

## TRUST BOARD ITEM: BRIEFING NOTE

<b>Meeting Details:</b>	7 <sup>th</sup> March 2024
<b>Director:</b>	Dr Brendan Lavery
<b>Issue Title:</b>	Corporate Risk Register Summary and Corporate Risk Register Assurance Framework
<b>Indicate the connection with the Trust's Mission and Vision</b> <i>(please tick)</i>	<ul style="list-style-type: none"> <li>✓ People who need us feel cared for</li> <li>✓ People who work with us feel proud</li> <li>✓ People who live in our communities trust us</li> </ul>
<b>Indicate the link to Trust's strategic priorities</b> <i>(please tick)</i>	<ul style="list-style-type: none"> <li>✓ Quality and Safety</li> <li><input type="checkbox"/> Workforce Stabilisation</li> <li><input type="checkbox"/> Performance and Access to Services</li> <li><input type="checkbox"/> Delivering Value</li> <li><input type="checkbox"/> Culture</li> </ul>
<b>Summary of issue to be discussed:</b>	<p>Material Changes;</p> <ol style="list-style-type: none"> <li>1. Proposal to close risk ID1338</li> <li>2. Increase risk rating of ID1183</li> <li>3. De-escalation of ID1306 from Corporate Risk Register to Director of Surgery, Paediatric and women's Health Directorate Risk Register.</li> </ol> <p>Proposed New Risk:</p> <ul style="list-style-type: none"> <li>• No new risks</li> </ul> <p>Summary report for action:</p> <ul style="list-style-type: none"> <li>• No action required.</li> </ul>
<b>Trust Board Response Required</b> <i>(please tick)</i>	<ul style="list-style-type: none"> <li>✓ For approval</li> <li><input type="checkbox"/> To note</li> <li><input type="checkbox"/> Decision</li> </ul>

# 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 on 1<sup>st</sup> February 2024.

### **Summary**

- Material Changes to the Risk Register –
  - proposal to close risk ID1338,
  - increase to risk rating of ID1183,
  - de-escalation of ID1306 to Director of Surgery, Paediatric and Women's Health Directorate Risk Register.
- Proposed New Risks – no new risks
- Summary report for actions – no action required

## **Material Changes**

1. ID1338 – Risk to Provision of Neonatal Care in SWAH due to staffing shortages particularly staff qualified in specialty.

Proposal to close this risk due to following rationale;

At the time this risk was developed we had a shortfall in nursing staff Qualified in Specialty (QIS). We have recruited four additional band 5 staff to the unit over the last 2 years and one has already completed her QIS course whilst a 2nd is doing her course at present. We will continue to release a nurse onto the QUB course on an annual basis. We are also requesting commissioning support for the ENNP (enhanced nurse practitioner) and it is our intention to release 2 staff per year in the unit to achieve this qualification.

The permanent staffing has stabilised, however there are temporary vacancies due to maternity leaves and we continue to avail of support from bank and retired staff to support the rota.

The contingency plan of seeking the Paediatric staff to backfill in the neonatal unit has not been required in the last 12 months.

2. ID1183 – where MCA processes are not being followed, patients may be deprived of their liberty, without having safeguards in place.

Proposal to increase risk rating due to the following pressures;

- identifying and assessing STDAs within Acute settings
- 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, but progress will be kept under review.

## Risk Grading

Current Risk Rating – Consequence MODERATE (3) X Likelihood POSSIBLE (3) = **Medium** (9)

Proposed Current Risk Rating – Consequence MODERATE (3) X Likelihood ALMOST CERTAIN (5) = **HIGH (AMBER)** (15)

Lead Director for risk: Karen O'Brien

3. ID 1306 – Vacant Paediatric Ophthalmology consultant post resulting in no Paediatric Ophthalmology clinics.

Proposal to de-escalate this risk from Corporate Risk Register to Directorate risk register for Director of Surgery, Paediatric & Women's Health, based on information within Summary report attached.

## **Summary report – for action**

- Risks not reviewed in last quarter
  - All risks reviewed within last quarter
- Action plans not up to date
  - No action required

## Update on outstanding actions from Trust Board

Please see attached list of outstanding actions as agreed following Trust Board workshop. These actions are being progressed through the normal CMT-Trust Board approval process and an update on progress is being tabled each month.

Risk ID	Lead Director	Risk Title	Workshop Action	Progress	Update
1216	Director of Acute Hospital Services	Risk of patient harm in Trust EDs due to capacity, staffing and patient flow issues	This risk is to be reviewed and redefined to reflect the wider issue of patient flow in both the acute and community settings.		<p>Further update 29.02.24 A meeting to review this risk will be established between risk management, Assistant Director Professional Nursing Services Primary Care, Assistant Director Care and Accommodation, Assistant Directorate Nursing. This will be actioned as a priority. Updates from this meeting will be provided in due course.</p> <p>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</p> <p>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.</p> <p>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.</p>

## **Corporate Risk for Paediatric Ophthalmology de-escalated to Directorate Risk.**

**31<sup>st</sup> January 2024**

### **Background and context to Paediatric Ophthalmology Services in the WHSCT**

In September 2020 Mrs Rosie Brennan, Consultant Ophthalmologist resigned from her post in the WHSCT to take up a post in Scotland and Tanzania. Mrs Brennan's speciality was paediatric ophthalmology and this left a gap in the service to manage paediatric patients which included outpatients, surgical procedures and Retinopathy of prematurity (ROP) screening. The Trust met with SPPG and BHSCT in July 2020 to highlight the concerns regarding Mrs Brennan's resignation and the impact it would have on the service in the WHSCT as no other ophthalmology consultants had the expertise or skillset of Mrs Brennan to manage the paediatric patients or perform ROP screening and treatments. In an interim arrangement Mr Mulholland agreed to support ROP screening but with the support of the Regional Paediatric Consultant Clinical Lead.

The trust tried to recruit to the vacant paediatric consultant post on two occasions between 2020 and 2021 but no success. After discussions with SPPG and BHSCT it was agreed that some funding from WHSCT would be transferred to BHSCT to help support all new referrals for paediatric ophthalmology to be centrally triaged in BHSCT. Mr Mulholland helped support and train two Speciality Doctors to perform ROP screening in Altnagelvin. Mr Mulholland retired in March 2023 and the ROP screening is currently done by the two speciality doctors but no treatments are administered. The ROP screening in SWAH was stood down in September 2020 and has not recommenced due to the fragility of only two staff delivering the service and no on site presence of a Consultant Ophthalmologist.

There was immediate concerns regarding the sustainability of the paediatric ophthalmology in the WHSCT. By working as a team with the BHSCT and also internally putting in precautions we have been able to mitigate some of the risks in the short term.

