

TRUST BOARD ITEM: BRIEFING NOTE

Meeting Details:	4 th 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	X People who need us feel cared for
Trust's Mission and Vision	X People who work with us feel proud
(please tick)	X People who live in our communities trust us
Indicate the link to Trust's strategic	X Quality and Safety
priorities (please tick)	□ 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	X For approval We are
(please tick)	□ To note

Caring together.
Committed to better.



Decision	





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 January 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 Healthdag 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

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.

still in place and recruitment activity is being supported through Healthdag by the Trust's in house recruitment team

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		Progress	Update
Risk ID	Director of Acute Hospital Services	Risk Title Risk of patient harm in Trust EDs due to capacity, staffing and patient flow issues	Workshop Action This risk is to be reviewed and redefined to reflect the wider issue of patient flow in both the acute and community settings.	Progress	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.



Meeting	Corporate Management Team Meeting
Details:	
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: Appendix 1	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. Fire Mitigation Improvement Action Plan
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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
Description	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.
Controls	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
Accurance	DOIA inspection of registered promises
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
	Visual Inspection surveys completed 28.7.23 and report due 7.8.23. Rectification

Emergency Lighting replacement Description 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

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Done date	31/03/2021
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	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

Prisk Register 25/01/2024

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	_		- 1	nitial	Cu	rrent		arget		Risk Status			<u>, </u>
Risk ID	Lead Director	r Risk Title		Grade	Score	Grade	Score	Grade	Mths since score changed	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	нібн	● 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	8 5	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).

			lı	nitial	Cu	rrent	1	Target	Current Ri	sk Status			
Risk ID	Lead Director	Risk Title	Score	Grade	Score	Grade	Score	Grade	Iths since score changed	Change in score since last review	Mths since last updated	Action Plan Status	Latest Update
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 Ri	sk	Current Risk		rrent Risk Target Risk														
ID		Rating (initial)			Risk level (current)			Responsible Director		Corporate Objectives	Title	Description	Controls	Gaps in controls	Assurance	Gaps in assurance	Description	Due date	Done date	Risk Type
6	21/09/2009	25	Extrem e (Red)		High (Amber)	8	(Amber)		Safeguarding	Safe & Effective Services.	awaiting allocation of Social Worker may experience harm or abuse	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.	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	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	accountability meetings with HSCB. Up-dates by		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	30/09/2020	31/12/2019 30/09/2020	Corporate Risk (Approved)

40	06/40/2000	4.0	100.0	20		^	A 4 . I'	D:	LCT C	C C O	T I		(4) 050015	CARCINI RECRUE	DEODLE	(4) C1 CC :		20/02/2024		
49	06/10/2009	16	High	20	Extreme	6	Medium	Director of	ICT Services	Safe &	The potential	Information		GAPS IN PEOPLE	PEOPLE	(4). Staff using	Implementation	29/03/2024		Corporate
			(Amber		(Red)		(Yellow)	Performanc		Effective	impact of a	security across		CONTROLS : (1).	ASSURANCE: (1).	unapproved	of cyber security	31/03/2019	-, - ,	Risk
)					e & Service		Services.	Cyber Security	the HSC is of	Cyber Security	Insufficient User	As part of a	and	work plan which	31/03/2019	31/03/2019	(Approved)
								Improveme			incident on	critical	Training ,	Uptake of ICT	Regional Cyber	unsupported	has been agreed	31/03/2020	31/08/2019	
								nt			the Western	importance to	(2).Information	Security and	Programme, a	communicatio	with the Region.	31/08/2018	31/08/2018	
											Trust	the delivery of	Governance,(IG)	cyber awareness	Regional Cyber	n tools on	Recruitment of			
												care, protection	Mandatory	training and	Phishing Exercise	personal	Band 7 Cyber			
												of information	Training,	instructions, in	has been carried	devices i.e	Security			
												assets and many	(3). Staff	particular user	out	Instant	Manager.			
												related business	1	behaviour (e.g	(2). Mandatory IG	messaging	Recruitment of			
												processes.				solutions for	Band 6 to support			
												Without effective		Equipment when		patient care	implementation			
												security and	1	prompted) .	(3). Contract of	containing	of Cyber Security			
												controls;		(2). Insufficient	Employment	trust data	Action Plan.			
													1	buy-in from	Provides	GAPS IN	Full			
												compromises can					-			
												arise from		Services to agree	assurance that	GOVERNANCE	implementation			
												technology and	Cyber	maintenance	staff can be held	ASSURANCE:	for			
											1	people which can	Assessment	window with ICT	to account	Local	Metacompliance			
											1	lead to breaches		with regard to	(4). Regional E-	Assurance (1).	across the Trust			
											1	of Data	` '	their	Learning	Newly	with regular			
												Protection Act	account	departmental	programme	Established	course updates			
												and Network and	management	systems	(Metacompliance)	Groups e.g.	being issued			
												Information	processes	(3). Cyber	(5). Business	COG will take	thereafter.			
												Systems (NIS)	(Standard	Training is not	Continuity (time to get	Introduce routine			
												regulations. A	Operating	mandatory	Desktop	established in	reporting to Trust			
												Cyber incident	Procedure - SOP)	GAPS IN	Exerecises	terms of	Board (or other			
												will directly	(3). HSC	GOVERNANCE	undertaken by	process	equivalents (local			
												impact on the	Information	CONTROLS: Local	Staff)	(2). Work to be	or regional)) on			
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						•											- 100-	0.1.100.100.10	0.4./00./00.4.0	
284	13/12/2010	16	High	16	High	6	Medium	Director of	Planning &	Governance.	Risk of breach	The Trust faces	Subject Access	Potential that	Reports to Risk		Band 3 0.5 post	31/03/2019	31/03/2019	Corporate
284	13/12/2010	16	High (Amber		High (Amber)	6	Medium (Yellow)	Performanc	Performance -	Governance.	of Data	reputation and	and Data Access	information may	Management Sub-		inceased to full	31/03/2019	28/02/2019	Risk
284	13/12/2010	16	_		-	6		Performanc e & Service	Performance - Performance	Governance.	of Data Protection	reputation and financial risk from	and Data Access agreement	information may be	Management Sub- Committee/Gover		inceased to full time	31/03/2019 31/03/2019	28/02/2019 01/03/2019	
284	13/12/2010	16	_		-	6		Performanc e & Service Improveme	Performance - Performance	Governance.	of Data Protection legislation	reputation and financial risk from non-compliance	and Data Access agreement procedures.	information may be stored/transferre	Management Sub- Committee/Gover nance Committee		inceased to full time Recruitment of	31/03/2019 31/03/2019 31/12/2020	28/02/2019 01/03/2019 25/11/2020	Risk
284	13/12/2010	16	_		-	6		Performanc e & Service	Performance - Performance	Governance.	of Data Protection legislation through loss,	reputation and financial risk from non-compliance across all	and Data Access agreement procedures. Information	information may be stored/transferre d in breach of	Management Sub- Committee/Gover nance Committee BSO Audit of ICT		inceased to full time Recruitment of Band 4	31/03/2019 31/03/2019 31/12/2020 30/09/2020	28/02/2019 01/03/2019 25/11/2020 30/09/2020	Risk
284	13/12/2010	16	_		-	6		Performanc e & Service Improveme	Performance - Performance	Governance.	of Data Protection legislation	reputation and financial risk from non-compliance across all Directorates with	and Data Access agreement procedures. Information Governance/Rec	information may be stored/transferre d in breach of Trust policies.	Management Sub- Committee/Gover nance Committee BSO Audit of ICT and Information		inceased to full time Recruitment of Band 4 Information	31/03/2019 31/03/2019 31/12/2020 30/09/2020 30/09/2020	28/02/2019 01/03/2019 25/11/2020 30/09/2020 30/09/2020	Risk
284	13/12/2010	16	_		-	6		Performanc e & Service Improveme	Performance - Performance	Governance.	of Data Protection legislation through loss,	reputation and financial risk from non-compliance across all	and Data Access agreement procedures. Information	information may be stored/transferre d in breach of	Management Sub- Committee/Gover nance Committee BSO Audit of ICT		inceased to full time Recruitment of Band 4	31/03/2019 31/03/2019 31/12/2020 30/09/2020 30/09/2020 31/12/2020	28/02/2019 01/03/2019 25/11/2020 30/09/2020 30/09/2020 31/12/2020	Risk
284	13/12/2010	16	_		-	6		Performanc e & Service Improveme	Performance - Performance	Governance.	of Data Protection legislation through loss, mishandling	reputation and financial risk from non-compliance across all Directorates with	and Data Access agreement procedures. Information Governance/Rec	information may be stored/transferre d in breach of Trust policies.	Management Sub- Committee/Gover nance Committee BSO Audit of ICT and Information		inceased to full time Recruitment of Band 4 Information	31/03/2019 31/03/2019 31/12/2020 30/09/2020 30/09/2020	28/02/2019 01/03/2019 25/11/2020 30/09/2020 30/09/2020	Risk
284	13/12/2010	16	_		-	6		Performanc e & Service Improveme	Performance - Performance	Governance.	of Data Protection legislation through loss, mishandling or	reputation and financial risk from non-compliance across all Directorates with the UK GDPR,	and Data Access agreement procedures. Information Governance/Rec ords Management	information may be stored/transferre d in breach of Trust policies. Limited uptake of	Management Sub- Committee/Gover nance Committee BSO Audit of ICT and Information Management		inceased to full time Recruitment of Band 4 Information Governance	31/03/2019 31/03/2019 31/12/2020 30/09/2020 30/09/2020 31/12/2020	28/02/2019 01/03/2019 25/11/2020 30/09/2020 30/09/2020 31/12/2020	Risk
284	13/12/2010	16	_		-	6		Performanc e & Service Improveme	Performance - Performance	Governance.	of Data Protection legislation through loss, mishandling or inaccessibility	reputation and financial risk from non-compliance across all Directorates with the UK GDPR, Data Protection	and Data Access agreement procedures. Information Governance/Rec ords Management induction/aware	information may be stored/transferre d in breach of Trust policies. Limited uptake of Information	Management Sub- Committee/Gover nance Committee BSO Audit of ICT and Information Management Standards.		inceased to full time Recruitment of Band 4 Information Governance Development of	31/03/2019 31/03/2019 31/12/2020 30/09/2020 30/09/2020 31/12/2020 30/09/2020	28/02/2019 01/03/2019 25/11/2020 30/09/2020 30/09/2020 31/12/2020	Risk
284	13/12/2010	16	_		-	6		Performanc e & Service Improveme	Performance - Performance	Governance.	of Data Protection legislation through loss, mishandling or inaccessibility of personal or	reputation and financial risk from non-compliance across all Directorates with the UK GDPR, Data Protection Act 2018,	and Data Access agreement procedures. Information Governance/Rec ords Management induction/aware ness training.	information may be stored/transferre d in breach of Trust policies. Limited uptake of Information Governance and	Management Sub- Committee/Gover nance Committee BSO Audit of ICT and Information Management Standards. BSO Internal Audit		inceased to full time Recruitment of Band 4 Information Governance Development of information	31/03/2019 31/03/2019 31/12/2020 30/09/2020 30/09/2020 31/12/2020 30/09/2020 29/03/2024	28/02/2019 01/03/2019 25/11/2020 30/09/2020 30/09/2020 31/12/2020	Risk
284	13/12/2010	16	_		-	6		Performanc e & Service Improveme	Performance - Performance	Governance.	of Data Protection legislation through loss, mishandling or inaccessibility of personal or sensitive	reputation and financial risk from non-compliance across all Directorates with the UK GDPR, Data Protection Act 2018, DoHNI's Good	and Data Access agreement procedures. Information Governance/Rec ords Management induction/aware ness training. ICT security	information may be stored/transferre d in breach of Trust policies. Limited uptake of Information Governance and Records	Management Sub- Committee/Gover nance Committee BSO Audit of ICT and Information Management Standards. BSO Internal Audit of Information		inceased to full time Recruitment of Band 4 Information Governance Development of information leaflet for	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	28/02/2019 01/03/2019 25/11/2020 30/09/2020 30/09/2020 31/12/2020	Risk
284	13/12/2010	16	_		-	6		Performanc e & Service Improveme	Performance - Performance	Governance.	of Data Protection legislation through loss, mishandling or inaccessibility of personal or sensitive	reputation and financial risk from non-compliance across all Directorates with the UK GDPR, Data Protection Act 2018, DoHNI's Good Management,	and Data Access agreement procedures. Information Governance/Rec ords Management induction/aware ness training. ICT security policies.	information may be stored/transferre d in breach of Trust policies. Limited uptake of Information Governance and Records Management	Management Sub- Committee/Gover nance Committee BSO Audit of ICT and Information Management Standards. BSO Internal Audit of Information Governance.		inceased to full time Recruitment of Band 4 Information Governance Development of information leaflet for Support Services	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	28/02/2019 01/03/2019 25/11/2020 30/09/2020 30/09/2020 31/12/2020 30/09/2020	Risk
284	13/12/2010	16	_		-	6		Performanc e & Service Improveme	Performance - Performance	Governance.	of Data Protection legislation through loss, mishandling or inaccessibility of personal or sensitive	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 Data Access agreement procedures. Information Governance/Rec ords Management induction/aware ness training. ICT security policies. Raised staff	information may be stored/transferre d in breach of Trust policies. Limited uptake of Information Governance and Records Management training.	Management Sub- Committee/Gover nance Committee BSO Audit of ICT and Information Management Standards. BSO Internal Audit of Information Governance. Revised		inceased to full time Recruitment of Band 4 Information Governance Development of information leaflet for Support Services Staff to increase	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	28/02/2019 01/03/2019 25/11/2020 30/09/2020 30/09/2020 31/12/2020 30/09/2020	Risk
284	13/12/2010	16	_		-	6		Performanc e & Service Improveme	Performance - Performance	Governance.	of Data Protection legislation through loss, mishandling or inaccessibility of personal or sensitive	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	and Data Access agreement procedures. Information Governance/Rec ords Management induction/aware ness training. ICT security policies. Raised staff awareness via	information may be stored/transferre d in breach of Trust policies. Limited uptake of Information Governance and Records Management training. No capacity within the team	Management Sub- Committee/Gover nance Committee BSO Audit of ICI and Information Management Standards. BSO Internal Audit of Information Governance. Revised composition and terms of reference		inceased to full time Recruitment of Band 4 Information Governance Development of information leaflet for Support Services Staff to increase awareness of information	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	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	Risk
284	13/12/2010	16	_		-	6		Performanc e & Service Improveme	Performance - Performance	Governance.	of Data Protection legislation through loss, mishandling or inaccessibility of personal or sensitive	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	and Data Access agreement procedures. Information Governance/Rec ords Management induction/aware ness training. ICT security policies. Raised staff awareness via Trust	information may be stored/transferre d in breach of Trust policies. Limited uptake of Information Governance and Records Management training. No capacity within the team to take on	Management Sub- Committee/Gover nance Committee BSO Audit of ICT and Information Management Standards. BSO Internal Audit of Information Governance. Revised composition and terms of reference of the Information		inceased to full time Recruitment of Band 4 Information Governance Development of information leaflet for Support Services Staff to increase awareness of information governance	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	28/02/2019 01/03/2019 25/11/2020 30/09/2020 30/09/2020 31/12/2020 30/09/2020	Risk
284	13/12/2010	16	_		-	6		Performanc e & Service Improveme	Performance - Performance	Governance.	of Data Protection legislation through loss, mishandling or inaccessibility of personal or sensitive	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	and Data Access agreement procedures. Information Governance/Rec ords Management induction/aware ness training. ICT security policies. Raised staff awareness via Trust Communications	information may be stored/transferre d 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	Management Sub- Committee/Gover nance 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		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	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	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	Risk
284	13/12/2010	16	_		-	6		Performanc e & Service Improveme	Performance - Performance	Governance.	of Data Protection legislation through loss, mishandling or inaccessibility of personal or sensitive	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	and Data Access agreement procedures. Information Governance/Rec ords Management induction/aware ness training. ICT security policies. Raised staff awareness via Trust Communications /Share to Learn.	information may be stored/transferre d in breach of Trust policies. Limited uptake of Information Governance and Records Management training. No capacity within the team to take on	Management Sub- Committee/Gover nance 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		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-	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	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	Risk
284	13/12/2010	16	_		-	6		Performanc e & Service Improveme	Performance - Performance	Governance.	of Data Protection legislation through loss, mishandling or inaccessibility of personal or sensitive	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	and Data Access agreement procedures. Information Governance/Rec ords Management induction/aware ness training. ICT security policies. Raised staff awareness via Trust Communications /Share to Learn. Regional code of	information may be stored/transferre d 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	Management Sub- Committee/Gover nance 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		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	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	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	Risk
284	13/12/2010	16	_		-	6		Performanc e & Service Improveme	Performance - Performance	Governance.	of Data Protection legislation through loss, mishandling or inaccessibility of personal or sensitive	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	and Data Access agreement procedures. Information Governance/Rec ords Management induction/aware ness training. ICT security policies. Raised staff awareness via Trust Communications /Share to Learn. Regional code of practice.	information may be stored/transferre d 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	Management Sub-Committee/Gover nance 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		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 elearning IG training	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	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	Risk
284	13/12/2010	16	_		-	6		Performanc e & Service Improveme	Performance - Performance	Governance.	of Data Protection legislation through loss, mishandling or inaccessibility of personal or sensitive	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	and Data Access agreement procedures. Information Governance/Rec ords Management induction/aware ness training. ICT security policies. Raised staff awareness via Trust Communications /Share to Learn. Regional code of practice. Information	information may be stored/transferre d 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	Management Sub- Committee/Gover nance 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		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	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	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	Risk
284	13/12/2010	16	_		-	6		Performanc e & Service Improveme	Performance - Performance	Governance.	of Data Protection legislation through loss, mishandling or inaccessibility of personal or sensitive	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:	and Data Access agreement procedures. Information Governance/Rec ords Management induction/aware ness training. ICT security policies. Raised staff awareness via Trust Communications /Share to Learn. Regional code of practice. Information Governance	information may be stored/transferre d 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	Management Sub-Committee/Gover nance 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		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	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	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	Risk
284	13/12/2010	16	_		-	6		Performanc e & Service Improveme	Performance - Performance	Governance.	of Data Protection legislation through loss, mishandling or inaccessibility of personal or sensitive	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:	and Data Access agreement procedures. Information Governance/Rec ords Management induction/aware ness training. ICT security policies. Raised staff awareness via Trust Communications /Share to Learn. Regional code of practice. Information Governance Steering Group.	information may be stored/transferre d 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	Management Sub-Committee/Gover nance 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		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	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	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	Risk
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284	13/12/2010	16	_		-	6		Performanc e & Service Improveme	Performance - Performance	Governance.	of Data Protection legislation through loss, mishandling or inaccessibility of personal or sensitive	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: *This country is the complex of the Trust: *This country is the forthe Trust: *This country is the second or accessing the	and Data Access agreement procedures. Information Governance/Rec ords Management induction/aware ness training. ICT security policies. Raised staff awareness via Trust Communications /Share to Learn. Regional code of practice. Information Governance Steering Group. Records held securely/restrict	information may be stored/transferre d 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	Management Sub-Committee/Gover nance 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		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	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	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	Risk
284	13/12/2010	16	_		-	6		Performanc e & Service Improveme	Performance - Performance	Governance.	of Data Protection legislation through loss, mishandling or inaccessibility of personal or sensitive	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: •Ithsecurely sharing or accessing the personal data of	and Data Access agreement procedures. Information Governance/Rec ords Management induction/aware ness training. ICT security policies. Raised staff awareness via Trust Communications /Share to Learn. Regional code of practice. Information Governance Steering Group. Records held securely/restrict ed access.	information may be stored/transferre d 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	Management Sub-Committee/Gover nance 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		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	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	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	Risk
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compliant with		11/06/2016	12	m	12		9		Finance, Contracts & Capital Developme	(Risk Register	Management & Performance ., Modernisatio n., Public	comply with procurement legislation re social care	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	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	not have the resource or infrastructure required to manage this risk internally. DOH has determined that the issue should be managed			implentation plan will continue to be monitored - via Regional Procurement Board, Trust Procurement Board and Social Care Procurement	31/03/2024		Risk
		11/06/2016	12	m	12		9		Finance, Contracts & Capital Developme	(Risk Register	Management & Performance ., Modernisatio n., Public	comply with procurement legislation re social care	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	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	not have the resource or infrastructure required to manage this risk internally. DOH has determined that the issue should be managed			implentation plan will continue to be monitored - via Regional Procurement Board, Trust Procurement Board and Social Care Procurement	31/03/2024		Risk
the legislation for the le		11/06/2016	12	m	12		9		Finance, Contracts & Capital Developme	(Risk Register	Management & Performance ., Modernisatio n., Public	comply with procurement legislation re social care	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	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	not have the resource or infrastructure required to manage this risk internally. DOH has determined that the issue should be managed			implentation plan will continue to be monitored - via Regional Procurement Board, Trust Procurement Board and Social Care Procurement	31/03/2024		Risk
		11/06/2016	12	m	12		9		Finance, Contracts & Capital Developme	(Risk Register	Management & Performance ., Modernisatio n., Public	comply with procurement legislation re social care	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	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	not have the resource or infrastructure required to manage this risk internally. DOH has determined that the issue should be managed			implentation plan will continue to be monitored - via Regional Procurement Board, Trust Procurement Board and Social Care Procurement	31/03/2024		Risk

