of endoscopy capacity in the Trust has resulted in breaching of the 2 week red flag wait/9 week urgent and routine wait and surveillance targets for endoscopy. The lack of timeliness for endoscopy will lead to delayed diagnosis of cancer and poor outcome for these patients as evidenced in SAIs. The service has been further impacted by Covid -19 where the service has been reduced to emergency and red flag	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	Band 4 team lead recruited to manage waiting lists and oversee the scheduling team and processes. Encourage consultants to triage referrals in line with NICAN suspect cancer guidelines (Oct 2019) and utilise the urgent and routine categories. Additional funding for a second pre assessment nurse has been discussed with the commissioner- await confirmation in 2021 allocation	Waiting lists discussed monthly at the Endoscopy Users Group Clinical audits are completed annually to benchmark the service against National Standards. Monthly monitoring of waiting lists is carried out to identify longest waits and prioritise for scheduling.	The need for the Trust to invest further in the development of GI Trainees in line with the evidence base for modernisation, thereby proactively growing the team to meet future demand. The need to develop the service to include the inclusion of a hepatologist as part of the team in line with Royal College modernisation of	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	05/10/2021 30/10/2022 30/04/2023 30/06/2023 31/03/2024	05/10/2021 14/11/2022 04/04/2023 19/06/2023	Corporate Risk (Approved)

1236	21/08/2020	16	High (Amber)	16	High (Amber)	6	Medium (Yellow)	Director of Finance, contracts and capital development	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 and the prospect of a stark financial Regional financial position, 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), DVMB and DoH Annual Financial Plan to review risks to financial position and opportunities for savings Trust Board (and Finance & Performance Committee), DVMB and CMT oversight of the financial position monthly Monthly budget	Controls are in place. However, it is not always possible to have full financial controls without looking at quality & safety risks to patients/clients.	CMTFMG financial performance reports to Trust Board and CMT members. Internal Audit. Assurances from Director of Finance and ADF to CMT & Trust Board. Assurance obtained by the Chief Executive from chairing CMTFMG Self-assessment and audit of Financial Management Controls Assurance Standard. External Audit (NIAO) . DHSSPS/HSCB monthly financial monitoring.	No gaps identified.	Ongoing financial management and monitoring Operation of DVMB (Delivering Value Management Board)	31/03/2024 31/03/2024		Corporate Risk (Approved)
1254	18/01/2021	16	High (Amber)	16	High (Amber)	8	High (Amber)	Director of Human Resources & Organisational Dev	Trust-wide (Risk Register use only)	Ensuring Stability of Our Services, Improving the Quality and Experience of Care, Supporting and Empowering Staff	Inability to deliver safe, high quality and sustainable services due to workforce supply and disruptions	Due to an inability to attract, recruit and retain staff throughout the Trust, services may not be able to maintain sufficient staffing levels to sustain high quality safe services which may result in a reduction in service provision.	Trust Business Continuity Plans with full HR support on hospital / community workforce groups. Delivering Care: Nurse Staffing in Northern Ireland Organisation Development Steering Group Health and Wellbeing Strategy Engagement & Involvement Strategy DOH Workforce Strategy & Trust Workforce Strategy and key actions Policies - Rec & Selection Framework,	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	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	BSO Shared Service not meeting statutory or procedural deadlines resulting in, for example, delays in recruitment Inability of NIMTDA to fill all posts. Insufficient number of social work student applications to the University Degree Course in rural areas. (Risk 1109) Insufficient training places being procured by Department of Health to meet the	Looking After our People Growing for the Future Belonging to the HSC New Ways of Working	30/04/2024 30/04/2024 30/04/2024 30/04/2024		Corporate Risk (Approved)