### **Current Position of the Paediatric Ophthalmology Patients**

Surgery waiting list: 94 patients

Review OP Waiting list: 96 patients – **All have been reviewed and validated in January 2024.**

All new OP patients referred directly to BHSCT.

### **Current Risks**

- There is no consultant ophthalmologist to do face to face clinics for review paediatric patients. We have been doing validation of the waiting list and if there is any

patients that there is any concerns with they are referred on to BHSCT. We have been using the independent sector for paediatric squints and to date 100 surgeries have been performed. The longest wait is 2018 but they refused the IS and wished to remain on the WHSCT theatre list.

### **Proposed way forward**

- New regional paediatric clinics have commence in the RASC in November 2023 on a Monday and Wednesday. We are hoping that once established that all WHSCT review patients will be also be seen at those clinics.
- BHSCT have advertised for a new Paediatric Ophthalmology Consultant who will commence post in August 2024 and will outreach to the WHSCT for surgery, paediatric patient queries and ROP screening.



ID	Opened	Initial Risk		Current Risk		Target Risk		Responsible Director	Sub-Directorate	Corporate Objectives	Title	Description	Controls	Gaps in controls	Assurance	Gaps in assurance	Action Plan	Action Plan	Due date
		Rating (initial)	Risk level (initial)	Rating (current)	Risk level (current)	Rating (Target)	Risk level (Target)												
1	19/11/08	20	Extreme (Red)	15	Extreme (Red)	8	High (Amber)	Performance and Service Improvement	Planning & Performance - Facilities Management	Safe & Effective Services.	Fire Risks	As a result of the nature, use and condition of Trust owned, leased, occupied or unoccupied premises there is a risk of fire which could result in injury or death to staff, clients or public, damage to property, financial loss or loss of service.	Fire Safety Working Group. Fire risk assessments. Fire Safety Controls Assurance Standard action plan. Reporting of all fire incidents, unwanted fire alarms. Database records Fire Safety Records (Audit, Assessments, Training). Fire Safety Policy and Manual. Liaison Meetings with NI Fire & Rescue Service. Regular fire drills. Monitoring of arrangements for at-risk clients. Nominated Site Officers appointed and trained. Fire Emergency Exercises. Fire training offered for all staff. Directorate Action Plans address audit findings, e.g. fire drills, weekly tests, training . Fire Improvement works/evacuation lifts at Altnagelvin. All fire officers are now registered with IFE. Backlog Maintenance Firecode	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	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	SWAH Annual Fire Building Survey fire stopping risks identified to be actioned	Emergency Lighting replacement Implement fire safety improvements Implement Fire Safety Improvements -18/19 NIFRS to speak with clients implement fire safety improvement works 17/18 Fire safety objectives review for 16/17 Fire Safety Report 15/16 Priority list of firecode works to be prepared Fire Improvement Works 14/15. Implementation of Directorate Action Plans. Fire Improvement Works 15/16 Hospital Fire Storage Working Group to be set up Working Group to be established to Review Inappropriate draining of Medical Gas Cylinders leading to a Fire/Explosion risk Implement elearning fire safety training Head of SS and Fire Manager to attend all Directorate SMTs bi-	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 22/02/2024 31/03/2024 30/09/2017 31/03/2025 31/03/2024 31/03/2017 03/01/2024 31/12/2023 31/03/2021 31/03/2023 30/06/2022 25/04/2022 30/09/2024 30/08/2024 21/12/2022 30/06/2023 30/06/2023	31/03/2021 31/03/2021 31/03/2019 30/09/2018 31/03/2018 31/05/2016 31/05/2016 30/06/2016 31/03/2015 31/12/2015 31/03/2016 31/03/2016 31/03/2024 30/09/2017 31/03/2025 22/02/2024 31/03/2017 03/01/2024 31/12/2023 31/03/2021 02/06/2023 06/09/2022 06/09/2022 30/08/2024 02/06/2023 16/02/2024 16/02/2024
6	21/09/09	25	Extreme (Red)	12	High (Amber)	8	High (Amber)	Director of W&C Services	W & C Safeguarding Children	Safe & Effective Services.	Children awaiting allocation of Social Worker may experience harm or abuse	Due to capacity and demand issues within Family & Childcare, children may not be allocated a Social Worker in a timely manner to provide appropriate support. Children may experience harm as a result and the Trust may not meets its associated professional and organisational requirements.	Ongoing action to secure recurring funding. Update meetings between F&CC ADs and Director. Performance Management Review is being undertaken by HSCB with all 5 Trusts focusing on Unallocated cases and timescales Service Managers and Social Work Managers monitor and review unallocated cases on a weekly basis. Principal Social Work redeployed will monitor Action Plan and progress to stabilise team Early Help staff returned to their substantive posts within gateway to increase the ability to allocate Service and SW Managers constantly prioritise workloads.	Inability to get sick leave covered inability to recruit and retain social workers Principal Social Workers review unallocated cases regularly HSCB have drafted a regional paper to secure additional funding for Unallocated Cases. Delays in recruitment	Quarterly governance reports to Governance Committee. Feedback given to Performance & Service Improvement for accountability meetings with HSCB. Up-dates by Director to CMT and Trust. Delegated Statutory Functions Action Plan to review and Address Risks within FIS Enniskillen	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 increased student placements to work on Family support cases and provide positive practice experience to encourage students to take up posts in childcare commencing their AYE. Retirees working alongside family support workers and social work assistants providing assessment, support and interventions to those cases on the waiting list. ( unallocated ) Overtime offered in Enniskillen to allocate cases for interventions to work towards closure.	01/11/2018 30/09/2020 29/09/2023 30/09/2024 30/09/2024 30/09/2024 30/09/2024 30/09/2024	06/03/2019 30/09/2020 29/09/2023 30/09/2024 30/09/2024 30/09/2024 16/02/2024	