1133	23/05/2019	15	Extrem	20	Evtromo	5	∐igh	Director of	Trust-wide	Safe &	Risk to safe	Risk of patient	Pogional	Lack of	Walk around to be	Lack of training	CALrovious	30/12/2022	13/01/2023	Corporate
1133	23/03/2019	15		20		5	U					· ·	Regional			_			13/01/2023	Risk
			e (Red)		(Red)		(Amber)	Nursing,	(Risk Register		patient care	receiving medical	procurement	knowledge of	carried out in	on medical	progress actions	31/03/2024	24 /42 /2040	
								Midwifery	use only)	Services.	relating to	air in error when	process - will no	colour coding	SWAH/OHPCC	gases. This has	·	31/12/2019	31/12/2019	(Approved)
								and AHPs			inappropriate	oxygen is	"	and appreciation	although they	increased now	Review the		31/12/2019	
											use of	required resulting	1 -	of risks with	have new		mitigating actions		31/12/2019	
											medical air	in hypoxia.	flowmeter	medical gases	flowmeters with	in Trust	and any gaps in		31/12/2019	
													without a	Potentially have	air-guards.	Combination	controls		31/12/2019	
													flowguard	old flometers	Walk around on	training days.	Possible further			
													In the Trust's	that are not fully	Altnagelvin site		learning from SAI			
													clinical	compliant with	occurred in		investigation			
													procedures for	colour coding	November 2018.		Continue to			
													medical gases	(not mandatory)	To be repeated		include in Trust			
													Included on the	Not all medical	February 2019. To		combination			
													medical gas	air flowmeters	be picked up on		training days			
													training for	had airguards but	annual medical		(potential for this			
													wards		gases walkaround.		to become a			
														they do now	_					
													Medical air	Incidents are	No external		mandatory area)			
													blanking caps	continuing to	inspections		Old flow-meters			
													have been	happen during	Update 05 June		removed to			
													circulated to	2020, lack of	2020 - Lead nurses		ensure colour			
													wards to insert	confidence that	and service		coding approach			
													into outlets that	the actions taken	managers have		is used			
													wont be used	last year are	been asked to		Air outlet			
													Colour coding of	being adherred	provide		blocking caps to			
													medical air	to in all areas -	assurances on the		be inserted to air			
													flowmeters and	further review of	actions taken in		outlets that are			
													air outlet on	processes and	response to the		not needed			
													most wards	controls	revised controls		Ensure full			
4400	27/44/2040	25		45	record			D:	D:		14/1 14/04	1411 1464	C1 (C1		0014		F	24 /42 /2020	24 /00 /2040	
1183	27/11/2019	25		15	U	6		Director of	Directorate-	Governance.,	Where MCA	Where MCA	Staff training is	Medic capacity to	RQIA monitoring	Systems,	Engage with		31/08/2019	Corporate
1183	27/11/2019	25	Extrem e (Red)	15	High (Amber)	6		Adult	wide (Risk	Safe &	processes are	processes are not	available online	ensure timely	role	Processes &	programme	31/03/2020	02/12/2019	Risk
1183	27/11/2019	25		15	U	6	(Yellow)	Adult Mental	wide (Risk Register Use	Safe & Effective	processes are not being	processes are not being followed,	available online & classroom,	ensure timely completion of	role MCA Information	Processes & Reporting to	programme board and team	31/03/2020 31/03/2020	02/12/2019 31/08/2019	
1183	27/11/2019	25		15	U	6	(Yellow)	Adult Mental Health &	wide (Risk	Safe &	processes are not being followed,	processes are not being followed, there is the risk	available online & classroom, provided by	ensure timely completion of relevant forms	role MCA Information T&F group	Processes & Reporting to be	programme board and team Scope potential	31/03/2020 31/03/2020 31/03/2020	02/12/2019 31/08/2019 31/08/2019	Risk
1183	27/11/2019	25		15	U	6	(Yellow)	Adult Mental Health & Disability	wide (Risk Register Use	Safe & Effective	processes are not being followed, patients may	processes are not being followed, there is the risk that patients may	available online & classroom, provided by Trust Trainers.	ensure timely completion of relevant forms and availability to	role MCA Information T&F group (systems,	Processes & Reporting to be strengthened	programme board and team Scope potential Mental	31/03/2020 31/03/2020 31/03/2020 31/03/2020	02/12/2019 31/08/2019 31/08/2019 01/11/2019	Risk
1183	27/11/2019	25		15	U	6	(Yellow)	Adult Mental Health &	wide (Risk Register Use	Safe & Effective	processes are not being followed, patients may be deprived	processes are not being followed, there is the risk that patients may be deprived of	available online & classroom, provided by Trust Trainers. Progressing	ensure timely completion of relevant forms and availability to sit on Panels	role MCA Information T&F group (systems, processes &	Processes & Reporting to be strengthened & formalised -	programme board and team Scope potential Mental Capacity/DoLs	31/03/2020 31/03/2020 31/03/2020 31/03/2020 31/03/2020	02/12/2019 31/08/2019 31/08/2019 01/11/2019 01/12/2019	Risk
1183	27/11/2019	25		15	U	6	(Yellow)	Adult Mental Health & Disability	wide (Risk Register Use	Safe & Effective	processes are not being followed, patients may be deprived of their	processes are not being followed, there is the risk that patients may	available online & classroom, provided by Trust Trainers. Progressing interactive online	ensure timely completion of relevant forms and availability to	role MCA Information T&F group (systems,	Processes & Reporting to be strengthened & formalised - Encompass is	programme board and team Scope potential Mental	31/03/2020 31/03/2020 31/03/2020 31/03/2020 31/03/2020 29/10/2021	02/12/2019 31/08/2019 31/08/2019 01/11/2019 01/12/2019 25/10/2021	Risk
1183	27/11/2019	25		15	U	6	(Yellow)	Adult Mental Health & Disability	wide (Risk Register Use	Safe & Effective	processes are not being followed, patients may be deprived	processes are not being followed, there is the risk that patients may be deprived of	available online & classroom, provided by Trust Trainers. Progressing	ensure timely completion of relevant forms and availability to sit on Panels	role MCA Information T&F group (systems, processes &	Processes & Reporting to be strengthened & formalised -	programme board and team Scope potential Mental Capacity/DoLs	31/03/2020 31/03/2020 31/03/2020 31/03/2020 31/03/2020	02/12/2019 31/08/2019 31/08/2019 01/11/2019 01/12/2019	Risk
1183	27/11/2019	25		15	U	6	(Yellow)	Adult Mental Health & Disability	wide (Risk Register Use	Safe & Effective	processes are not being followed, patients may be deprived of their	processes are not being followed, there is the risk that patients may be deprived of their liberty,	available online & classroom, provided by Trust Trainers. Progressing interactive online	ensure timely completion of relevant forms and availability to sit on Panels Funding not	role MCA Information T&F group (systems, processes & reporting)	Processes & Reporting to be strengthened & formalised - Encompass is	programme board and team Scope potential Mental Capacity/DoLs assessments	31/03/2020 31/03/2020 31/03/2020 31/03/2020 31/03/2020 29/10/2021	02/12/2019 31/08/2019 31/08/2019 01/11/2019 01/12/2019 25/10/2021	Risk
1183 :	27/11/2019	25		15	U	6	(Yellow)	Adult Mental Health & Disability	wide (Risk Register Use	Safe & Effective	processes are not being followed, patients may be deprived of their liberty,	processes are not being followed, there is the risk that patients may be deprived of their liberty, without having	available online & classroom, provided by Trust Trainers. Progressing interactive online training via VC.	ensure timely completion of relevant forms and availability to sit on Panels Funding not adequate to	role MCA Information T&F group (systems, processes & reporting) Trust is engaging	Processes & Reporting to be strengthened & formalised - Encompass is the Regional	programme board and team Scope potential Mental Capacity/DoLs assessments A Programme	31/03/2020 31/03/2020 31/03/2020 31/03/2020 31/03/2020 29/10/2021 31/03/2020	02/12/2019 31/08/2019 31/08/2019 01/11/2019 01/12/2019 25/10/2021 31/03/2020	Risk
1183	27/11/2019	25		15	U	6	(Yellow)	Adult Mental Health & Disability	wide (Risk Register Use	Safe & Effective	processes are not being followed, patients may be deprived of their liberty, without	processes are not being followed, there is the risk that patients may be deprived of their liberty, without having the relevant	available online & classroom, provided by Trust Trainers. Progressing interactive online training via VC. Training videos	ensure timely completion of relevant forms and availability to sit on Panels Funding not adequate to deliver the	role MCA Information T&F group (systems, processes & reporting) Trust is engaging with regional arrangements to	Processes & Reporting to be strengthened & formalised - Encompass is the Regional Direction,	programme board and team Scope potential Mental Capacity/DoLs assessments A Programme Implementation	31/03/2020 31/03/2020 31/03/2020 31/03/2020 31/03/2020 29/10/2021 31/03/2020 31/03/2020	02/12/2019 31/08/2019 31/08/2019 01/11/2019 01/12/2019 25/10/2021 31/03/2020 31/03/2020	Risk
1183	27/11/2019	25		15	U	6	(Yellow)	Adult Mental Health & Disability	wide (Risk Register Use	Safe & Effective	processes are not being followed, patients may be deprived of their liberty, without having	processes are not being followed, there is the risk that patients may be deprived of their liberty, without having the relevant safeguards in	available online & classroom, provided by Trust Trainers. Progressing interactive online training via VC. Training videos developed	ensure timely completion of relevant forms and availability to sit on Panels Funding not adequate to deliver the projected	role MCA Information T&F group (systems, processes & reporting) Trust is engaging with regional arrangements to	Processes & Reporting to be strengthened & formalised - Encompass is the Regional Direction, Western Trust	programme board and team Scope potential Mental Capacity/DoLs assessments A Programme Implementation Officer to	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	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	Risk
1183	27/11/2019	25		15	U	6	(Yellow)	Adult Mental Health & Disability	wide (Risk Register Use	Safe & Effective	processes are not being followed, patients may be deprived of their liberty, without having safeguards in	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	available online & classroom, provided by Trust Trainers. Progressing interactive online training via VC. Training videos developed MCA resources	ensure timely completion of relevant forms and availability to sit on Panels Funding not adequate to deliver the projected activity.	role MCA Information T&F group (systems, processes & reporting) Trust is engaging with regional arrangements to share practice and	Processes & Reporting to be strengthened & formalised - Encompass is the Regional Direction, Western Trust go live is April	programme board and team Scope potential Mental Capacity/DoLs assessments A Programme Implementation Officer to continue	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	02/12/2019 31/08/2019 31/08/2019 01/11/2019 01/12/2019 25/10/2021 31/03/2020 02/12/2019 31/01/2020	Risk
1183	27/11/2019	25		15	U	6	(Yellow)	Adult Mental Health & Disability	wide (Risk Register Use	Safe & Effective	processes are not being followed, patients may be deprived of their liberty, without having safeguards in	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	available online & classroom, provided by Trust Trainers. Progressing interactive online training via VC. Training videos developed MCA resources are available via	ensure timely completion of relevant forms and availability to sit on Panels Funding not adequate to deliver the projected activity. Funding not provided	role MCA Information T&F group (systems, processes & reporting) Trust is engaging with regional arrangements to share practice and develop solutions	Processes & Reporting to be strengthened & formalised - Encompass is the Regional Direction, Western Trust go live is April 25	programme board and team Scope potential Mental Capacity/DoLs assessments A Programme Implementation Officer to continue engaging on	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	02/12/2019 31/08/2019 31/08/2019 01/11/2019 01/12/2019 25/10/2021 31/03/2020 02/12/2019 31/01/2020 21/04/2021 21/07/2021	Risk
1183	27/11/2019	25		15	U	6	(Yellow)	Adult Mental Health & Disability	wide (Risk Register Use	Safe & Effective	processes are not being followed, patients may be deprived of their liberty, without having safeguards in	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	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	ensure timely completion of relevant forms and availability to sit on Panels Funding not adequate to deliver the projected activity. Funding not provided recurrently,	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	Processes & Reporting to be strengthened & formalised - Encompass is the Regional Direction, Western Trust go live is April 25 Assurance required that	programme board and team Scope potential Mental Capacity/DoLs assessments A Programme Implementation Officer to continue engaging on leading implementation.	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	02/12/2019 31/08/2019 31/08/2019 01/11/2019 25/10/2021 31/03/2020 31/03/2020 02/12/2019 31/01/2020 21/04/2021 21/04/2021 30/06/2023	Risk
1183	27/11/2019	25		15	U	6	(Yellow)	Adult Mental Health & Disability	wide (Risk Register Use	Safe & Effective	processes are not being followed, patients may be deprived of their liberty, without having safeguards in	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	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	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	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.	Processes & Reporting to be strengthened & formalised - Encompass is the Regional Direction, Western Trust go live is April 25 Assurance required that all staff	programme board and team Scope potential Mental Capacity/DoLs assessments A Programme Implementation Officer to continue engaging on leading implementation. Trust Lead	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	02/12/2019 31/08/2019 31/08/2019 01/11/2019 01/12/2019 25/10/2021 31/03/2020 02/12/2019 31/01/2020 21/04/2021 21/07/2021	Risk
1183	27/11/2019	25		15	U	6	(Yellow)	Adult Mental Health & Disability	wide (Risk Register Use	Safe & Effective	processes are not being followed, patients may be deprived of their liberty, without having safeguards in	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	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	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	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	Processes & Reporting to be strengthened & formalised - Encompass is the Regional Direction, Western Trust go live is April 25 Assurance required that all staff completing	programme board and team Scope potential Mental Capacity/DoLs assessments A Programme Implementation Officer to continue engaging on leading implementation. Trust Lead Directors and	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 30/07/2021 31/03/2023 31/03/2023 31/03/2023	02/12/2019 31/08/2019 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	Risk
1183	27/11/2019	25		15	U	6	(Yellow)	Adult Mental Health & Disability	wide (Risk Register Use	Safe & Effective	processes are not being followed, patients may be deprived of their liberty, without having safeguards in	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,	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	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	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	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	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	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 31/03/2020 31/03/2021 30/06/2023 31/03/2024 31/03/2024 31/03/2024 31/03/2024 30/11/2022	02/12/2019 31/08/2019 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 07/12/2022	Risk
1183	27/11/2019	25		15	U	6	(Yellow)	Adult Mental Health & Disability	wide (Risk Register Use	Safe & Effective	processes are not being followed, patients may be deprived of their liberty, without having safeguards in	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 financia	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,	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	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	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	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-	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	02/12/2019 31/08/2019 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	Risk
1183	27/11/2019	25		15	U	6	(Yellow)	Adult Mental Health & Disability	wide (Risk Register Use	Safe & Effective	processes are not being followed, patients may be deprived of their liberty, without having safeguards in	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 financia penalties and	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	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	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	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	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	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 31/03/2021 30/07/2021 30/06/2023 31/03/2024 31/03/2024 30/11/2022 30/11/2022 31/03/2024	02/12/2019 31/08/2019 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 07/12/2022	Risk
1183	27/11/2019	25		15	U	6	(Yellow)	Adult Mental Health & Disability	wide (Risk Register Use	Safe & Effective	processes are not being followed, patients may be deprived of their liberty, without having safeguards in	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 financia	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	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	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	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	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	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 31/03/2021 30/07/2021 30/06/2023 31/03/2024 30/11/2022 30/11/2022 31/03/2024 31/03/2024 31/03/2024	02/12/2019 31/08/2019 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 07/12/2022	Risk
1183	27/11/2019	25		15	U	6	(Yellow)	Adult Mental Health & Disability	wide (Risk Register Use	Safe & Effective	processes are not being followed, patients may be deprived of their liberty, without having safeguards in	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 financia penalties and imprisonment.	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	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	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	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	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	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 31/03/2020 31/03/2021 30/06/2023 31/03/2024 30/11/2022 30/11/2022 31/03/2024 30/11/2022 31/03/2024 30/11/2022 31/03/2024 30/06/2024	02/12/2019 31/08/2019 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 07/12/2022	Risk
1183	27/11/2019	25		15	U	6	(Yellow)	Adult Mental Health & Disability	wide (Risk Register Use	Safe & Effective	processes are not being followed, patients may be deprived of their liberty, without having safeguards in	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 financia penalties and imprisonment.	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	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	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	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	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	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 31/03/2020 31/03/2021 30/06/2023 31/03/2024 30/11/2022 30/11/2022 31/03/2024 30/06/2024 31/03/2024 30/06/2024 31/03/2024	02/12/2019 31/08/2019 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 07/12/2022	Risk
1183	27/11/2019	25		15	U	6	(Yellow)	Adult Mental Health & Disability	wide (Risk Register Use	Safe & Effective	processes are not being followed, patients may be deprived of their liberty, without having safeguards in	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 financia penalties and imprisonment.	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	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	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	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	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	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 31/03/2020 31/03/2021 30/07/2021 30/06/2023 31/03/2024 30/11/2022 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024	02/12/2019 31/08/2019 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 07/12/2022	Risk
1183	27/11/2019	25		15	U	6	(Yellow)	Adult Mental Health & Disability	wide (Risk Register Use	Safe & Effective	processes are not being followed, patients may be deprived of their liberty, without having safeguards in	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 financia penalties and imprisonment. For patients that lack capacity and for whom	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	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 legislation is yet to be confirmed.	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	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	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	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 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024	02/12/2019 31/08/2019 31/08/2019 01/11/2019 01/12/2019 25/10/2021 31/03/2020 02/12/2019 31/01/2020 21/04/2021 21/07/2021 30/06/2023 26/04/2023 07/12/2022	Risk
1183	27/11/2019	25		15	U	6	(Yellow)	Adult Mental Health & Disability	wide (Risk Register Use	Safe & Effective	processes are not being followed, patients may be deprived of their liberty, without having safeguards in	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 financia penalties and imprisonment. For patients that lack capacity and for whom safeguards are	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	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	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	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	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	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 31/03/2021 30/07/2021 30/06/2023 31/03/2024 31/03/2024 30/11/2022 31/03/2024 30/10/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 30/09/2024 30/09/2024	02/12/2019 31/08/2019 01/11/2019 01/11/2019 25/10/2021 31/03/2020 01/12/2019 31/03/2020 02/12/2019 31/01/2020 21/04/2021 21/04/2021 21/07/2021 30/06/2023 26/04/2023 07/12/2022 07/12/2022	Risk
1183	27/11/2019	25		15	U	6	(Yellow)	Adult Mental Health & Disability	wide (Risk Register Use	Safe & Effective	processes are not being followed, patients may be deprived of their liberty, without having safeguards in	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 financia penalties and imprisonment. For patients that lack capacity and for whom	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	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 legislation is yet to be confirmed.	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	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	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	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 31/03/2021 30/07/2021 30/06/2023 31/03/2024 31/03/2024 30/11/2022 31/03/2024 30/10/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 30/09/2024 30/09/2024	02/12/2019 31/08/2019 31/08/2019 01/11/2019 01/12/2019 25/10/2021 31/03/2020 02/12/2019 31/01/2020 21/04/2021 21/07/2021 30/06/2023 26/04/2023 07/12/2022	Risk
1183	27/11/2019	25		15	U	6	(Yellow)	Adult Mental Health & Disability	wide (Risk Register Use	Safe & Effective	processes are not being followed, patients may be deprived of their liberty, without having safeguards in	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 financia penalties and imprisonment. For patients that lack capacity and for whom safeguards are	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	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	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	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	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	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 31/03/2021 30/07/2021 30/06/2023 31/03/2024 31/03/2024 30/11/2022 31/03/2024 30/10/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 30/09/2024 30/09/2024	02/12/2019 31/08/2019 01/11/2019 01/11/2019 25/10/2021 31/03/2020 01/12/2019 31/03/2020 02/12/2019 31/01/2020 21/04/2021 21/04/2021 21/07/2021 30/06/2023 26/04/2023 07/12/2022 07/12/2022	Risk
1183	27/11/2019	25		15	U	6	(Yellow)	Adult Mental Health & Disability	wide (Risk Register Use	Safe & Effective	processes are not being followed, patients may be deprived of their liberty, without having safeguards in	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 financia penalties and imprisonment. For patients that lack capacity and for whom safeguards are not in place,	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	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	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	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	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	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 31/03/2021 30/07/2021 30/06/2023 31/03/2024 31/03/2024 30/11/2022 31/03/2024 30/10/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 30/09/2024 30/09/2024	02/12/2019 31/08/2019 01/11/2019 01/11/2019 25/10/2021 31/03/2020 01/12/2019 31/03/2020 02/12/2019 31/01/2020 21/04/2021 21/04/2021 21/07/2021 30/06/2023 26/04/2023 07/12/2022 07/12/2022	Risk