1288	08/04/2021	12	High (Amber)	12	High (Amber)	6	Medium (Yellow)	Director of Performance & Service Improvement	Trust-wide (Risk Register use only)	Ensuring Stability of Our Services, Improving the Quality and Experience of Care	Risk of failure to meet regulatory standards and compliance associated with Trust infrastructure and estate.	There is a risk of deterioration in the Trust Estate due to ageing and lack of capital investment in the maintenance of building services infrastructure and physical environment which could lead to loss of service and non-compliance with regulatory and statutory standards (e.g. water, electrical, asbestos and physical infrastructure).	Monitoring and review by PSI SMT of directorate risks including water, electrical, fire safety, vacant estate asbestos and physical infrastructure. Should a critical issue materialise further funding can be sought from DOH or existing funding reprioritised to address the new critical issue Estates Strategy 2015/16-2020/21 Annual review of building condition (3i) and creation of prioritised BLM list. 2022/23 Backlog	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	Lack of Funding for backlog maintenance.	Review of emerging issues and response required Development of business cases for 2021/22 backlog maintenance agreed action plan. CMT approval of BLM 2021/22 for submission. Development of 2021/22 BLM bid Completion of six facet condition survey Review of emerging issues and response required Monthly review of Backlog Maintenance capital investment plan Review Ward 50	30/06/2022 30/09/2021 30/04/2021 30/04/2021 30/09/2021 30/09/2021 31/03/2022 31/08/2021 31/03/2022 30/06/2022 30/09/2022	06/06/2022 07/09/2021 03/08/2021 03/08/2021 07/09/2021 07/09/2021 12/04/2022 31/08/2021 12/04/2022 06/06/2022 30/09/2022	Corporate Risk (Approved)
1306	16/06/2021	16	High (Amber)	16	High (Amber)	8	High (Amber)	Director of Surgery, Paediatrics & Women's Health	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.		Advertise new agreed post for a General Ophthalmology Consultant Agree solution for review patients	30/04/2023 31/03/2024	04/04/2023	Corporate Risk (Approved)

1307	16/06/2021	25	Extreme (Red)	25	Extreme (Red)	6	Medium (Yellow)	Director of Surgery, Paediatrics & Women's Health		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 stabilisitng and holding patient until NISTAR avaiilable. Ensure staff are trained in use of transport equipment in case required to transfer patient in absence of NISTAR In absence of NISTAR, Pro-paramedics (independent company) may be used. NISTAR will make ambulance and driver available if local team can do transfer	proparamedics are no longer able ot 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			Escalate to Director of Acute services for discussion with counterpart in Belfast as he/she is responsible for NISTAR. Raise at corporate safety huddle and RRG Escalate through child health partnership.	30/06/2022 31/03/2022 31/03/2022	03/02/2022 03/02/2022 03/02/2022	Corporate Risk (Approved)
1320	15/09/2021	12	High (Amber)	20	Extreme (Red)	8	High (Amber)	Executive Director of Social Work		Improving the Quality and Experience of Care	Delayed/inappropriate placement of children assessed as requiring inpatient mental health care.	Increasing demand for the need for inpatient beds has resulting in capacity issues within the regional adolescent mental health inpatient unit. There is significant challenges for CAMHS resulting in increasing delays in accessing and securing emergency, urgent or planned admission for treatment to a regional bed for vulnerable adolescents requiring immediate and	Staff training in Paediatrics Staff training in Emergency Department Regular meetings with AMH services Regular meetings with Beechcroft (weekly) and daily updates Policy on age appropriate care to acute setting Policy on U18 admission to AMH wards Protocol CAMHS/AMHS pathway OOH (2011) - under review at present	Environmental risks of temporary placement wards/facilities in particular YP presenting self-harm, suicidal risk, risk of absconding. Supervision deficit in ED/AMH/Paeds wards Psychiatric cover limited in CAMHS and AMHS Delayed & limited availability of AMH beds in Trust. Training/knowledge deficit re pathways related to high staff turnover in acute	Monitoring of waiting lists Regional AD Forum - standing item Regional Care Network - weekly data collation Daily updates with Beechcroft In-house monitoring of inappropriate admissions Early Alerts of inappropriate placements both in AMHS wards and Acute medical /Paediatric wards. Weekly review and monitoring by HSCB Escalation to HSCB/DOH		CAMHS Business case to be developed to progress development of CAMHS OOH service provision Family & Child Care Social work input in over 16 MH assessment with AMHS to be reviewed to ensure cover and consistency to mitigate risk WTCAMHS/AMHS OOH 2011 pathway to be considered and reviewed When a young person presents in a mental health crisis OOH the WTCAMHS/AMHS OOH protocol	30/09/2024 30/09/2024 30/09/2024 30/09/2024 30/09/2024 30/09/2024 31/05/2023 31/05/2023 31/05/2023 31/05/2023 31/05/2023	24/01/2024 24/01/2024 24/01/2024 24/01/2024 24/01/2024	Corporate Risk (Approved)