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49	06/10/09	16	High (Amber)	20	Extreme (Red)	6	Medium (Yellow)	Director of Performance & Service Improvement	ICT Services	Safe & Effective Services.	The potential impact of a Cyber Security incident on the Western Trust	Information security across the HSC is of critical importance to the delivery of care, protection of information assets and many related business processes. Without effective security and controls; compromises can arise from technology and people which can lead to breaches of Data Protection Act and Network and Information Systems (NIS) regulations. A Cyber incident will directly impact on the delivery of patient/client care.  Compromises can arise from; (1). NON Managed Trust ICT Equipment (e.g. Radiology modalities, cameras, door access, medical devices etc) in areas such as Radiology, Labs, PFI, HSDU, Estates, GP's etc are operating un-supported operating systems, e.g. Windows XP, and/or do not have the most up to date software updates (patching) and/or have end-	(1).PEOPLE CONTROLS - (1). Cyber Security Training , (2).Information Governance,(IG) Mandatory Training, (3). Staff Contract of Employment (2).GOVERNANCE CONTROLS - (1). Network Information Systems (NIS) Cyber Assessment Framework (CAF) (2). User account management processes (Standard Operating Procedure - SOP) (3). HSC Information Security, Policy, Standards, Guidelines and Standard Operating Procedures (SOPs) (4). Trust Cyber Governance Oversight Group (COG), Risk Management Group (RMG),Vulnerability Management Group (VMG), Corporate Governance Sub-committee (CGSG) (5). Change Advisory Board (CAB) (Local and Regional) 6). Regional Oversight Governance Groups - Cyber	GAPS IN PEOPLE CONTROLS : (1). Insufficient User Uptake of ICT Security and cyber awareness training and instructions, in particular user behaviour (e.g Not rebooting ICT Equipment when prompted) . (2). Insufficient buy-in from Services to agree maintenance window with ICT with regard to their departmental systems (3). Cyber Training is not mandatory GAPS IN GOVERNANCE CONTROLS: Local Assurance (1). Leavers and movers processes (2). Technical Disaster Recovery Plan 3). Resource for contracting function to cover governance elements and that GDPR is correct (4). Supplier Framework - Resource required by WHSCT (5). SOP for Information Asset Handling Corporate Assurance (1). WHSCT have not adopted the HSC ICT	PEOPLE ASSURANCE: (1). As part of a Regional Cyber Programme, a Regional Cyber Phishing Exercise has been carried out (2). Mandatory IG Training Reporting Available (3). Contract of Employment Provides assurance that staff can be held to account (4). Regional E-Learning programme (Metacompliance) (5). Business Continuity ( Desktop Exercises undertaken by Staff) GOVERNANCE ASSURANCE: (1). Internal audit / IT Dept self-assessment against National Cyber Security Centre (NCSC) 10 Steps towards Cyber Security (2). ICT Vulnerability Management Group (VMG) regularly reviews and assesses Cyber threats and vulnerabilities (3). ICT Security Review meetings regularly reviews and assesses service submitted ICT Security Questionnaire (4). The regional Network	(4). Staff using unapproved and unsupported communication tools on personal devices i.e Instant messaging solutions for patient care containing trust data Trust with regular course updates being issued thereafter. Introduce routine reporting to Trust Board (or other equivalents (local or regional)) on reported incidents/near miss, and other agreed indicators.	Implementation of cyber security work plan which has been agreed with the Region. Recruitment of Band 7 Cyber Security Manager. Recruitment of Band 6 to support implementation of Cyber Security Action Plan. Full implementation for Metacompliance across the Trust with regular course updates being issued thereafter. Introduce routine reporting to Trust Board (or other equivalents (local or regional)) on reported incidents/near miss, and other agreed indicators.	30/09/2024 31/03/2019 31/03/2019 31/03/2020 31/08/2018	28/02/2019 31/03/2019 31/08/2019 31/08/2018
284	13/12/10	16	High (Amber)	16	High (Amber)	6	Medium (Yellow)	Director of Performance & Service Improvement	Planning & Performance - Performance Mgmt	Governance	Risk of breach of Data Protection legislation through loss, mishandling or inaccessibility of personal or sensitive personal inf	The Trust faces reputation and financial risk from non-compliance across all Directorates with the UK GDPR, Data Protection Act 2018, DoHNI's Good Management, Good Records and the Public Records Act 1923. The risk comprises a number of key factors which increases the level of risk for the Trust: <ul style="list-style-type: none"> <li>•Insecurely sharing or accessing the personal data of clients, patients and staff without a legislative basis under UKGDPR or supporting legislation</li> <li>•The unavailability of records for provision of patient and client care or for legal or public interest purposes</li> <li>•Concerns on the adherence to records management responsibilities – notably the storage, categorisation and disposal/PRONI transfer of patient, client and staff records</li> </ul>	Subject Access and Data Access agreement procedures. Information Governance/Records Management induction/awareness training. ICT security policies. Raised staff awareness via Trust Communications/Share to Learn. Regional code of practice. Information Governance Steering Group. Records held securely/restricted access. Fair processing leaflets/posters. Investigation of incidents. Data Guardians role. Regional DHSSPS Information Governance Advisory Group. Electronic transmission protocol. Investigation of incidents. 2 secondary storage facilities available across NS & SS Trust Protocol for Vacating & Decommissioning of HSC Facilities. Scoping exercise to identify volume and location of	Potential that information may be stored/transferred in breach of Trust policies. Limited uptake of Information Governance and Records Management training. No capacity within the team to take on provision of IG training	Reports to Risk Management Sub-Committee/Governance Committee BSO Audit of ICT and Information Management Standards. BSO Internal Audit of Information Governance. Revised composition and terms of reference of the Information Governance Steering Group as a result of the new SIRO/IAO framework.	Band 3 0.5 post increased to full time Recruitment of Band 4 Information Governance Development of information leaflet for Support Services Staff to increase awareness of information governance Review of regional e-learning IG training Establishment of Regional Records Man Group Development of IG action plan to be finalised through IGSG Recruitment of band 5 IG post to support DPA Development of IG information leaflet for support staff Review of Primary (acute) records storage in AAH Restructure of IAO process Review of Secondary storage in Maple Villa Production of Records Storage guidance for home working staff working from home New secondary storage facility in the southern sector	31/03/2019 31/03/2019 31/12/2020 30/09/2020 30/09/2020 31/12/2020 30/09/2020 31/03/2025 30/09/2024 31/03/2025 31/12/2021 30/09/2024 01/06/2022 31/03/2023	31/03/2019 28/02/2019 01/03/2019 25/11/2020 30/09/2020 30/09/2020 31/12/2020 30/09/2020 30/09/2020 09/09/2021 01/06/2022 08/03/2023	