	15/04/2020	1.5	Contractor	1 -	European and a	_	N. A. a. allinous	D:	A	D. Jelie	Distractions	If For some or an	D	tor a la ser a set esti a se	Datin Institute	C:	DACE	24 /02 /2022	00/05/2022	C
1216	15/04/2020	15		15	Extreme	ь		Director of	Acute -	Public	Risk of patient	If Emergency	Business case	Implementation	Datix - Incident,	Gaps in patient	PACE	31/03/2022	06/05/2022	Corporate
			e (Red)		(Red)		(Yellow)	Diagnostics,	Emergency	Confidence.,	harm in Trust	Department (ED)	approved	of SAFER	Complaints,	pathway	implementation	29/02/2024	. = /00 /0000	Risk
								Cancer ad	Care &	Safe &	EDs due to	Physical capacity		principles	Litigation, Risk		to commence	28/02/2022	15/03/2022	(Approved)
									Medicine	Effective	capacity,	and staffing levels	(Hospital	challenged due	register		March 2020.			
								Specialties		Services.	staffing and	are not sufficient	Ambulance	to Medical Job	Patient flow		Improvement QI			
											patient flow	to meet the	Liaison Officer	plans and current	teams, Night		work			
											issues	demands of	NIAS crews	Medical team	service manager,		commencing with			
												patient numbers	waiting to	models in	SPOC, Hub		aim to address			
												and acuity, there	offload in our	operation	Regional huddle		communication			
												will be increased	hospital early	ageing	Established		within			
												likelihood of	warning score	population living	patient pathways		department.			
												significant patient	-	with challenging	p		Full capacity			
												harm, risk to staff	recruitment	health needs			protocol			
												wellbeing and	focus on Critical	Community			protocor			
												_	posts IE Medical	infrastructure to						
												damage to Trust	l'							
												reputation as a	and Nursing	meet needs of						
												direct result.	Use of Medical	patients i.e. Gp						
													locums/ Bank	appointments,						
													and agency	social care						
													Nurses.	packages						
													Social Media	Recruitment to						
													Campaign	perm medical						
													Escalation	posts Challenging						
													protocol within	across NI						
													full capacity							
													protocol							
													Nursing KPI and							
													audit (ALAMAC)							
1219	30/04/2020	20	Extrem	20		6	Medium	Director of	Acute -	Safe &	Lack of	Lack of	Telephone pre	Band 4 team lead	Waiting lists	The need for	Explore the	05/10/2021	05/10/2021	Corporate
1219	30/04/2020	20	Extrem e (Red)	20	Extreme (Red)	6		Diagnostics,	Diagnostics &	Effective	endoscopy	endoscopy	assessment of	recruited to	discussed monthly	the Trust to	possibility of	30/10/2022	14/11/2022	Risk
1219	30/04/2020	20		20		6		Diagnostics, Cancer and	Diagnostics & Cancer			endoscopy capacity in the	assessment of colonoscopy on-	recruited to manage waiting	discussed monthly at the Endoscopy	the Trust to invest further	possibility of utilising the	30/10/2022 30/04/2023	14/11/2022 04/04/2023	
1219	30/04/2020	20		20		6		Diagnostics, Cancer and medical	Diagnostics &	Effective	endoscopy	endoscopy capacity in the Trust has resulted	assessment of colonoscopy on- going to improve	recruited to manage waiting lists and oversee	discussed monthly at the Endoscopy Users Group	the Trust to invest further in the	possibility of utilising the Independent	30/10/2022 30/04/2023 30/06/2023	14/11/2022	Risk
1219	30/04/2020	20		20		6		Diagnostics, Cancer and	Diagnostics & Cancer	Effective	endoscopy capacity for	endoscopy capacity in the	assessment of colonoscopy on-	recruited to manage waiting	discussed monthly at the Endoscopy Users Group	the Trust to invest further	possibility of utilising the Independent	30/10/2022 30/04/2023	14/11/2022 04/04/2023	Risk
1219	30/04/2020	20		20		6		Diagnostics, Cancer and medical	Diagnostics & Cancer	Effective	endoscopy capacity for endoscopy to	endoscopy capacity in the Trust has resulted	assessment of colonoscopy on- going to improve	recruited to manage waiting lists and oversee	discussed monthly at the Endoscopy Users Group	the Trust to invest further in the	possibility of utilising the Independent	30/10/2022 30/04/2023 30/06/2023	14/11/2022 04/04/2023	Risk
1219	30/04/2020	20		20		6		Diagnostics, Cancer and medical	Diagnostics & Cancer	Effective	endoscopy capacity for endoscopy to meet the	endoscopy capacity in the Trust has resulted in breaching of	assessment of colonoscopy on- going to improve list utilisation	recruited to manage waiting lists and oversee the scheduling	discussed monthly at the Endoscopy Users Group Clinical audits are	the Trust to invest further in the development	possibility of utilising the Independent Sector to address	30/10/2022 30/04/2023 30/06/2023	14/11/2022 04/04/2023	Risk
1219	30/04/2020	20		20		6		Diagnostics, Cancer and medical	Diagnostics & Cancer	Effective	endoscopy capacity for endoscopy to meet the demand	endoscopy capacity in the Trust has resulted in breaching of the 2 week red	assessment of colonoscopy on- going to improve list utilisation and reduce DNA	recruited to manage waiting lists and oversee the scheduling team and	discussed monthly at the Endoscopy Users Group Clinical audits are completed	the Trust to invest further in the development of GI Trainees	possibility of utilising the Independent Sector to address waiting lists.	30/10/2022 30/04/2023 30/06/2023 31/03/2024	14/11/2022 04/04/2023	Risk
1219	30/04/2020	20		20		6		Diagnostics, Cancer and medical	Diagnostics & Cancer	Effective	endoscopy capacity for endoscopy to meet the demand which impacts	endoscopy capacity in the Trust has resulted in breaching of the 2 week red flag wait/9 week	assessment of colonoscopy on- going to improve list utilisation and reduce DNA rates	recruited to manage waiting lists and oversee the scheduling team and processes.	discussed monthly at the Endoscopy Users Group Clinical audits are completed annually to	the Trust to invest further in the development of GI Trainees in line with the	possibility of utilising the Independent Sector to address waiting lists. Need to review	30/10/2022 30/04/2023 30/06/2023 31/03/2024	14/11/2022 04/04/2023	Risk
1219	30/04/2020	20		20		6		Diagnostics, Cancer and medical	Diagnostics & Cancer	Effective	endoscopy capacity for endoscopy to meet the demand which impacts on Patient	endoscopy capacity in the Trust has resulted in breaching of the 2 week red flag wait/9 week urgent and routine wait and	assessment of colonoscopy on- going to improve list utilisation and reduce DNA rates Independent sector was	recruited to manage waiting lists and oversee the scheduling team and processes. Encourage consultants to	discussed monthly at the Endoscopy Users Group Clinical audits are completed annually to benchmark the	the Trust to invest further in the development of GI Trainees in line with the evidence base for	possibility of utilising the Independent Sector to address waiting lists. Need to review GI consultants job plan to reduce	30/10/2022 30/04/2023 30/06/2023 31/03/2024	14/11/2022 04/04/2023	Risk
1219	30/04/2020	20		20		6		Diagnostics, Cancer and medical	Diagnostics & Cancer	Effective	endoscopy capacity for endoscopy to meet the demand which impacts on Patient	endoscopy capacity in the Trust has resulted in breaching of the 2 week red flag wait/9 week urgent and routine wait and surveillance	assessment of colonoscopy on- going to improve list utilisation and reduce DNA rates Independent sector was utilised to deliver	recruited to manage waiting lists and oversee the scheduling team and processes. Encourage consultants to triage referrals in	discussed monthly at the Endoscopy Users Group Clinical audits are completed annually to benchmark the service against National	the Trust to invest further in the development of GI Trainees in line with the evidence base for modernisation,	possibility of utilising the Independent Sector to address waiting lists. Need to review GI consultants job plan to reduce General Medicine	30/10/2022 30/04/2023 30/06/2023 31/03/2024	14/11/2022 04/04/2023	Risk
1219	30/04/2020	20		20		6		Diagnostics, Cancer and medical	Diagnostics & Cancer	Effective	endoscopy capacity for endoscopy to meet the demand which impacts on Patient	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	assessment of colonoscopy on- going to improve list utilisation and reduce DNA rates Independent sector was utilised to deliver 250 surveillance	recruited to manage waiting lists and oversee the scheduling team and processes. Encourage consultants to triage referrals in line with NICAN	discussed monthly at the Endoscopy Users Group Clinical audits are completed annually to benchmark the service against National Standards.	the Trust to invest further in the development of GI Trainees in line with the evidence base for modernisation, thereby	possibility of utilising the Independent Sector to address waiting lists. Need to review GI consultants job plan to reduce General Medicine commitment to	30/10/2022 30/04/2023 30/06/2023 31/03/2024	14/11/2022 04/04/2023	Risk
1219	30/04/2020	20		20		6		Diagnostics, Cancer and medical	Diagnostics & Cancer	Effective	endoscopy capacity for endoscopy to meet the demand which impacts on Patient	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	assessment of colonoscopy on- going to improve list utilisation and reduce DNA rates Independent sector was utilised to deliver 250 surveillance colonoscopies	recruited to manage waiting lists and oversee the scheduling team and processes. Encourage consultants to triage referrals in line with NICAN suspect cancer	discussed monthly at the Endoscopy Users Group Clinical audits are completed annually to benchmark the service against National Standards. Monthly	the Trust to invest further in the development of GI Trainees in line with the evidence base for modernisation, thereby proactively	possibility of utilising the Independent Sector to address waiting lists. Need to review GI consultants job plan to reduce General Medicine commitment to increase	30/10/2022 30/04/2023 30/06/2023 31/03/2024	14/11/2022 04/04/2023	Risk
1219	30/04/2020	20		20		6		Diagnostics, Cancer and medical	Diagnostics & Cancer	Effective	endoscopy capacity for endoscopy to meet the demand which impacts on Patient	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	assessment of colonoscopy ongoing to improve list utilisation and reduce DNA rates Independent sector was utilised to deliver 250 surveillance colonoscopies from January to	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	discussed monthly at the Endoscopy Users Group Clinical audits are completed annually to benchmark the service against National Standards. Monthly monitoring of	the Trust to invest further in the development of GI Trainees in line with the evidence base for modernisation, thereby proactively growing 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	30/10/2022 30/04/2023 30/06/2023 31/03/2024	14/11/2022 04/04/2023	Risk
1219	30/04/2020	20		20		6		Diagnostics, Cancer and medical	Diagnostics & Cancer	Effective	endoscopy capacity for endoscopy to meet the demand which impacts on Patient	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	assessment of colonoscopy ongoing to improve list utilisation and reduce DNA rates Independent sector was utilised to deliver 250 surveillance colonoscopies from January to March 2020.	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	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	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	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.	30/10/2022 30/04/2023 30/06/2023 31/03/2024	14/11/2022 04/04/2023	Risk
1219	30/04/2020	20		20		6		Diagnostics, Cancer and medical	Diagnostics & Cancer	Effective	endoscopy capacity for endoscopy to meet the demand which impacts on Patient	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	assessment of colonoscopy ongoing 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	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	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	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	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	30/10/2022 30/04/2023 30/06/2023 31/03/2024	14/11/2022 04/04/2023	Risk
1219	30/04/2020	20		20		6		Diagnostics, Cancer and medical	Diagnostics & Cancer	Effective	endoscopy capacity for endoscopy to meet the demand which impacts on Patient	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	assessment of colonoscopy ongoing 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	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	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	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.	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	30/10/2022 30/04/2023 30/06/2023 31/03/2024	14/11/2022 04/04/2023	Risk
1219	30/04/2020	20		20		6		Diagnostics, Cancer and medical	Diagnostics & Cancer	Effective	endoscopy capacity for endoscopy to meet the demand which impacts on Patient	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	assessment of colonoscopy ongoing 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	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.	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	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	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	30/10/2022 30/04/2023 30/06/2023 31/03/2024	14/11/2022 04/04/2023	Risk
1219	30/04/2020	20		20		6		Diagnostics, Cancer and medical	Diagnostics & Cancer	Effective	endoscopy capacity for endoscopy to meet the demand which impacts on Patient	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	assessment of colonoscopy ongoing 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	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	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	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	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	30/10/2022 30/04/2023 30/06/2023 31/03/2024	14/11/2022 04/04/2023	Risk
1219	30/04/2020	20		20		6		Diagnostics, Cancer and medical	Diagnostics & Cancer	Effective	endoscopy capacity for endoscopy to meet the demand which impacts on Patient	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	assessment of colonoscopy ongoing 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	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	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	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	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	30/10/2022 30/04/2023 30/06/2023 31/03/2024	14/11/2022 04/04/2023	Risk
1219	30/04/2020	20		20		6		Diagnostics, Cancer and medical	Diagnostics & Cancer	Effective	endoscopy capacity for endoscopy to meet the demand which impacts on Patient	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.	assessment of colonoscopy ongoing 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	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	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	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	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	30/10/2022 30/04/2023 30/06/2023 31/03/2024	14/11/2022 04/04/2023	Risk
1219	30/04/2020	20		20		6		Diagnostics, Cancer and medical	Diagnostics & Cancer	Effective	endoscopy capacity for endoscopy to meet the demand which impacts on Patient	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	assessment of colonoscopy ongoing 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	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	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	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	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.	30/10/2022 30/04/2023 30/06/2023 31/03/2024	14/11/2022 04/04/2023	Risk
1219	30/04/2020	20		20		6		Diagnostics, Cancer and medical	Diagnostics & Cancer	Effective	endoscopy capacity for endoscopy to meet the demand which impacts on Patient	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.	assessment of colonoscopy ongoing 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	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	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	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	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	30/10/2022 30/04/2023 30/06/2023 31/03/2024	14/11/2022 04/04/2023	Risk
1219	30/04/2020	20		20		6		Diagnostics, Cancer and medical	Diagnostics & Cancer	Effective	endoscopy capacity for endoscopy to meet the demand which impacts on Patient	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	assessment of colonoscopy ongoing 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	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	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	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	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.	30/10/2022 30/04/2023 30/06/2023 31/03/2024	14/11/2022 04/04/2023	Risk
1219	30/04/2020	20		20		6		Diagnostics, Cancer and medical	Diagnostics & Cancer	Effective	endoscopy capacity for endoscopy to meet the demand which impacts on Patient	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 a evidenced in SAIs. The service has been further	assessment of colonoscopy ongoing 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	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 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	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	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	30/10/2022 30/04/2023 30/06/2023 31/03/2024	14/11/2022 04/04/2023	Risk
1219	30/04/2020	20		20		6		Diagnostics, Cancer and medical	Diagnostics & Cancer	Effective	endoscopy capacity for endoscopy to meet the demand which impacts on Patient	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	assessment of colonoscopy ongoing 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.	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	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	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	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	30/10/2022 30/04/2023 30/06/2023 31/03/2024	14/11/2022 04/04/2023	Risk
1219	30/04/2020	20		20		6		Diagnostics, Cancer and medical	Diagnostics & Cancer	Effective	endoscopy capacity for endoscopy to meet the demand which impacts on Patient	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	assessment of colonoscopy ongoing 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	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-	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	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	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	30/10/2022 30/04/2023 30/06/2023 31/03/2024	14/11/2022 04/04/2023	Risk
1219	30/04/2020	20		20		6		Diagnostics, Cancer and medical	Diagnostics & Cancer	Effective	endoscopy capacity for endoscopy to meet the demand which impacts on Patient	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	assessment of colonoscopy ongoing 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	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	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	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	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	30/10/2022 30/04/2023 30/06/2023 31/03/2024	14/11/2022 04/04/2023	Risk
1219	30/04/2020	20		20		6		Diagnostics, Cancer and medical	Diagnostics & Cancer	Effective	endoscopy capacity for endoscopy to meet the demand which impacts on Patient	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	assessment of colonoscopy ongoing 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	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 commissionerawait confirmation in	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	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	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	30/10/2022 30/04/2023 30/06/2023 31/03/2024	14/11/2022 04/04/2023	Risk