1334	26/10/2021	20	Extreme (Red)	15	High (Amber)	8	High (Amber)	Director of Surgery, Paediatrics & Women's Health	Acute - Surgery & Anaesthetics	Ensuring Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care	Sustainability of surgical services in Southern Sector of Trust due to recruitment & retention difficulties at Consultant and Mi	Inability to recruit and retain permanent general surgical staff particularly at Consultant and middle tier level in South West Acute. This is threatening the ability to deliver 24/7 emergency service and the range of commissioned elective activity. There has been a high turn-over of locum consultant surgeons who have been appointed to cover gaps, leading to gaps and concerns	Trust have authorised a Sustainable Surgical Services project to examine surgical services pan-Trust wef 18/10/21 Recruitment campaign is continuous at Speciality Dr and trainee level. Funded establishment should be 6.5 wte consultant Surgeons - current baseline is 3.0 wte with 3.5 wte gap Specialty Drs funded for 8.0 wte; 5.0 in place 2 of whom are locums and one acting up.	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		A Proposal for Sustainable Surgical Services will be developed by end January 2022 to address the most emergent issue eg emergency surgical services in the Southern Sector of the Trust.	01/09/2023	13/06/2023	Corporate Risk (Approved)
1338	08/11/2021	20	Extreme (Red)	6	Medium (Yellow)	6	Medium (Yellow)	Director of Surgery, Paediatrics & Women's Health		Ensuring Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering Staff	Risk to Provision of Neonatal Care in SWAH due to staffing shortages particularly staff qualified in specialty.	Lack of senior staff, particularly those QIS (qualified in specialty) has resulted in difficulty staffing the NICU safely and effectively and has resulted in cot closures (locally and regionally); inadequately covered shifts; high stress and low morale within nursing; difficulty in planning and may result in unit closure.	Staff working additional hours/bank/over time. Acting Manager and Head of Service covering clinical shifts whent he number is inadequate or when there isn't enough QIS available. WhatsApp group set up and urgent messages sent when staffing is depleted at short notice. Cot closures after consultation with medical staff and Neonatal Network of NI Contingency plan	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	Cot closures monitored regionally	There may be a lack of regional cots and neonatal transfer services which results in babies having to stay in the neonatal unit for longer than expected, thus putting more pressure on an already depleted team and increasing the safety risk.	Review of Staffing Contingency Plan Rotation between Paeds and NICU Bid for staff to backfill training Close cots as necessary Inform Commissioners and NNNI Monitor clinical incidents	30/09/2022 31/03/2022 13/10/2021 31/03/2022 13/10/2021 30/10/2021 30/09/2022	29/07/2022 01/04/2022 13/10/2021 01/04/2022 13/10/2021 29/10/2021 29/07/2022	Corporate Risk (Approved)

1375	15/03/2022	16	High (Amber)	16	High (Amber)	6	Low (Green)	Director of Diagnostics, Cancer and medical specialties	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	Locum resources has limited availability. Challenges regionally in relation to securing substantive positions.	Medical HR working collaboratively on recruitment. Clinical Lead has oversight of the rota Business continuity arrangements are in place should there be an unplanned rota gap.	Locum resources has limited availability. Challenges regionally in relation to securing substantive positions.	Recruitment to fill vacant posts.	31/07/2023	15/08/2023	Corporate Risk (Approved)
1409	01/07/2022	25	Extreme (Red)	16	High (Amber)	9	Medium (Yellow)	Director of Diagnostics, Cancer and medical specialties	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	-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	-Timely access to Mental Health beds continue -Overall congestion and capacity issues within ED compounds the challenge in managing this group of patients	Daily engagement with MH and ED to manage risk Newly established weekly meetings between ED and mental health teams		Meetings Workforce Improvement Meetings	03/07/2023 29/02/2024 29/02/2024	18/09/2023	Corporate Risk (Approved)