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955	11/08/16	12	Medium (Yellow)	12	Medium (Yellow)	9	Medium (Yellow)	Executive Director of Finance, Contracts and Capital Development	Trust-wide (Risk Register use only)	Ensuring Stability of Our Services, Financial Management & Performance., Improving the Health of Our People, Public Confidence., Supporting and Empowering Staff	Failure to comply with 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.	The Trust is in breach of 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.	The issue has been discussed at the Trust's Procurement Board and Social Care Procurement Group. The Trust's Director of Finance & Contracting has highlighted this issue to the Regional Procurement Board.	The Trust does not have the resource or infrastructure required to manage this risk internally. DOH has determined that the issue should be managed regionally.				The 5 year implementation plan will continue to be monitored - via Regional Procurement Board, Trust Procurement Board and Social Care Procurement Group.	31/03/2024	
####	23/05/19	15	Extreme (Red)	20	Extreme (Red)	5	High (Amber)	Interim Director of Nursing, Midwifery and AHP's	Trust-wide (Risk Register use only)	Safe & Effective Services.	Risk to safe patient care relating to inappropriate use of medical air	Risk of patient receiving medical air in error when oxygen is required resulting in hypoxia.	Regional procurement process - will no longer be able to buy a medical air flowmeter without a flowguard In the Trust's clinical procedures for medical gases Included on the medical gas training for wards Medical air blanking caps have been circulated to wards to insert into outlets that wont be used Colour coding of medical air flowmeters and air outlet on most wards Flowmeters with air-guards attached on all wards now.	Lack of knowledge of colour coding and appreciation of risks with medical gases Potentially have old flometers that are not fully compliant with colour coding (not mandatory) Not all medical air flowmeters had airguards but they do now Incidents are continuing to happen during 2020, lack of confidence that the actions taken last year are being adherred to in all areas - further review of processes and controls undertaken 29 May 2020. Lack of knowledge of colour coding and appreciation of risks with medical gases	Walk around to be carried out in SWAH/OHPCC although they have new flowmeters with air-guards. Walk around on Altnagelvin site occurred in November 2018. To be repeated February 2019. To be picked up on annual medical gases walkaround. No external inspections Update 05 June 2020 - Lead nurses and service managers have been asked to provide assurances on the actions taken in response to the revised controls for each of their designated areas of responsibility. May 2020 update regular Walk arounds to be undertaken on all hospital sites until assurance in place.	Lack of training on medical gases. This has increased now since included in Trust Combination training days.	SAI reviews progress actions to completion Review the mitigating actions and any gaps in controls Possible further learning from SAI investigation Continue to include in Trust combination training days (potential for this to become a mandatory area) Old flow-meters removed to ensure colour coding approach is used Air outlet blocking caps to be inserted to air outlets that are not needed Ensure full compliance with use of air guards on medical air flowmeters across all three sites	30/12/2022 31/03/2024 31/12/2019 31/12/2019 31/12/2019 31/12/2019	13/01/2023	



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####	30/04/20	20	Extreme (Red)	20	Extreme (Red)	6	Medium (Yellow)	Director of Diagnostics, Cancer and Medical Specialities	Acute - Diagnostics & Cancer Services	Safe & Effective Services.	Lack of endoscopy capacity for endoscopy to meet the demand which impacts on Patient outcomes	Lack of endoscopy capacity in the Trust has resulted in breaching of the 2 week red flag wait/9 week urgent and routine wait and surveillance targets for endoscopy. The lack of timeliness for endoscopy will lead to delayed diagnosis of cancer and poor outcome for these patients as evidenced in SAs. The service has been further impacted by Covid -19 where the service has been reduced to emergency and red flag endoscopy only and reduced turnaround times between patients due to IPC requirements.	Telephone pre assessment of colonoscopy on-going to improve list utilisation and reduce DNA rates Independent sector was utilised to deliver 250 surveillance colonoscopies from January to March 2020. Further use of Independent Sector to be explored post Covid -19 Surveillance waiting lists are being validated in line with new guidelines. Discussions have commenced with the commissioner to recurrently fund one of the posts in 20/21 to address the demand/capacity gap. The second post will be funded from a current vacancy. Training of 2 nurse endoscopists under transformation commenced in September 2018 - trainees were to be signed off by the end of 2020 the delay was due to Covid-19. Short-term provision by SE Trust to provide WT in IS tender	Band 4 team lead recruited to manage waiting lists and oversee the scheduling team and processes. Encourage consultants to triage referrals in line with NICAN suspect cancer guidelines (Oct 2019) and utilise the urgent and routine categories. Additional funding for a second pre assessment nurse has been discussed with the commissioner- await confirmation in 2021 allocation	Waiting lists discussed monthly at the Endoscopy Users Group Clinical audits are completed annually to benchmark the service against National Standards. Monthly monitoring of waiting lists is carried out to identify longest waits and prioritise for scheduling.	The need for the Trust to invest further in the development of GI Trainees in line with the evidence base for modernisation , thereby proactively growing the team to meet future demand. The need to develop the service to include the inclusion of a hepatologist as part of the team in line with Royal College modernisation of	Explore the possibility of utilising the Independent Sector to address waiting lists. Need to review GI consultants job plan to reduce General Medicine commitment to increase availability for endoscopy lists. Secure funding for an additional pre assessment nurse to support list utilisation and reduce DNA rates. Recruit 2 trainee nurse endoscopist Recruitment of a further GI consultant to fill present vacancy and increase the medical team to 6 wte.	05/10/2021 30/10/2022 30/04/2023 30/06/2023 31/03/2024	05/10/2021 14/11/2022 04/04/2023 19/06/2023
####	21/08/20	16	High (Amber)	16	High (Amber)	6	Medium (Yellow)	Director of Finance, Contracts and Capital Development	Finance	Ensuring Stability of Our Services	Ability to achieve financial stability, due to both reductions in Income and increased expenditure	With continued reductions in income from savings requirements coupled with increased expenditure due to demand and risk and the prospect of a stark financial Regional financial position, there will be a reduction in the Trust's ability to achieve financial stability in current and future years, resulting in significant challenges in meeting Trust statutory duty to break-even and support Trust strategic priorities	Chief Executive Assurance meetings to review performance Annual Financial Plan to review risks to financial position and opportunities for savings Trust Board (and Finance & Performance Committee), DVMB and CMT oversight of the financial position monthly Monthly budget reports for all levels in the organisation, with follow-up on movements in variances Monthly Finance focus meetings between Finance and Directors / Senior Directorate Officers		Internal Audit. Assurance obtained by the Chief Executive from his assurance meetings with Directors and regular updates External Audit (NIAO) . DHSSPS/HSCB monthly financial monitoring. Monthly financial performance reporting to CMT and Trust Board Assurances from Director of Finance and ADF to CMT & Trust Board.	Gaps in assurance that budget holders are applying effective budgetary control in the management of their service Gaps in assurance that budget holders are trained to manage their budgets accordingly Gaps in assurance that managers are reviewing their staff in post reports	Ongoing financial management and monitoring Operation of DVMB (Delivering Value Management Board) Monitoring and reporting of management attendances at Budgetary Control training Support to managers in accessing and using CP to support budgetary management Performance of Managers against SIP reviews	31/03/2024 31/03/2024 30/09/2024 30/06/2024 31/03/2024	