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1236	21/08/2020	16	_	16	High	6	Medium		Finance	Ensuring	Ability to	With continued	Chief Executive	Controls are in		No gaps		31/03/2024		Corporate
			(Amber		(Amber)		(Yellow)	Finance,		Stability of	achieve	reductions in		place. However,	performance	identified.	management and	31/03/2024		Risk
)					contracts		Our Services	financial	income from	meetings to	it is not always	reports to Trust		monitoring			(Approved)
								and capital			stability, due	savings	review	possible to have	Board and CMT		Operation of			
								developmen			to both	requirements	performance	full financial	members.		DVMB (Delivering			
								t			reductions in	coupled with	Recovery Plan	controls without	Internal Audit.		Value			
											Income and	increased	· ·	looking at quality	Assurances from		Management			
											increased	expenditure due		& safety risks to	Director of		Board)			
											expenditure.	to demand and	CMT, Trust Board		Finance and ADF		Boardy			
											experiartare.	risk and the	(and Finance &	patients/cherits.						
													1,		to CMT & Trust					
												prospect of a	Performance		Board.					
												stark financial	Committee),		Assurance					
												Regional financial	DVMB and DoH		obtained by the					
												position, there	Annual Financial		Chief Executive					
												will be a	Plan to review		from chairing					
												reduction in the	risks to financial		CMTFMG					
												Trust's ability to	position and		Self-assessment					
												achieve financial	opportunities for		and audit of					
												stability in the	savings		Financial					
												current and	Trust Board (and		Management					
												future years,	Finance &		Controls					
												resulting in	Performance		Assurance					
												significant	Committee),		Standard.					
												challenges in	DVMB and CMT		External Audit					
												meeting the Trust	_		(NIAO) .					
												strategic	financial position		DHSSPS/HSCB					
												priorities	monthly		monthly financial					
													Monthly budget		monitoring.					
\vdash	0 /04 /2024																			
					COLUMN TO SERVICE STREET	0	COLUMN TO SERVICE STATE OF THE	D:	Tarrest contains	Francisco -	Long to 11 tax video	D	Tarret Directors	0	Manufacture Telephone	DCO Charad	1 1.: A &	20/04/2024	I I	C
1254 1	18/01/2021	16	High	16	High	8	High	Director of	Trust-wide	Ensuring	Inability to	Due to an	Trust Business	Occupational	Working Together	BSO Shared	Looking After our	30/04/2024		Corporate
1254 1	18/01/2021	16	High (Amber		High (Amber)	8	High (Amber)	Human	(Risk Register	Stability of	deliver safe,	inability to	Continuity Plans	Health - absence	Delivering Value	Service not	People	30/04/2024		Risk
1254 1	18/01/2021	16	_			8	_	Human Resources &	(Risk Register	Stability of Our Services,	deliver safe, high quality	inability to attract, recruit	Continuity Plans with full HR	Health - absence of locums and	Delivering Value Health check	Service not meeting	People Growing for the	30/04/2024 30/04/2024		
1254 1	18/01/2021	16	_			8	_	Human Resources & Organisatio	(Risk Register	Stability of Our Services, Improving	deliver safe,	inability to attract, recruit and retain staff	Continuity Plans with full HR support on	Health - absence	Delivering Value	Service not meeting statutory or	People Growing for the Future	30/04/2024		Risk
1254 1	18/01/2021	16	_			8	_	Human Resources &	(Risk Register	Stability of Our Services,	deliver safe, high quality	inability to attract, recruit	Continuity Plans with full HR support on	Health - absence of locums and	Delivering Value Health check	Service not meeting	People Growing for the	30/04/2024 30/04/2024		Risk
1254 1	18/01/2021	16	_			8	_	Human Resources & Organisatio	(Risk Register	Stability of Our Services, Improving	deliver safe, high quality and	inability to attract, recruit and retain staff	Continuity Plans with full HR support on hospital /	Health - absence of locums and increasing	Delivering Value Health check measurements on	Service not meeting statutory or	People Growing for the Future	30/04/2024 30/04/2024		Risk
1254 1	18/01/2021	16	_			8	_	Human Resources & Organisatio	(Risk Register	Stability of Our Services, Improving the Quality	deliver safe, high quality and sustainable	inability to attract, recruit and retain staff throughout the	Continuity Plans with full HR support on hospital / community	Health - absence of locums and increasing demands on	Delivering Value Health check measurements on absence hours	Service not meeting statutory or procedural	People Growing for the Future Belonging to the	30/04/2024 30/04/2024		Risk
1254 1	18/01/2021	16	_			8	_	Human Resources & Organisatio	(Risk Register	Stability of Our Services, Improving the Quality and	deliver safe, high quality and sustainable services due	inability to attract, recruit and retain staff throughout the Trust, services	Continuity Plans with full HR support on hospital / community	Health - absence of locums and increasing demands on team without	Delivering Value Health check measurements on absence hours lost, mandatory	Service not meeting statutory or procedural deadlines	People Growing for the Future Belonging to the HSC	30/04/2024 30/04/2024		Risk
1254 1	18/01/2021	16	_			8	_	Human Resources & Organisatio	(Risk Register	Stability of Our Services, Improving the Quality and Experience of Care,	deliver safe, high quality and sustainable services due to workforce supply and	inability to attract, recruit and retain staff throughout the Trust, services may not be able to maintain	Continuity Plans with full HR support on hospital / community workforce groups.	Health - absence of locums and increasing demands on team without additional resources.	Delivering Value Health check measurements on absence hours lost, mandatory training, appraisal, time to fill posts,	Service not meeting statutory or procedural deadlines resulting in, for example,	People Growing for the Future Belonging to the HSC New Ways of	30/04/2024 30/04/2024		Risk
1254 1	8/01/2021	16	_			8	_	Human Resources & Organisatio	(Risk Register	Stability of Our Services, Improving the Quality and Experience of Care, Supporting	deliver safe, high quality and sustainable services due to workforce	inability to attract, recruit and retain staff throughout the Trust, services may not be able to maintain sufficient staffing	Continuity Plans with full HR support on hospital / community workforce groups. Delivering Care:	Health - absence of locums and increasing demands on team without additional resources. Low uptake of	Delivering Value Health check measurements on absence hours lost, mandatory training, appraisal, time to fill posts, job planning	Service not meeting statutory or procedural deadlines resulting in, for example, delays in	People Growing for the Future Belonging to the HSC New Ways of	30/04/2024 30/04/2024		Risk
1254 1	18/01/2021	16	_			8	_	Human Resources & Organisatio	(Risk Register	Stability of Our Services, Improving the Quality and Experience of Care, Supporting and	deliver safe, high quality and sustainable services due to workforce supply and	inability to attract, recruit and retain staff throughout the Trust, services may not be able to maintain sufficient staffing levels to sustain	Continuity Plans with full HR support on hospital / community workforce groups. Delivering Care: Nurse Staffing in	Health - absence of locums and increasing demands on team without additional resources. Low uptake of mandatory	Delivering Value Health check measurements on absence hours lost, mandatory training, appraisal, time to fill posts, job planning completion rate.	Service not meeting statutory or procedural deadlines resulting in, for example, delays in recruitment	People Growing for the Future Belonging to the HSC New Ways of	30/04/2024 30/04/2024		Risk
1254 1	18/01/2021	16	_			8	_	Human Resources & Organisatio	(Risk Register	Stability of Our Services, Improving the Quality and Experience of Care, Supporting and Empowering	deliver safe, high quality and sustainable services due to workforce supply and	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	Continuity Plans with full HR support on hospital / community workforce groups. Delivering Care: Nurse Staffing in Northern Ireland	Health - absence of locums and increasing demands on team without additional resources. Low uptake of mandatory training and	Delivering Value Health check measurements on absence hours lost, mandatory training, appraisal, time to fill posts, job planning completion rate. Involvement	Service not meeting statutory or procedural deadlines resulting in, for example, delays in recruitment Inability of	People Growing for the Future Belonging to the HSC New Ways of	30/04/2024 30/04/2024		Risk
1254 1	18/01/2021	16	_			8	_	Human Resources & Organisatio	(Risk Register	Stability of Our Services, Improving the Quality and Experience of Care, Supporting and	deliver safe, high quality and sustainable services due to workforce supply and	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	Continuity Plans with full HR support on hospital / community workforce groups. Delivering Care: Nurse Staffing in Northern Ireland Organisation	Health - absence of locums and increasing demands on team without additional resources. Low uptake of mandatory training and completed	Delivering Value Health check measurements on absence hours lost, mandatory training, appraisal, time to fill posts, job planning completion rate. Involvement Committee -	Service not meeting statutory or procedural deadlines resulting in, for example, delays in recruitment Inability of NIMTDA to fill	People Growing for the Future Belonging to the HSC New Ways of	30/04/2024 30/04/2024		Risk
1254 1	.8/01/2021	16	_			8	_	Human Resources & Organisatio	(Risk Register	Stability of Our Services, Improving the Quality and Experience of Care, Supporting and Empowering	deliver safe, high quality and sustainable services due to workforce supply and	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	Continuity Plans with full HR support on hospital / community workforce groups. Delivering Care: Nurse Staffing in Northern Ireland Organisation Development	Health - absence of locums and increasing demands on team without additional resources. Low uptake of mandatory training and completed annual appraisal.	Delivering Value Health check measurements on absence hours lost, mandatory training, appraisal, time to fill posts, job planning completion rate. Involvement Committee - Quarterly	Service not meeting statutory or procedural deadlines resulting in, for example, delays in recruitment linability of NIMTDA to fill all posts.	People Growing for the Future Belonging to the HSC New Ways of	30/04/2024 30/04/2024		Risk
1254 1	.8/01/2021	16	_			8	_	Human Resources & Organisatio	(Risk Register	Stability of Our Services, Improving the Quality and Experience of Care, Supporting and Empowering	deliver safe, high quality and sustainable services due to workforce supply and	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	Continuity Plans with full HR support on hospital / community workforce groups. Delivering Care: Nurse Staffing in Northern Ireland Organisation Development Steering Group	Health - absence of locums and increasing demands on team without additional resources. Low uptake of mandatory training and completed annual appraisal. Inability to follow	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	Service not meeting statutory or procedural deadlines resulting in, for example, delays in recruitment Inability of NIMTDA to fill all posts. Insufficient	People Growing for the Future Belonging to the HSC New Ways of	30/04/2024 30/04/2024		Risk
1254 1	.8/01/2021	16	_			8	_	Human Resources & Organisatio	(Risk Register	Stability of Our Services, Improving the Quality and Experience of Care, Supporting and Empowering	deliver safe, high quality and sustainable services due to workforce supply and	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	Continuity Plans with full HR support on hospital / community workforce groups. Delivering Care: Nurse Staffing in Northern Ireland Organisation Development Steering Group Health and	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	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	Service not meeting statutory or procedural deadlines resulting in, for example, delays in recruitment Inability of NIMTDA to fill all posts. Insufficient number of	People Growing for the Future Belonging to the HSC New Ways of	30/04/2024 30/04/2024		Risk
1254 1	.8/01/2021	16	_			8	_	Human Resources & Organisatio	(Risk Register	Stability of Our Services, Improving the Quality and Experience of Care, Supporting and Empowering	deliver safe, high quality and sustainable services due to workforce supply and	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	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	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	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	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	People Growing for the Future Belonging to the HSC New Ways of	30/04/2024 30/04/2024		Risk
1254 1	.8/01/2021	16	_			8	_	Human Resources & Organisatio	(Risk Register	Stability of Our Services, Improving the Quality and Experience of Care, Supporting and Empowering	deliver safe, high quality and sustainable services due to workforce supply and	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	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	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	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	Service not meeting statutory or procedural deadlines resulting in, for example, delays in recruitment Inability of NIMTDA to fill all posts. Insufficient number of	People Growing for the Future Belonging to the HSC New Ways of	30/04/2024 30/04/2024		Risk
1254 1	.8/01/2021	16	_			8	_	Human Resources & Organisatio	(Risk Register	Stability of Our Services, Improving the Quality and Experience of Care, Supporting and Empowering	deliver safe, high quality and sustainable services due to workforce supply and	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	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	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	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	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	People Growing for the Future Belonging to the HSC New Ways of	30/04/2024 30/04/2024		Risk
1254 1	.8/01/2021	16	_			8	_	Human Resources & Organisatio	(Risk Register	Stability of Our Services, Improving the Quality and Experience of Care, Supporting and Empowering	deliver safe, high quality and sustainable services due to workforce supply and	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	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 &	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	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	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	People Growing for the Future Belonging to the HSC New Ways of	30/04/2024 30/04/2024		Risk
1254 1	.8/01/2021	16	_			8	_	Human Resources & Organisatio	(Risk Register	Stability of Our Services, Improving the Quality and Experience of Care, Supporting and Empowering	deliver safe, high quality and sustainable services due to workforce supply and	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	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	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	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	Service not meeting statutory or procedural deadlines resulting in, for example, delays in recruitment linability of NIMTDA to fill all posts. Insufficient number of social work student applications to the University	People Growing for the Future Belonging to the HSC New Ways of	30/04/2024 30/04/2024		Risk
1254 1	.8/01/2021	16	_			8	_	Human Resources & Organisatio	(Risk Register	Stability of Our Services, Improving the Quality and Experience of Care, Supporting and Empowering	deliver safe, high quality and sustainable services due to workforce supply and	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	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	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	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	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	People Growing for the Future Belonging to the HSC New Ways of	30/04/2024 30/04/2024		Risk
1254 1	.8/01/2021	16	_			8	_	Human Resources & Organisatio	(Risk Register	Stability of Our Services, Improving the Quality and Experience of Care, Supporting and Empowering	deliver safe, high quality and sustainable services due to workforce supply and	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	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	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	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	Service not meeting statutory or procedural deadlines resulting in, for example, delays in recruitment lnability of NIMTDA to fill all posts. Insufficient number of social work student applications to the University Degree Course in rural areas.	People Growing for the Future Belonging to the HSC New Ways of	30/04/2024 30/04/2024		Risk
1254 1	.8/01/2021	16	_			8	_	Human Resources & Organisatio	(Risk Register	Stability of Our Services, Improving the Quality and Experience of Care, Supporting and Empowering	deliver safe, high quality and sustainable services due to workforce supply and	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	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	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.	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).	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)	People Growing for the Future Belonging to the HSC New Ways of	30/04/2024 30/04/2024		Risk
1254 1	.8/01/2021	16	_			8	_	Human Resources & Organisatio	(Risk Register	Stability of Our Services, Improving the Quality and Experience of Care, Supporting and Empowering	deliver safe, high quality and sustainable services due to workforce supply and	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	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	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-	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	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	People Growing for the Future Belonging to the HSC New Ways of	30/04/2024 30/04/2024		Risk
1254 1	.8/01/2021	16	_			8	_	Human Resources & Organisatio	(Risk Register	Stability of Our Services, Improving the Quality and Experience of Care, Supporting and Empowering	deliver safe, high quality and sustainable services due to workforce supply and	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	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 and key	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 coordinated	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	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	People Growing for the Future Belonging to the HSC New Ways of	30/04/2024 30/04/2024		Risk
1254 1	.8/01/2021	16	_			8	_	Human Resources & Organisatio	(Risk Register	Stability of Our Services, Improving the Quality and Experience of Care, Supporting and Empowering	deliver safe, high quality and sustainable services due to workforce supply and	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	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	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 coordinated information on	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	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	People Growing for the Future Belonging to the HSC New Ways of	30/04/2024 30/04/2024		Risk
1254 1	.8/01/2021	16	_			8	_	Human Resources & Organisatio	(Risk Register	Stability of Our Services, Improving the Quality and Experience of Care, Supporting and Empowering	deliver safe, high quality and sustainable services due to workforce supply and	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	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 & Trust Workforce Strategy and key actions Policies - Rec &	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 coordinated information on agency staffing	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	Service not meeting statutory or procedural deadlines resulting in, for example, delays in recruitment lnability 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	People Growing for the Future Belonging to the HSC New Ways of	30/04/2024 30/04/2024		Risk
1254 1	.8/01/2021	16	_			8	_	Human Resources & Organisatio	(Risk Register	Stability of Our Services, Improving the Quality and Experience of Care, Supporting and Empowering	deliver safe, high quality and sustainable services due to workforce supply and	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	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	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 coordinated information on	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	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	People Growing for the Future Belonging to the HSC New Ways of	30/04/2024 30/04/2024		Risk
1254 1	.8/01/2021	16	_			8	_	Human Resources & Organisatio	(Risk Register	Stability of Our Services, Improving the Quality and Experience of Care, Supporting and Empowering	deliver safe, high quality and sustainable services due to workforce supply and	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	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	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 coordinated information on agency staffing	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	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	People Growing for the Future Belonging to the HSC New Ways of	30/04/2024 30/04/2024		Risk