1469	06/01/2023	12	High (Amber)	12	High (Amber)	4	High (Amber)	Medical Director	Trust-wide (Risk Register use only)	Supporting and Empowering Staff	Health & Safety Risk to Staff as a result of Violence and Aggression	Increases in the number and complexity of patients being treated and awaiting treatment in all our settings; along with social; economic; and environmental factors; restrictive guidelines / practices resulting from Covid etc; increased social media challenges; and the absence of a Corporate legal remedy; have all contributed to an already high level of abuse, violence and aggression against Trust	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.	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	Audit Trust controls assurance standards reporting Risk assessment compliance reporting on corporate risk register, directorate governance Incident reporting to MOVA Steering Group Audit Regional Benchmarking and DOH return on violence against staff Health and Safety Inspections		Adopt and imbed regional MOVA policy in Trust Policy and Procedures Draft business case to expand resources for Safety Intervention Training	29/02/2024 29/02/2024		Corporate Risk (Approved)
1472	06/02/2023	12	High (Amber)	12	High (Amber)	8	High (Amber)	Director of Performance & Service Improvement		Ensuring Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering Staff	Risk of the Trust not achieving the Rebuild Targets as set out by SPPG.	Following the covid pandemic and the resulting reduction in services we remain in an environment with the potential for resurgence of covid and other pandemic illnesses, adherence to PHA and/or CMO guidance impacting on the ability for all services to achieve pre pandemic levels of activity, workforce challenges and the need to implement a financial recovery plan. Therefore there is	RAG rated Service Delivery Plans Monthly monitoring and expected outturn meetings with service areas. Working Safely alongside COVID-19 & Respiratory Infections guidance IPC Training Dynamic Risk Assessments (Annual/Covid/vulnerable staff) Risk assessment Training Link to Corporate Workforce Risk IDxx	Continued workforce challenges impacting on service delivery plans. Validation of data within reporting timeframes. Impact of financial recovery and/or cost increases.	Monthly SPPG reporting templates Performance Improvement Meetings Performance management framework Delivering Strategic Change Board Working Together Delivering Value Regional HSC Performance and Transformation Executive Board Finance and Performance Committee Trust Board Benchmarking		Development of elective care board action plan 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	06/09/2023 06/09/2023	Corporate Risk (Approved)

1487	06/04/2023	12	High (Amber)	12	High (Amber)	8	High (Amber)	Director of Human Resources & Organisational Dev	Human Resources	Ensuring Stability of Our Services, Supporting and Empowering Staff	Impact on services as a result of Industrial Action in relation to outstanding Agenda for Change (AFC) Pay, safe staffing and tr	Impact on services of ongoing Industrial Action, including both strike action and action short of strike, taken in relation to Agenda for Change (AFC) pay, safe staffing and travel rates. AFC staff make up 94% of overall workforce. Due to workforce shortages and the nature of services provided, including unscheduled care, discretionary effort and flexibility are required from staff to do	Trust compliance with Agenda for Change Terms and Conditions of Services. TU Side engagement with local and regional representatives regarding derogations and service level planning for service delivery on the basis of agreed derogations. Command and Control Silver and Bronze arrangements in place including arrangements for escalation of risks and issues to Health Silver through SPPG	Service impacts over a prolonged period of time of Industrial action. Postponement and rescheduling of appointments increasing delays for patients on waiting lists. Increasing unallocated cases across a number of areas i.e. nursing, social work. Vacant/uncovered cases not worked unless immediate risk to life and limb harm accepted by Trade Union representatives. Not able to make the necessary improvements in statutory	Trust is in line with NHS Terms and Conditions of Service. Partnership Working with TU Side. Regular engagement with DoH to influence e.g. mileage rate.	Pay discussions in NI are led by Department of Health however the dispute in relation to the 2022/23 pay award is being managed by Government at Westminster and there is no capacity for the WHSCT to influence resolution of dispute. Absence of Health Minister to engage with this. Outstanding Pay Awards for all staff. Staff are not required to let	Resolution of local issues Plans to address continued service impacts Continued engagement with local and regional TU Side representatives on derogations. Implementation of Business Continuity arrangements	30/04/2024 30/04/2024 30/04/2024 30/04/2024		Corporate Risk (Approved)