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####	18/01/21	16	High (Amber)	16	High (Amber)	8	High (Amber)	Director of Human Resources & Organisational Development	Trust-wide (Risk Register use only)	Ensuring Stability of Our Services, Improving the Quality and Experience of Care, Supporting and Empowering Staff	Inability to deliver safe, high quality and sustainable services due to workforce supply and disruptions	Due to an inability to attract, recruit and retain staff throughout the Trust, services may not be able to maintain sufficient staffing levels to sustain high quality safe services which may result in a reduction in service provision.	Trust Business Continuity Plans with full HR support on hospital / community workforce groups. Delivering Care: Nurse Staffing in Northern Ireland Organisation Development Steering Group Health and Wellbeing Strategy Engagement & Involvement Strategy DOH Workforce Strategy & Trust Workforce Strategy and key actions Policies - Rec & Selection Framework, Attendance at Work, Flexible Working, Redundancy and Redeployment, etc. HR Strategic Business Partner identified for each Directorate - targeted interventions in relation to absence, agency usage, temporary staffing and other identified Directorate priorities. (Risk 6, 1075) Pension information sessions Joint Forum, Joint LNC and Consultation Group	Occupational Health - absence of locums and increasing demands on team without additional resources. Low uptake of mandatory training and completed annual appraisal. Inability to follow normal policies and procedures during periods of Industrial Action and also during emergency situations such as Pandemic. Lack of co-ordinated information on agency staffing Due to demand in services compliance with Working Time Regulations and New Deal. BSO Recruitment Shared Service provides recruitment services for the Trust and there has been an increased delay in recruitment and dependence on them for related information. Inability of NIMDTA to provide required number of Junior Doctors for certain specialities and localities. (Risk 694) Difficulty in recruiting in rural	Working Together Delivering Value Health check measurements on absence hours lost, mandatory training, appraisal, time to fill posts, job planning completion rate. Involvement Committee - Quarterly monitoring of staff engagement on initiatives that contribute to achievement of Trust Great Place ambitions (start life, live well and grow old). Pension Regulator Compliance Junior Doctors Hours monitored twice yearly and returns submitted to DOH. People Committee - Workforce Strategy, Recruitment and NIMDTA Allocation Updates twice per year. People Committee - Quarterly monitoring of Absence, Appraisal, Mandatory Training, Consultant Job Planning, Temporary Staffing, Agency Staffing, Turnover and Grievance/Disciplinary/Statutory	BSO Shared Service not meeting statutory or procedural deadlines resulting in, for example, delays in recruitment Inability of NIMDTA to fill all posts. Insufficient number of social work student applications to the University Degree Course in rural areas. (Risk 1109) Insufficient training places being procured by Department of Health to	Looking After our People Growing for the Future Belonging to the HSC New Ways of Working	30/04/2024 30/04/2024 30/04/2024 30/04/2024	
####	08/04/21	12	High (Amber)	12	High (Amber)	6	Medium (Yellow)	Director of Performance & Services Improvement	Trust-wide (Risk Register use only)	Ensuring Stability of Our Services, Improving the Quality and Experience of Care	Risk of failure to meet regulatory standards and compliance associated with Trust infrastructure and estate.	There is a risk of deterioration in the Trust Estate due to ageing and lack of capital investment in the maintenance of building services infrastructure and physical environment which could lead to loss of service and non-compliance with regulatory and statutory standards (e.g. water, electrical, asbestos and physical infrastructure).	Monitoring and review by PSI SMT of directorate risks including water, electrical, fire safety, vacant estate asbestos and physical infrastructure. Should a critical issue materialise further funding can be sought from DOH or existing funding reprioritised to address the new critical issue Estates Strategy 2015/16-2020/21 Annual review of building condition (3i) and creation of prioritised BLM list. 2022/23 Backlog maintenance programme developed and implemented Continual bidding for funding to address backlog maintenance Targeting of priority areas as funding becomes available. Monthly review of Backlog Maintenance capital investment plan Priority Backlog Maintenance capital investment plan	Ageing infrastructure resulting in deterioration of buildings Insufficient funding to carry out full remedial works identified.	Back-log Maintenance list Health & Safety audits Environmental Cleanliness audits Authorising Engineer audits Annual inspections carried out Membership at Health and Safety/ Water Safety Groups Reports to Corporate Governance Sub Committee/Governance Committee Assurance standards Buildings, Land, Plant & Non-Medical Equipment Oakleaf - 6 facet independent survey	Lack of Funding for backlog maintenance.	Review of emerging issues and response required Development of business cases for 2021/22 backlog maintenance agreed action plan. CMT approval of BLM 2021/22 for submission. Development of 2021/22 BLM bid Completion of six facet condition survey Review of emerging issues and response required Monthly review of Backlog Maintenance capital investment plan Review Ward 50 ventilation system performance BLM and Capital Plan Project Delivery for 21/22 Develop BLM bid 22/23 DoH approval of BLM 2022/23. Develop BLM plan for 24/25 Review and Update Condition Surveys of WHSCT Estates Portfolio Review and Prioritise Ventilation Safety Works in conjunction	30/06/2022 06/06/2022 30/09/2021 07/09/2021 30/04/2021 03/08/2021 30/09/2021 07/09/2021 30/09/2021 07/09/2021 31/03/2022 12/04/2022 31/08/2021 31/08/2021 31/03/2022 12/04/2022 30/06/2022 06/06/2022 30/09/2022 30/04/2024 30/09/2022 31/10/2024 31/10/2024	