1288	08/04/2021	12	High	12	High	6	Medium	Director of	Trust-wide	Ensuring	Risk of failure	There is a risk of	Monitoring and	Ageing	Back-log	Lack of	Review of	30/06/2022	06/06/2022	Corporate
1200	00/04/2021		(Amber		(Amber)	·		Performanc		Stability of	to meet	deterioration in	review by PSI	infrastructure	Maintenance list	Funding for	emerging issues	30/09/2021	07/09/2021	Risk
)		(Alliber)		(Tellow)			Our Services,	regulatory	the Trust Estate	SMT of	resulting in	Health & Safety	backlog	and response		03/08/2021	(Approved)
			,					Improveme	use offiy)	Improving	standards and	due to ageing and		deterioration of	audits	maintenance.	required	30/04/2021	03/08/2021	(Арргочец)
								nt		the Quality	compliance	lack of capital		buildings	Environmental	maintenance.	Development of	30/09/2021	07/09/2021	
								110		-		· ·		Insufficient			-	30/09/2021	07/09/2021	
										and	associated		electrical, fire		Cleanliness audits				, ,	
										Experience	with Trust	maintenance of	safety, vacant	funding to carry	Authorising		2021/22 backlog	31/03/2022	12/04/2022	
										of Care	infrastructure	building services	estate asbestos	out full remedial	Engineer audits		maintenance	31/08/2021	31/08/2021	
											and estate.	infrastructure	and physical	works identified.	Annual		agreed action		12/04/2022	
												and physical	infrastructure.		inspections		plan.	30/06/2022	06/06/2022	
												environment	Should a critical		carried out		CMT approval of	30/09/2022	30/09/2022	
												which could lead	issue materialise		Membership at		BLM 2021/22 for			
												to loss of service	further funding		Health and Safety/		submission.			
												and non-	can be sought		Water Safety		Development of			
												compliance with	from DOH or		Groups		2021/22 BLM bid			
												regulatory and	existing funding		Reports to		Completion of six			
												statutory	reprioritised to		Corporate		facet condition			
												standards (e.g.	address the new		Governance Sub		survey			
												water, electrical,	critical issue		Committee/Gover		Review of			
												asbestos and	Estates Strategy		nance Committee		emerging issues			
												physical	2015/16-2020/21		Assurance		and response			
												infrastructure).	Annual review of		standards		required			
													building		Buildings, Land,		Monthly review			
													condition (3i)		Plant & Non-		of Backlog			
													and creation of		Medical		Maintenance			
													prioritised BLM		Equipment		capital			
													list.		Oakleaf - 6 facet		investment plan			
													2022/23 Backlog		independent		Review Ward 50			
1306	16/06/2021	16	High	16	High	8	High	Director of	Directorate-	Ensuring	Vacant	No consultant to	ROP screening	No consultant	Ongoing		Advertise new	30/04/2023	04/04/2023	Corporate
1500	10,00,2021		(Amber		(Amber)	Ŭ	_			Stability of	Paediatric	lead Paediatric	performed by	oversight for	discussions with		agreed post for a		0.,0.,2020	Risk
)		(,,		(, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0 ,,		Our Services,	Ophthalmolog	Ophthalmology	retinal	orthoptics and	commissioners as		General	01,00,202		(Approved)
			,					& Women's	-	Improving	y consultant	services. No		optometry	regards filling the		Ophthalmology			(лрргочса)
								Health	Offigy	the Quality	post resulting	routine paediatric	temporary	increase clinical	post.		Consultant			
								ricaitii		and	in no	cases being seen	measure	risk	post.		Agree solution for			
										Experience	Paediatric	in		Significant clinical			review patients			
										•		0-6-6-1		_			review patients			
		1								of Care	Ophthalmolog	Ophthalmology.		risk in ROP						
		1									y clinics	Long waiting lists	with general	screening by						
		1										with clinical risk	ophthalmologists							
		1										of adverse	for referral to	without						
		1										outcomes. No	Belfast as	Paediatric						
		1										clinical oversight	required.	fellowship.						
		1										for orthoptic and								
		1										optometry clinics.								1
														1	1			l	l	

			_							au						00/00/0000	00/00/0000	
1307	16/06/2021	25		25	Extreme	•		Director of	Supporting	Clinical Risk	Due to limitations		proparamedics		Escalate to	30/06/2022	03/02/2022	Corporate
			e (Red)		(Red)	<u> </u>	(Yellow)	Surgery,	and	regarding	on the NISTAR	_	are no longer			31/03/2022	03/02/2022	Risk
								Paediatrics	Empowering	Delayed	resource and		able ot supply		services for	31/03/2022	03/02/2022	(Approved)
								& Women's	Staff	Transfer of	ability of Trust to		NISTAR with back		discussion with			
								Health		Babies,	facilitate	avaiilable.	up		counterpart in			
										Children and	transfers that	Ensure staff are	Impact on		Belfast as he/she			
										Adults to	don't meet	trained in use of	Services when		is responsible for			
										Other	NISTAR protocols	transport	Trust Staff are		NISTAR.			
										Hospitals	and lack of clarity	equipment in	called away to		Raise at			
										·	around same,		facilitate transfer		corporate safety			
											time critical		Working with		huddle and RRG			
											transfers are		neonatal		Escalate through			
											being either		shortage - no		child health			
											-				partnership.			
											delayed or are		adequately		partnersnip.			
											completed using	,	trained staff to					
											sub-optimal		backfill and					
		1									alternatives. This		training delivered					
		1									may result in		during core time					
		1									harm to patients		No funding for					
		1									being transferred,	NISTAR will make						
											the patients in	ambulance and	Difficulty					
											the services	driver available if	ensuring ongoing					
											covering the	local team can	professional					
											transfer as well as	do transfer	development to					
											additional		maintain skills.					
											financial cost to		Requirement to					
											the Trust.		provide/source					
											the musti		Trust Time					
1320	15/09/2021	12	High	20	Extreme 8	3	High	Executive	Improving	Delayed/inap	Increasing	Staff training in	Environmental	Monitoring of	CAMHS Business	30/09/2024		Corporate
			(Amber		(Red)		(Amber)	Director of	the Quality	propriate	demand for the	Paediatrics	risks of	waiting lists	case to be	30/09/2024		Risk
)				(erre addirey	p p	acimana ioi tiic	. acaiaciics	113K3 01	waiting nata	case to be	30/09/2024		
					,		(Social Work	and	placement of	need for		temporary	Regional AD	developed to	30/09/2024		(Approved)
			,				(Staff training in				30/09/2024		-
			,				(*		and	placement of	need for inpatient beds	Staff training in Emergency	temporary placement	Regional AD	developed to progress	30/09/2024 30/09/2024		-
			,		,,		(and Experience	placement of children assessed as	need for inpatient beds has resulting in	Staff training in Emergency Department	temporary placement wards/facilities in	Regional AD Forum - standing item	developed to progress development of	30/09/2024 30/09/2024 30/09/2024		-
			,		, , ,		(· · · · · · · · · · · · · · · · · · ·		and Experience	placement of children assessed as requiring	need for inpatient beds has resulting in capacity issues	Staff training in Emergency Department Regular meetings	temporary placement wards/facilities in particular YP	Regional AD Forum - standing item Regional Care	developed to progress development of CAMHS OOH	30/09/2024 30/09/2024 30/09/2024 30/09/2024	24/01/2024	-
			,		, , ,		,,		and Experience	placement of children assessed as requiring inpatient	need for inpatient beds has resulting in capacity issues within the	Staff training in Emergency Department Regular meetings with AMH	temporary placement wards/facilities in particular YP presenting self-	Regional AD Forum - standing item Regional Care Network - weekly	developed to progress development of CAMHS OOH service provision	30/09/2024 30/09/2024 30/09/2024 30/09/2024 31/05/2023	24/01/2024 24/01/2024	-
			,				,		and Experience	placement of children assessed as requiring inpatient mental health	need for inpatient beds has resulting in capacity issues within the regional	Staff training in Emergency Department Regular meetings with AMH services	temporary placement wards/facilities in particular YP presenting self- harm, suicidal	Regional AD Forum - standing item Regional Care Network - weekly data collation	developed to progress development of CAMHS OOH service provision Family & Child	30/09/2024 30/09/2024 30/09/2024 30/09/2024 31/05/2023 31/05/2023	24/01/2024	-
			,				,		and Experience	placement of children assessed as requiring inpatient	need for inpatient beds has resulting in capacity issues within the regional adolescent	Staff training in Emergency Department Regular meetings with AMH services Regular meetings	temporary placement wards/facilities in particular YP presenting self- harm, suicidal risk, risk of	Regional AD Forum - standing item Regional Care Network - weekly data collation Daily updates with	developed to progress development of CAMHS OOH service provision Family & Child Care Social work	30/09/2024 30/09/2024 30/09/2024 30/09/2024 31/05/2023 31/05/2023 31/05/2023	24/01/2024 24/01/2024	-
			,				,		and Experience	placement of children assessed as requiring inpatient mental health	need for inpatient beds has resulting in capacity issues within the regional adolescent mental health	Staff training in Emergency Department Regular meetings with AMH services Regular meetings with Beechcroft	temporary placement wards/facilities in particular YP presenting self- harm, suicidal risk, risk of absconding.	Regional AD Forum - standing item Regional Care Network - weekly data collation Daily updates with Beechcroft	developed to progress development of CAMHS OOH service provision Family & Child Care Social work input in over 16	30/09/2024 30/09/2024 30/09/2024 30/09/2024 31/05/2023 31/05/2023 31/05/2023 31/05/2023	24/01/2024 24/01/2024 24/01/2024	-
			,				,		and Experience	placement of children assessed as requiring inpatient mental health	need for inpatient beds has resulting in capacity issues within the regional adolescent mental health inpatient unit.	Staff training in Emergency Department Regular meetings with AMH services Regular meetings with Beechcroft (weekly) and	temporary placement wards/facilities in particular YP presenting self- harm, suicidal risk, risk of absconding. Supervision	Regional AD Forum - standing item Regional Care Network - weekly data collation Daily updates with Beechcroft In-house	developed to progress development of CAMHS OOH service provision Family & Child Care Social work input in over 16 MH assessment	30/09/2024 30/09/2024 30/09/2024 30/09/2024 31/05/2023 31/05/2023 31/05/2023	24/01/2024 24/01/2024	-
			,				,		and Experience	placement of children assessed as requiring inpatient mental health	need for inpatient beds has resulting in capacity issues within the regional adolescent mental health inpatient unit. There is	Staff training in Emergency Department Regular meetings with AMH services Regular meetings with Beechcroft (weekly) and daily updates	temporary placement wards/facilities in particular YP presenting self- harm, suicidal risk, risk of absconding. Supervision deficit in	Regional AD Forum - standing item Regional Care Network - weekly data collation Daily updates with Beechcroft In-house monitoring of	developed to progress development of CAMHS OOH service provision Family & Child Care Social work input in over 16 MH assessment with AMHS to be	30/09/2024 30/09/2024 30/09/2024 30/09/2024 31/05/2023 31/05/2023 31/05/2023 31/05/2023	24/01/2024 24/01/2024 24/01/2024	-
			,				,		and Experience	placement of children assessed as requiring inpatient mental health	need for inpatient beds has resulting in capacity issues within the regional adolescent mental health inpatient unit. There is significant	Staff training in Emergency Department Regular meetings with AMH services Regular meetings with Beechcroft (weekly) and daily updates Policy on age	temporary placement wards/facilities in particular YP presenting self- harm, suicidal risk, risk of absconding. Supervision deficit in ED/AMH/Paeds	Regional AD Forum - standing item Regional Care Network - weekly data collation Daily updates with Beechcroft In-house monitoring of inappropriate	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	30/09/2024 30/09/2024 30/09/2024 30/09/2024 31/05/2023 31/05/2023 31/05/2023 31/05/2023	24/01/2024 24/01/2024 24/01/2024	-
			,						and Experience	placement of children assessed as requiring inpatient mental health	need for inpatient beds has resulting in capacity issues within the regional adolescent mental health inpatient unit. There is significant challenges for	Staff training in Emergency Department Regular meetings with AMH services Regular meetings with Beechcroft (weekly) and daily updates Policy on age appropriate care	temporary placement wards/facilities in particular YP presenting self- harm, suicidal risk, risk of absconding. Supervision deficit in ED/AMH/Paeds wards	Regional AD Forum - standing item Regional Care Network - weekly data collation Daily updates with Beechcroft In-house monitoring of inappropriate admissions	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	30/09/2024 30/09/2024 30/09/2024 30/09/2024 31/05/2023 31/05/2023 31/05/2023 31/05/2023	24/01/2024 24/01/2024 24/01/2024	-
									and Experience	placement of children assessed as requiring inpatient mental health	need for inpatient beds has resulting in capacity issues within the regional adolescent mental health inpatient unit. There is significant challenges for CAMHS resulting	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	temporary placement wards/facilities in particular YP presenting self- harm, suicidal risk, risk of absconding. Supervision deficit in ED/AMH/Paeds wards Psychiatric cover	Regional AD Forum - standing item Regional Care Network - weekly data collation Daily updates with Beechcroft In-house monitoring of inappropriate admissions Early Alerts of	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	30/09/2024 30/09/2024 30/09/2024 30/09/2024 31/05/2023 31/05/2023 31/05/2023 31/05/2023	24/01/2024 24/01/2024 24/01/2024	-
			,						and Experience	placement of children assessed as requiring inpatient mental health	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	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	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	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	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	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	-
			,						and Experience	placement of children assessed as requiring inpatient mental health	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	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	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	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	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	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	-
			,						and Experience	placement of children assessed as requiring inpatient mental health	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	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	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 &	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	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	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	-
			,						and Experience	placement of children assessed as requiring inpatient mental health	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	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	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	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	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	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	-
			,						and Experience	placement of children assessed as requiring inpatient mental health	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	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	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 &	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	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	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	-
									and Experience	placement of children assessed as requiring inpatient mental health	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	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	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	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	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	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	-
									and Experience	placement of children assessed as requiring inpatient mental health	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,	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	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	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.	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	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	-
			,						and Experience	placement of children assessed as requiring inpatient mental health	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	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	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.	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	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	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	-
									and Experience	placement of children assessed as requiring inpatient mental health	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	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	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/knowled	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	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	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	-
									and Experience	placement of children assessed as requiring inpatient mental health	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	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	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/knowled ge deficit re	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	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	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	-
									and Experience	placement of children assessed as requiring inpatient mental health	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	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	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/knowled ge deficit re pathways	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	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	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	-
									and Experience	placement of children assessed as requiring inpatient mental health	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	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	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/knowled ge deficit re pathways related to high	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	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	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	-
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within nursing; sent when closures/ transfers and in planning and may depleted at short result in unit closure. Cot closures after implemented. consultation with medical staff and remedical staff and Neonatal Network of NI patients or	1338 (08/11/2021	20		6		6		Surgery, Paediatrics & Women's		Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering	Provision of Neonatal Care in SWAH due to staffing shortages particularly staff qualified	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;	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	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	monitored	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	Contingency Plan Rotation between Paeds and NICU Bid for staff to backfill training Close cots as necessary Inform Commissioners and NNNI Monitor clinical	31/03/2022 13/10/2021 31/03/2022 13/10/2021 30/10/2021	01/04/2022 13/10/2021 01/04/2022 13/10/2021 29/10/2021	Risk
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planning and may depleted at short result in unit notice. Cot closures plans will be implemented. consultation with medical staff and transfer Neonatal antenatal Network of NI patients or	1338 (08/11/2021	20		6		6		Surgery, Paediatrics & Women's		Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering	Provision of Neonatal Care in SWAH due to staffing shortages particularly staff qualified	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	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	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	monitored	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	Contingency Plan Rotation between Paeds and NICU Bid for staff to backfill training Close cots as necessary Inform Commissioners and NNNI Monitor clinical	31/03/2022 13/10/2021 31/03/2022 13/10/2021 30/10/2021	01/04/2022 13/10/2021 01/04/2022 13/10/2021 29/10/2021	Risk
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closure. Cot closures plans will be implemented. consultation with Inability to medical staff and transfer Neonatal antenatal Network of NI patients or	1338 (08/11/2021	20		6		6		Surgery, Paediatrics & Women's		Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering	Provision of Neonatal Care in SWAH due to staffing shortages particularly staff qualified	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	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	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	monitored	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	Contingency Plan Rotation between Paeds and NICU Bid for staff to backfill training Close cots as necessary Inform Commissioners and NNNI Monitor clinical	31/03/2022 13/10/2021 31/03/2022 13/10/2021 30/10/2021	01/04/2022 13/10/2021 01/04/2022 13/10/2021 29/10/2021	Risk
after implemented. consultation with Inability to medical staff and transfer Neonatal antenatal Network of NI patients or	1338 (08/11/2021	20		6		6		Surgery, Paediatrics & Women's		Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering	Provision of Neonatal Care in SWAH due to staffing shortages particularly staff qualified	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	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	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	monitored	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	Contingency Plan Rotation between Paeds and NICU Bid for staff to backfill training Close cots as necessary Inform Commissioners and NNNI Monitor clinical	31/03/2022 13/10/2021 31/03/2022 13/10/2021 30/10/2021	01/04/2022 13/10/2021 01/04/2022 13/10/2021 29/10/2021	Risk
consultation with Inability to medical staff and transfer Neonatal antenatal Network of NI patients or	1338 (08/11/2021	20		6		6		Surgery, Paediatrics & Women's		Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering	Provision of Neonatal Care in SWAH due to staffing shortages particularly staff qualified	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	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.	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	monitored	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	Contingency Plan Rotation between Paeds and NICU Bid for staff to backfill training Close cots as necessary Inform Commissioners and NNNI Monitor clinical	31/03/2022 13/10/2021 31/03/2022 13/10/2021 30/10/2021	01/04/2022 13/10/2021 01/04/2022 13/10/2021 29/10/2021	Risk
medical staff and transfer Neonatal antenatal Network of NI patients or	1338 (08/11/2021	20		6		6		Surgery, Paediatrics & Women's		Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering	Provision of Neonatal Care in SWAH due to staffing shortages particularly staff qualified	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	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	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	monitored	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	Contingency Plan Rotation between Paeds and NICU Bid for staff to backfill training Close cots as necessary Inform Commissioners and NNNI Monitor clinical	31/03/2022 13/10/2021 31/03/2022 13/10/2021 30/10/2021	01/04/2022 13/10/2021 01/04/2022 13/10/2021 29/10/2021	Risk
Neonatal antenatal Network of NI patients or	1338 (08/11/2021	20		6		6		Surgery, Paediatrics & Women's		Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering	Provision of Neonatal Care in SWAH due to staffing shortages particularly staff qualified	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	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	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.	monitored	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	Contingency Plan Rotation between Paeds and NICU Bid for staff to backfill training Close cots as necessary Inform Commissioners and NNNI Monitor clinical	31/03/2022 13/10/2021 31/03/2022 13/10/2021 30/10/2021	01/04/2022 13/10/2021 01/04/2022 13/10/2021 29/10/2021	Risk
Network of NI patients or	1338 (08/11/2021	20		6		6		Surgery, Paediatrics & Women's		Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering	Provision of Neonatal Care in SWAH due to staffing shortages particularly staff qualified	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	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	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	monitored	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	Contingency Plan Rotation between Paeds and NICU Bid for staff to backfill training Close cots as necessary Inform Commissioners and NNNI Monitor clinical	31/03/2022 13/10/2021 31/03/2022 13/10/2021 30/10/2021	01/04/2022 13/10/2021 01/04/2022 13/10/2021 29/10/2021	Risk
	1338 (08/11/2021	20		6		6		Surgery, Paediatrics & Women's		Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering	Provision of Neonatal Care in SWAH due to staffing shortages particularly staff qualified	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	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	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	monitored	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	Contingency Plan Rotation between Paeds and NICU Bid for staff to backfill training Close cots as necessary Inform Commissioners and NNNI Monitor clinical	31/03/2022 13/10/2021 31/03/2022 13/10/2021 30/10/2021	01/04/2022 13/10/2021 01/04/2022 13/10/2021 29/10/2021	Risk
Contingency pian neonates further	1338 (08/11/2021	20		6		6		Surgery, Paediatrics & Women's		Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering	Provision of Neonatal Care in SWAH due to staffing shortages particularly staff qualified	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	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	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	monitored	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	Contingency Plan Rotation between Paeds and NICU Bid for staff to backfill training Close cots as necessary Inform Commissioners and NNNI Monitor clinical	31/03/2022 13/10/2021 31/03/2022 13/10/2021 30/10/2021	01/04/2022 13/10/2021 01/04/2022 13/10/2021 29/10/2021	Risk
	1338 (08/11/2021	20		6		6		Surgery, Paediatrics & Women's		Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering	Provision of Neonatal Care in SWAH due to staffing shortages particularly staff qualified	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	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	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	monitored	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	Contingency Plan Rotation between Paeds and NICU Bid for staff to backfill training Close cots as necessary Inform Commissioners and NNNI Monitor clinical	31/03/2022 13/10/2021 31/03/2022 13/10/2021 30/10/2021	01/04/2022 13/10/2021 01/04/2022 13/10/2021 29/10/2021	Risk