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####	16/06/21	16	High (Amber)	16	High (Amber)	8	High (Amber)	Director of Surgery, Paediatrics & Women's Health	Directorate-wide (Risk Register Use only)	Ensuring Stability of Our Services, Improving the Quality and Experience of Care	Vacant Paediatric Ophthalmology consultant post resulting in no Paediatric Ophthalmology clinics	No consultant to lead Paediatric Ophthalmology services. No routine paediatric cases being seen in Ophthalmology. Long waiting lists with clinical risk of adverse outcomes. No clinical oversight for orthoptic and optometry clinics.	ROP screening performed by retinal consultants as a temporary measure Urgent paediatric cases discussed with general ophthalmologists for referral to Belfast as required.	No consultant oversight for orthoptics and optometry Increase clinical risk Significant clinical risk in ROP screening by consultants without Paediatric fellowship.	Ongoing discussions with commissioners as regards filling the post.		Advertise new agreed post for a General Ophthalmology Consultant Agree solution for review patients	30/04/2023 31/03/2024	04/04/2023
####	16/06/21	25	Extreme (Red)	25	Extreme (Red)	6	Medium (Yellow)	Director of Surgery, Paediatrics & Women's Health	Women & Childrens - Health Division	Supporting and Empowering Staff	Clinical Risk regarding Delayed Transfer of Babies, Children and Adults to Other Hospitals	Due to limitations on the NISTAR resource and ability of Trust to facilitate transfers that don't meet NISTAR protocols and lack of clarity around same, time critical transfers are being either delayed or are completed using sub-optimal alternatives. This may result in harm to patients being transferred, the patients in the services covering the transfer as well as additional financial cost to the Trust.	Consider stabilising and holding patient until NISTAR available. Ensure staff are trained in use of transport equipment in case required to transfer patient in absence of NISTAR In absence of NISTAR, Pro-paramedics (independent company) may be used. NISTAR will make ambulance and driver available if local team can do transfer	proparamedics are no longer able to supply NISTAR with back up Impact on Services when Trust Staff are called away to facilitate transfer Working with neonatal shortage - no adequately trained staff to backfill and training delivered during core time No funding for dedicated rota Difficulty ensuring ongoing professional development to maintain skills. Requirement to provide/source Trust Time Critical Transfer Training tailored to all disciplines i.e. Paediatricians require different training to anaesthetists, and nurses also require different training as they all have separate roles.		Escalate to Director of Acute services for discussion with counterpart in Belfast as he/she is responsible for NISTAR. Raise at corporate safety huddle and RRG Escalate through child health partnership. Review of stabilization of medical staff Trust Wide Review of staff training needs in line with possible training opportunities within the region	30/06/2022 31/03/2022 01/09/2024 01/09/2024	03/02/2022 03/02/2022	
####	15/09/21	12	High (Amber)	20	Extreme (Red)	8	High (Amber)	Director of Women and Children's services	Improving the Quality and Experience of Care	Delayed/inappropriate placement of children assessed as requiring inpatient mental health care.	Increasing demand for the need for inpatient beds has resulting in capacity issues within the regional adolescent mental health inpatient unit. There is significant challenges for CAMHS resulting in increasing delays in accessing and securing emergency, urgent or planned admission for treatment to a regional bed for vulnerable adolescents requiring immediate and planned inpatient mental health care. As a consequence of this children are being placed inappropriately in inpatient AMHS beds when available and/or acute medical and paediatric wards or are being managed by Community CAMHS intensively with heightened complex risk. As a consequence CAMHS staff from other steps within the Service are being redeployed to support this intensive working. Community CAMHS remains under	Staff training in Paediatrics Staff training in Emergency Department Regular meetings with AMH services Regular meetings with Beechcroft (weekly) and daily updates Policy on age appropriate care to acute setting Policy on U18 admission to AMH wards Protocol CAMHS/AMHS pathway OOH (2011) - under review at present	Environmental risks of temporary placement wards/facilities in particular YP presenting self-harm, suicidal risk, risk of absconding. Supervision deficit in ED/AMH/Paed wards Psychiatric cover limited in CAMHS and AMHS Delayed & limited availability of AMH beds in Trust. Training/knowledge deficit re pathways related to high staff turnover in acute medical/AMHS setting CAMHS/AMHS OOH Pathway review overdue Unfunded demand for CAMHS OOH Limited regional capacity for inpatient beds	Monitoring of waiting lists Regional AD Forum - standing item Regional Care Network - weekly data collation Daily updates with Beechcroft In-house monitoring of inappropriate admissions Early Alerts of inappropriate placements both in AMHS wards and Acute medical /Paediatric wards. Weekly review and monitoring by HSCB Escalation to HSCB/DOH		CAMHS Business case to be developed to progress development of CAMHS OOH service provision Family & Child Care Social work input in over 16 MH assessment with AMHS to be reviewed to ensure cover and consistency to mitigate risk WTCAMHS/AMHS OOH 2011 pathway to be considered and reviewed When a young person presents in a mental health crisis OOH the WTCAMHS/AMHS OOH protocol adhered and followed. No MH Adolescent, No AMHS, No Medical paediatric wards CAMHS will attempt to work intensively with YP and family notwithstanding capacity and resource issues Task and finish group to support unmet needs re training /risks identified and policy regarding YP requiring MH admission inappropriately placed on medical wards.	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 24/01/2024	

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####	26/10/21	20	Extreme (Red)	15	High (Amber)	8	High (Amber)	Director of Surgery, Paediatrics & Women's Health	Acute - Surgery & Anaesthetics	Ensuring Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care	Sustainability of surgical services in Southern Sector of Trust due to recruitment & retention difficulties at Consultant and Mi	Inability to recruit and retain permanent general surgical staff particularly at Consultant and middle tier level in South West Acute.  This is threatening the ability to deliver 24/7 emergency service and the range of commissioned elective activity.  There has been a high turn-over of locum consultant surgeons who have been appointed to cover gaps, leading to gaps and concerns about continuity of care.  It has been highlighted that emergency surgical services are at risk within the next 4 months due to inability to sustain a Surgeon of the Week and On-call emergency rota at consultant level	Trust have authorised a Sustainable Surgical Services project to examine surgical services pan-Trust wef 18/10/21 Recruitment campaign is continuous at Speciality Dr and trainee level. Funded establishment should be 6.5 wte consultant Surgeons - current baseline is 3.0 wte with 3.5 wte gap Speciality Drs funded for 8.0 wte; 5.0 in place 2 of whom are locums and one acting up. Ongoing use of locums from within the Trust to sustain the rota at South West Acute. Newly appointed Consultant taking up post 25/10/21 Ongoing efforts to recruit - Interviews planned for 2.0 wte Consultants late October 2021 (now currently deferred pending Royal College approval)	Reluctance from other surgeons across NI to participate in providing locum cover due to the generality of surgical cover required. Difficulties recruiting and retaining at locum and permanent level as above. Difficulty securing Royal College approval for general surgical posts.	Continuing support from Altnagelvin Surgical body to provide locum cover for rota gaps. Programme Board will have fortnightly oversight of all of the actions within the Review Programme. Senior clinical support to project identified and in place. Project lead has been seconded full time to Project team. Project Lead currently briefs CMT twice weekly This will be taken over by Programme Board with fortnightly oversight from 01/11/2021 CMT will continue to support service and project		A Proposal for Sustainable Surgical Services will be developed by end January 2022 to address the most emergent issue eg emergency surgical services in the Southern Sector of the Trust. Continue with ongoing recruitment to fill vacant consultant posts Develop plan for the release of locum surgeons to align with on boarding of recent consultant surgeon appointees, when start dates confirmed Ongoing monitoring of the temporary suspension of emergency surgery and contingency arrangements in place, through the Project Team	01/09/2023 01/05/2024 31/05/2024 31/05/2024	13/06/2023
####	08/11/21	20	Extreme (Red)	6	Medium (Yellow)	6	Medium (Yellow)	Director of Surgery, Paediatrics & Women's Health	Women & Childrens - Health Division	Ensuring Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering Staff	Risk to Provision of Neonatal Care in SWAH due to staffing shortages particularly staff qualified in specialty.	Lack of senior staff, particularly those QIS (qualified in specialty) has resulted in difficulty staffing the NICU safely and effectively and has resulted in cot closures (locally and regionally); inadequately covered shifts; high stress and low morale within nursing; difficulty in planning and may result in unit closure.	Staff working additional hours/bank/overtime. Acting Manager and Head of Service covering clinical shifts when the number is inadequate or when there isn't enough QIS available. WhatsApp group set up and urgent messages sent when staffing is depleted at short notice. Cot closures after consultation with medical staff and Neonatal Network of NI Contingency plan drawn up	Due to the reduced number of QIS nurses who cover additional shifts, there are occasions when no additional staff can be sourced. This is particularly relevant when there is unpredicted staff absences at short notice. This may result in cot closures/ transfers and in SWAH the local contingency plans will be implemented. Inability to transfer antenatal patients or neonates further adds to this safety issue as these babies will have to either be stabilised for transfer or remain locally. Unpredicted emergencies in both units, with babies requiring high dependency or intensive care- some of which can take a prolonged period of stabilisation.	Cot closures monitored regionally	There may be a lack of regional cots and neonatal transfer services which results in babies having to stay in the neonatal unit for longer than expected, thus putting more pressure on an already depleted team and increasing the safety risk.	Review of Staffing Contingency Plan Rotation between Paeds and NICU Bid for staff to backfill training Close cots as necessary Inform Commissioners and NNNI Monitor clinical incidents	30/09/2022 31/03/2022 13/10/2021 31/03/2022 13/10/2021 13/10/2021 30/09/2022	29/07/2022 01/04/2022 13/10/2021 01/04/2022 13/10/2021 13/10/2021 29/07/2022



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####	15/03/22	16	High (Amber)	16	High (Amber)	6	Low (Green)	Director of Diagnostics, Cancer and Medical Specialities	Acute - Emergency Care & Medicine	Ensuring Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care	Consultants Cover in Cardiology	Due to challenges regionally in relation to securing substantive positions and the limited availability of locum resources, a 6 person on call rota has been depleted by 50% leading to potential gaps in the rota.	Working with International Recruitment team to expedite a new appointment. Working through current job plans to identify monies to increase the Consultant complement. -Secured short term locum Middle Grade Doctor to support Ward based work on a short to medium term basis. Worked with Medical HR to secure short to medium term locums (starting 27th February). Link with regional pPCI network to seek support for any gaps in rota. Linkage with RCM to ensure sign off of job plans and job descriptions. -A review of current workload and a short term reduction in outpatient work to facilitate redistribution.	Locum resources has limited availability. Challenges regionally in relation to securing substantive positions.	Medical HR working collaboratively on recruitment. Clinical Lead has oversight of the rota Business continuity arrangements are in place should there be an unplanned rota gap.	Locum resources has limited availability. Challenges regionally in relation to securing substantive positions.	Recruitment to fill vacant posts. Ongoing review and monitoring of recruitment gaps to include the use of locums	31/07/2023 01/09/2024	15/08/2023
####	01/07/22	25	Extreme (Red)	16	High (Amber)	9	Medium (Yellow)	Director of Diagnostics, Cancer and Medical Specialities	Acute - Unschedule d Care	Ensuring Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering Staff	ED Mental Health Patients	Due to lack of local and regional mental health beds patients requiring mental health assessment and admission are required to stay in the department for prolonged periods, with minimal mental health input. Voluntary and detained patients at high risk of harm due to lack of suitable staffing, supervision and infrastructure onsite. The department is overwhelmed with multiple patients awaiting admission some have already absconded and/or attempted self-harm while awaiting transfer or identification of a Mental Health bed due to inadequate supervision.	-Crisis/MHL will review all patients every 24 hours and liaise with psychiatry as required -ED will complete Kardex's - Psych Consultants will be available for advice if needed -Additional staffing support when available from Mental Health Grangewood to ED when a threshold of three or more has been reached. -Weekly meetings planned for ED and Mental Health to work collaboratively to improve the safety and experience for patients (commenced 16th June 2022). -Continue to report and review all associated incidents via datix to further understand risk and mitigations -MIAPA training	-Timely access to Mental Health beds continue -Overall congestion and capacity issues within ED compounds the challenge in managing this group of patients	Daily engagement with MH and ED to manage risk Newly established weekly meetings between ED and mental health teams	Meetings Workforce Improvement Meetings	03/07/2023 01/05/2024 31/05/2024	18/09/2023	

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####	06/01/23	12	High (Amber)	12	High (Amber)	4	High (Amber)	Medical Director	Trust-wide (Risk Register use only)	Supporting and Empowering Staff	Health & Safety Risk to Staff as a result of Violence and Aggression	Increases in the number and complexity of patients being treated and awaiting treatment in all our settings; along with social; economic; and environmental factors; restrictive guidelines / practices resulting from Covid etc; increased social media challenges; and the absence of a Corporate legal remedy; have all contributed to an already high level of abuse, violence and aggression against Trust staff. The result is that staff are increasingly subjected to both sporadic and longer consistent patterns of patients/client/visitors displaying abusive, challenging, aggressive and violent behaviours in our facilities, communities and home environments leading to significant risk of emotional and physical harm.	Management of Violence and Aggression (MOVA) group in place. Zero Tolerance & Security policy Trust adherence to The Management of Health and Safety at Work Regulations NI (2000). Health and Safety at Work NI Order 1978 Lone Working Guidance Staff support through Occupational Health Safety Intervention training - available to relevant staff. V&A risk assessment. Usage of Trust General Risk Assessment form for document of specific risks. Incident reporting on DATIX – identification of trends. Risk Register process in place RIDDOR reporting of staff absence and further scrutiny Policy for the Use of Restrictive Interventions with Adult Service Users – May 2017 Trust Security Working Group Ad hoc Risk Strategy Meetings	MOVA Policy - Await implementation of regional guidance Limited Legal support available for staff from the Trust when seeking prosecutions/non-molestation orders against violent individuals. No Acute Liaison Psychiatry service in ED No programme of regular education regarding mental health presentations in ED and other acute settings of risk. CAMHS referral pathways not clarified for patients aged 0-18. CAMHS not co-located in hospital. No dedicated area for intoxicated or consistently violent patients to be treated in ED. Lack of resource to provide safety intervention training following CEC cessation of training provision. Paris alert system not utilised in all areas to warn staff regarding	Audit Trust controls assurance standards reporting Risk assessment compliance reporting on corporate risk register, directorate governance Incident reporting to MOVA Steering Group Audit Regional Benchmarking and DOH return on violence against staff Health and Safety Inspections		Adopt and imbed regional MOVA policy in Trust Policy and Procedures Draft business case to expand resources for Safety Intervention Training	30/06/2024 31/03/2024	
####	06/02/23	12	High (Amber)	12	High (Amber)	8	High (Amber)	Director of Performance & Service Improvement		Ensuring Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering Staff	Risk of the Trust not achieving the Rebuild Targets as set out by SPPG.	Following the covid pandemic and the resulting reduction in services we remain in an environment with the potential for resurgence of covid and other pandemic illnesses, adherence to PHA and/or CMO guidance impacting on the ability for all services to achieve pre pandemic levels of activity, workforce challenges and the need to implement a financial recovery plan. Therefore there is a risk of the Trust not meeting the rebuild targets as set by SPPG (initially to rebuild to 2019/20 pre-pandemic levels).	RAG rated Service Delivery Plans Monthly monitoring and expected outturn meetings with service areas. Working Safely alongside COVID-19 & Respiratory Infections guidance IPC Training Dynamic Risk Assessments (Annual/Covid/vulnerable staff) Risk assessment Training Link to Corporate Workforce Risk IDxx	Continued workforce challenges impacting on service delivery plans. Validation of data within reporting timeframes. Impact of financial recovery and/or cost increases.	Monthly SPPG reporting templates Performance Improvement Meetings Performance management framework Delivering Strategic Change Board Working Together Delivering Value Regional HSC Performance and Transformation Executive Board Finance and Performance Committee Trust Board Benchmarking		Development of elective care board action plan Monthly meeting with Service Areas to review SDP Monthly review of cancer performance and elective care board action plans Development of a cancer optimisation plan Implementation of AHP Action Plan	29/09/2023 31/03/2025 29/09/2023 30/09/2024	06/09/2023 06/09/2023