4075	45 /02 /2022	4.0	100.1	4.0	COLUMN TO SERVICE STREET	,	and the second				C 11 1		147 1 1 1 1 1 1 1 1		A 4			24 /07 /2022	45 /00 /2022	
1375	15/03/2022	16	High	16	High	ь	Low		Acute -	Ensuring	Consultants	Due to challenges	_	Locum resources	Medical HR	Locum	Recruitment to	31/07/2023	15/08/2023	Corporate
			(Amber		(Amber)		(Green)	Diagnostics,	Emergency	Stability of	Cover in	regionally in	International	has limited	working	resources has	fill vacant posts.			Risk
)						Care &	Our Services,	Cardiology	relation to		availability.	collaboratively on	limited				(Approved)
									Medicine	Improving		securing	team to expedite		recruitment.	availability.				
								specialties		the Health of		substantive	a new	regionally in	Clinical Lead has	Challenges				
										Our People,		positions and the		relation to	oversight of the	regionally in				
										Improving		limited	Working through	securing	rota	relation to				
										the Quality		availability of	current job plans	substantive	Business	securing				
										and		locum resources,	to identify	positions.	continuity	substantive				
										Experience		a 6 person on call	monies to		arrangements are	positions.				
										of Care		rota has been	increase the		in place should					
												depleted by 50%	Consultant		there be an					
												leading to	complement.		unplanned rota					
												potential gaps in	-Secured short		gap.					
												the rota.	term locum							
													Middle Grade							
													Doctor to							
													support Ward							
		1									1		based work on a	1		1				
													short to medium			1				
		1									1		term basis.	1		1				
													Worked with							
													Medical HR to							
													secure short to							
													medium term							
													locums (starting							
													27th February).							
L													Link with							
1409	01/07/2022	25	Extrem	16	High	9	Medium	Director of	Acute -	Ensuring	ED Mental	Due to lack of	-@risis/MHL will	-Mimely access	Daily engagement		Meetings	03/07/2023	18/09/2023	Corporate
1409	01/07/2022	25	Extrem e (Red)	16	High (Amber)	9		Director of Diagnostics,	Acute - Unscheduled	Ensuring Stability of	ED Mental Health	Due to lack of local and regional	1	-Eimely access to Mental Health	Daily engagement with MH and ED		Meetings Workforce	03/07/2023 29/02/2024	18/09/2023	Corporate Risk
1409	01/07/2022	25		16		9		Diagnostics,		_			1	to Mental Health			_		18/09/2023	
1409	01/07/2022	25		16		9		Diagnostics,	Unscheduled	Stability of	Health	local and regional	review all	to Mental Health	with MH and ED		Workforce	29/02/2024	18/09/2023	Risk
1409	01/07/2022	25		16		9		Diagnostics, Cancer and	Unscheduled	Stability of Our Services,	Health	local and regional mental health	review all patients every 24 hours and liaise	to Mental Health beds continue	with MH and ED to manage risk		Workforce Improvement	29/02/2024	18/09/2023	Risk
1409	01/07/2022	25		16		9		Diagnostics, Cancer and medical	Unscheduled	Stability of Our Services, Improving	Health	local and regional mental health beds patients	review all patients every 24 hours and liaise with psychiatry	to Mental Health beds continue -Overall	with MH and ED to manage risk Newly established		Workforce Improvement	29/02/2024	18/09/2023	Risk
1409	01/07/2022	25		16		9		Diagnostics, Cancer and medical	Unscheduled	Stability of Our Services, Improving the Health of	Health	local and regional mental health beds patients requiring mental	review all patients every 24 hours and liaise with psychiatry as required	to Mental Health beds continue -Øverall congestion and	with MH and ED to manage risk Newly established weekly meetings		Workforce Improvement	29/02/2024	18/09/2023	Risk
1409	01/07/2022	25		16		9		Diagnostics, Cancer and medical	Unscheduled	Stability of Our Services, Improving the Health of Our People,	Health	local and regional mental health beds patients requiring mental health	review all patients every 24 hours and liaise with psychiatry as requiredED will	to Mental Health beds continue -Øverall congestion and capacity issues	with MH and ED to manage risk Newly established weekly meetings between ED and		Workforce Improvement	29/02/2024	18/09/2023	Risk
1409	01/07/2022	25		16		9		Diagnostics, Cancer and medical	Unscheduled	Stability of Our Services, Improving the Health of Our People, Improving	Health	local and regional mental health beds patients requiring mental health assessment and	review all patients every 24 hours and liaise with psychiatry as required -ED will complete	to Mental Health beds continue -Øverall congestion and capacity issues within ED	with MH and ED to manage risk Newly established weekly meetings between ED and mental health		Workforce Improvement	29/02/2024	18/09/2023	Risk
1409	01/07/2022	25		16		9		Diagnostics, Cancer and medical	Unscheduled	Stability of Our Services, Improving the Health of Our People, Improving the Quality	Health	local and regional mental health beds patients requiring mental health assessment and admission are	review all patients every 24 hours and liaise with psychiatry as required -ED will complete Kardex's – Psych	to Mental Health beds continue -Øverall congestion and capacity issues within ED compounds the	with MH and ED to manage risk Newly established weekly meetings between ED and mental health		Workforce Improvement	29/02/2024	18/09/2023	Risk
1409	01/07/2022	25		16		9		Diagnostics, Cancer and medical	Unscheduled	Stability of Our Services, Improving the Health of Our People, Improving the Quality and	Health	local and regional mental health beds patients requiring mental health assessment and admission are required to stay	review all patients every 24 hours and liaise with psychiatry as required -ED will complete Kardex's – Psych Consultants will	to Mental Health beds continue -Øverall congestion and capacity issues within ED compounds the challenge in	with MH and ED to manage risk Newly established weekly meetings between ED and mental health		Workforce Improvement	29/02/2024	18/09/2023	Risk
1409	01/07/2022	25		16		9		Diagnostics, Cancer and medical	Unscheduled	Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care,	Health	local and regional mental health beds patients requiring mental health assessment and admission are required to stay in the department for	review all patients every 24 hours and liaise with psychiatry as required -ED will complete Kardex's – Psych Consultants will be available for	to Mental Health beds continue -Øverall congestion and capacity issues within ED compounds the challenge in managing this	with MH and ED to manage risk Newly established weekly meetings between ED and mental health		Workforce Improvement	29/02/2024	18/09/2023	Risk
1409	01/07/2022	25		16		9		Diagnostics, Cancer and medical	Unscheduled	Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience	Health	local and regional mental health beds patients requiring mental health assessment and admission are required to stay in the department for prolonged	review all patients every 24 hours and liaise with psychiatry as required -ED will complete Kardex's – Psych Consultants will	to Mental Health beds continue -Øverall congestion and capacity issues within ED compounds the challenge in managing this	with MH and ED to manage risk Newly established weekly meetings between ED and mental health		Workforce Improvement	29/02/2024	18/09/2023	Risk
1409	01/07/2022	25		16		9		Diagnostics, Cancer and medical	Unscheduled	Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care, Supporting and	Health	local and regional mental health beds patients requiring mental health assessment and admission are required to stay in the department for prolonged periods, with	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	to Mental Health beds continue -Øverall congestion and capacity issues within ED compounds the challenge in managing this	with MH and ED to manage risk Newly established weekly meetings between ED and mental health		Workforce Improvement	29/02/2024	18/09/2023	Risk
1409	01/07/2022	25		16		9		Diagnostics, Cancer and medical	Unscheduled	Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care, Supporting	Health	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	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	to Mental Health beds continue -Øverall congestion and capacity issues within ED compounds the challenge in managing this	with MH and ED to manage risk Newly established weekly meetings between ED and mental health		Workforce Improvement	29/02/2024	18/09/2023	Risk
1409	01/07/2022	25		16		9		Diagnostics, Cancer and medical	Unscheduled	Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering	Health	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.	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	to Mental Health beds continue -Øverall congestion and capacity issues within ED compounds the challenge in managing this	with MH and ED to manage risk Newly established weekly meetings between ED and mental health		Workforce Improvement	29/02/2024	18/09/2023	Risk
1409	01/07/2022	25		16		9		Diagnostics, Cancer and medical	Unscheduled	Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering	Health	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.	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	to Mental Health beds continue -Øverall congestion and capacity issues within ED compounds the challenge in managing this	with MH and ED to manage risk Newly established weekly meetings between ED and mental health		Workforce Improvement	29/02/2024	18/09/2023	Risk
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workforce Challenges and the need to implement a financial recovery plan.									-		the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering	Targets as set	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	monitoring and expected outturn meetings with service areas. Working Safely alongside COVID-19 & Respiratory Infections guidance IPC Training Dynamic Risk Assessments (Annual/Covid/v ulnerable staff) Risk assessment	service delivery plans. Validation of data within reporting timeframes. Impact of financial recovery and/or cost	Improvement Meetings Performance management framework Delivering Strategic Change Board Working Together Delivering Value Regional HSC Performance and Transformation Executive Board Finance and	W A S N O O P E D C C	with Service Areas to review DP Monthly review of cancer performance and elective care poard action plans pevelopment of a cancer poptimisation plan mplementation of AHP Action	29/09/2023	06/09/2023	
challenges and the need to implement a financial recovery plan.									-		the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering	Targets as set	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	monitoring and expected outturn meetings with service areas. Working Safely alongside COVID-19 & Respiratory Infections guidance IPC Training Dynamic Risk Assessments (Annual/Covid/v ulnerable staff) Risk assessment Training	service delivery plans. Validation of data within reporting timeframes. Impact of financial recovery and/or cost	Improvement Meetings Performance management framework Delivering Strategic Change Board Working Together Delivering Value Regional HSC Performance and Transformation Executive Board Finance and Performance	W A S N O O P E D C C	with Service Areas to review DP Monthly review of cancer performance and elective care poard action plans pevelopment of a cancer poptimisation plan mplementation of AHP Action	29/09/2023	06/09/2023	
the need to implement a financial recovery plan.									-		the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering	Targets as set	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,	monitoring and expected outturn meetings with service areas. Working Safely alongside COVID-19 & Respiratory Infections guidance IPC Training Dynamic Risk Assessments (Annual/Covid/v ulnerable staff) Risk assessment Training Link to Corporate	service delivery plans. Validation of data within reporting timeframes. Impact of financial recovery and/or cost	Improvement Meetings Performance management framework Delivering Strategic Change Board Working Together Delivering Value Regional HSC Performance and Transformation Executive Board Finance and Performance Committee	W A S N O O P E D C C	with Service Areas to review DP Monthly review of cancer performance and elective care poard action plans pevelopment of a cancer poptimisation plan mplementation of AHP Action	29/09/2023	06/09/2023	
implement a financial recovery plan.									-		the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering	Targets as set	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	monitoring and expected outturn meetings with service areas. Working Safely alongside COVID-19 & Respiratory Infections guidance IPC Training Dynamic Risk Assessments (Annual/Covid/v ulnerable staff) Risk assessment Training Link to Corporate Workforce Risk	service delivery plans. Validation of data within reporting timeframes. Impact of financial recovery and/or cost	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	W A S N O O P E D C C	with Service Areas to review DP Monthly review of cancer performance and elective care poard action plans pevelopment of a cancer poptimisation plan mplementation of AHP Action	29/09/2023	06/09/2023	
financial recovery plan.									-		the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering	Targets as set	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	monitoring and expected outturn meetings with service areas. Working Safely alongside COVID-19 & Respiratory Infections guidance IPC Training Dynamic Risk Assessments (Annual/Covid/v ulnerable staff) Risk assessment Training Link to Corporate Workforce Risk	service delivery plans. Validation of data within reporting timeframes. Impact of financial recovery and/or cost	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	W A S N O O P E D C C	with Service Areas to review DP Monthly review of cancer performance and elective care poard action plans pevelopment of a cancer poptimisation plan mplementation of AHP Action	29/09/2023	06/09/2023	
plan.									-		the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering	Targets as set	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	monitoring and expected outturn meetings with service areas. Working Safely alongside COVID-19 & Respiratory Infections guidance IPC Training Dynamic Risk Assessments (Annual/Covid/v ulnerable staff) Risk assessment Training Link to Corporate Workforce Risk	service delivery plans. Validation of data within reporting timeframes. Impact of financial recovery and/or cost	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	W A S N O O P E D C C	with Service Areas to review DP Monthly review of cancer performance and elective care poard action plans pevelopment of a cancer poptimisation plan mplementation of AHP Action	29/09/2023	06/09/2023	
									-		the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering	Targets as set	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	monitoring and expected outturn meetings with service areas. Working Safely alongside COVID-19 & Respiratory Infections guidance IPC Training Dynamic Risk Assessments (Annual/Covid/v ulnerable staff) Risk assessment Training Link to Corporate Workforce Risk	service delivery plans. Validation of data within reporting timeframes. Impact of financial recovery and/or cost	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	W A S N O O P E D C C	with Service Areas to review DP Monthly review of cancer performance and elective care poard action plans pevelopment of a cancer poptimisation plan mplementation of AHP Action	29/09/2023	06/09/2023	
I I I I I I I I I I I I I I I I I I I									-		the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering	Targets as set	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	monitoring and expected outturn meetings with service areas. Working Safely alongside COVID-19 & Respiratory Infections guidance IPC Training Dynamic Risk Assessments (Annual/Covid/v ulnerable staff) Risk assessment Training Link to Corporate Workforce Risk	service delivery plans. Validation of data within reporting timeframes. Impact of financial recovery and/or cost	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	W A S N O O P E D C C	with Service Areas to review DP Monthly review of cancer performance and elective care poard action plans pevelopment of a cancer poptimisation plan mplementation of AHP Action	29/09/2023	06/09/2023	
									-		the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering	Targets as set	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.	monitoring and expected outturn meetings with service areas. Working Safely alongside COVID-19 & Respiratory Infections guidance IPC Training Dynamic Risk Assessments (Annual/Covid/v ulnerable staff) Risk assessment Training Link to Corporate Workforce Risk	service delivery plans. Validation of data within reporting timeframes. Impact of financial recovery and/or cost	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	W A S N O O P E D C C	with Service Areas to review DP Monthly review of cancer performance and elective care poard action plans pevelopment of a cancer poptimisation plan mplementation of AHP Action	29/09/2023	06/09/2023	

148	7 06/04/2023	12	High	12	High	8	High	Director of	Human	Ensuring	Impact on	Impact on	Trust compliance	Service impacts	Trust is in line	Pay discussions	Resolution of	30/04/2024	Corporate
			(Amber		(Amber)		(Amber)	Human	Resources	Stability of	services as a	services of	with Agenda for	over a prolonged	with NHS Terms	in NI are led by	local issues	30/04/2024	Risk
)					Resources &		Our Services,	result of	ongoing Industrial	Change Terms	period of time of	and Conditions of	Department of	Plans to address	30/04/2024	(Approved)
								Organisatio		Supporting	Industrial	Action, including	and Conditions	Industrial action.	Service.	Health	continued service	30/04/2024	
								nal Dev		and	Action in	both strike action	of Services.	Postponement	Partnership	however the	impacts		
										Empowering	relation to	and action short	TU Side	and rescheduling	Working with TU	dispute in	Continued		
										Staff	outstanding	of strike, taken in	engagement	of appointments	Side.	relation to the	engagement with		
											Agenda for	relation to	with local and	increasing delays	Regular	2022/23 pay	local and regional		
											Change (AFC)	Agenda for	regional	for patients on	engagement with	award is being	TU Side		
											**	0 1 7		waiting lists.	DoH to influence	managed by	representatives		
											staffing and tr	pay, safe staffing	regarding	Increasing	e.g. mileage rate.	Government at	on derogations.		
														unallocated cases	5		Implementation		
														across a number		and there is no			
												up 94% of overall		of areas i.e.			Continuity		
														nursing, social		the WHSCT to	arrangements		
														work.		influence			
												Due to workforce	-	Vacant/uncovere		resolution of			
												shortages and the		d cases not		dispute.			
												nature of services		worked unless		Absence of			
												l' '		immediate risk to)	Health			
													and Bronze	life and limb		Minister to			
													arrangements in			engage with			
														by Trade Union		this.			
													arrangements for	1 -		Outstanding			
	1											effort and		Not able to make		Pay Awards for			
	1											, <i>'</i>		the necessary		all staff.			
	1												to Health Silver	improvements in		Staff are not			
	1											staff to do	through SPPG	statutory		required to let			