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####	06/04/23	12	High (Amber)	20	Extreme (Red)	8	High (Amber)	Director of Human Resources & Organisational Development	Human Resources	Ensuring Stability of Our Services, Supporting and Empowering Staff	Impact on services as a result of Industrial Action in relation to outstanding Agenda for Change (AFC) Pay, safe staffing and tr	Impact on services of ongoing Industrial Action, including both strike action and action short of strike, taken in relation to Agenda for Change (AFC) pay, safe staffing and travel rates. AFC staff make up 94% of overall workforce.  Due to workforce shortages and the nature of services provided, including unscheduled care, discretionary effort and flexibility are required from staff to do additional hours and cover for absent colleagues and for vacancies in order to respond in a timely way to service requirements and maintain safe staffing levels.  The quality of services from a Social Work perspective will be impacted and the result will only be understood over the course of the industrial action and is also dependent on its length.	Trust compliance with Agenda for Change Terms and Conditions of Services. TU Side engagement with local and regional representatives regarding derogations and service level planning for service delivery on the basis of agreed derogations. Command and Control Silver and Bronze arrangements in place including arrangements for escalation of risks and issues to Health Silver through SPPG and DOH. HR Industrial Action Group established to work closely with Services on IA plans, development of derogations and negotiation with Trade Unions. Business Continuity Plans have been updated and impact assessments completed to identify specific risks as each notice of action is received. Business continuity plans implemented to adapt service delivery in light of ASOS and	Service impacts over a prolonged period of time of Industrial action. Postponement and rescheduling of appointments increasing delays for patients on waiting lists. Increasing unallocated cases across a number of areas i.e. nursing, social work. Vacant/uncovered cases not worked unless immediate risk to life and limb harm accepted by Trade Union representatives. Not able to make the necessary improvements in statutory requirements for review Compromising ability to meet statutory social work responsibilities for children i.e. delays in permanency planning, presentation to Trust Adoption Panel, Court timescales, etc. Impacting on consistency of social work input to inform planning processes for children e.g. child protection, looked after children and family support	Trust is in line with NHS Terms and Conditions of Service. Partnership Working with TU Side. Regular engagement with DoH to influence e.g. mileage rate.	Pay discussions in NI are led by Department of Health however the dispute in relation to the 2022/23 pay award is being managed by Government at Westminster and there is no capacity for the WHSCT to influence resolution of dispute. Absence of Health Minister to engage with this. Outstanding Pay Awards for all staff.	Resolution of local issues Plans to address continued service impacts Continued engagement with local and regional TU Side representatives on derogations. Implementation of Business Continuity arrangements	30/04/2024 30/04/2024 30/04/2024 30/04/2024	

Risk Sub- Category	Risk ID	Lead Director	Risk Title	Initial		Current		Target		Current Risk Status		Mths since last updated	Action Plan Status	Latest Update
				Score	Grade	Score	Grade	Score	Grade	Mths since score changed	Change in score since last review			
Safe & Effective Services.	1	Director of Performance & Service Improvement	Fire Risks	20	EXTREM	15	EXTREM	8	HIGH	0	New risk	0	Actions listed with future due dates	(16/02/2024) ID01 agreed through Trust Board on 01.02.24 that this will be escalated from a directorate risk to a Corporate risk. This risk has now been amended formally to a corporate risk, Trust wide but still under PSI as lead director for updates. NEW RISK.
Quality of Care	6	Executive Director of Social Work/Director of Women & Children Services	Children awaiting allocation of Social Worker may experience harm or abuse	25	EXTREM	12	HIGH	8	HIGH	75	No change	1	Actions listed with future due dates	[30/01/2024] There continues to be an increase in 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. We continue to try to manage these cases as best as possible but high numbers of unallocated place significant pressures on the teams, coupled with extremely slow recruitment for any support staff to bolster the teams or any replacement Social Workers has made the current situation difficult for Principal Social Workers. The Sub-Directorate are doing all they can to try and ensure all the cases are regularly reviewed and teams feel supported. This includes retirees remain in post managing unallocated in two areas. The Sub-Directorate have tried to increase support staff at Band 3/4 in all areas to bolster staff, however there is limited staff out there, retirees in doing supporting roles such as redactions for Information Governance requests to take this role off Social Workers/Social Work Managers, overtime offered to undertake pieces of work and write up cases to create capacity in teams. There are student social workers starting in some areas in January so following their induction period allocation of cases will take place and this should lead to a slight reduction in unallocated cases.
ICT & Physical Infrastructure	49	Director of Performance & Service Improvement	The potential impact of a Cyber Security incident on the Western Trust	16	HIGH	20	EXTREM	6	MEDIUM	7	No change	0	Actions listed with future due dates	[12/02/2024] ICT Security Policy – DS have obtained feedback from the IG colleagues via the regional IG Network regarding the last two user standards to be approved - Data Transfer and Cloud Security User Standards. These queries have been relayed back to BSO with the anticipation that WHSCT will be invited to become involved in any further development work.
Regulation & Compliance	284	Director of Performance & Service Improvement	Risk of breach of Data Protection legislation through loss, mishandling or inaccessibility of personal or sensitive personal inf	16	HIGH	16	HIGH	6	MEDIUM	86	No change	0	Actions listed with future due dates	[14/02/2024] The Trust's Information Governance mandatory training compliance has increased to 82% (as at 31 January 2024). Regional SIRO training has been scheduled and will take place in March 2024. IGSG meeting took place 6 February 2024.
Regulation & Compliance	955	Director of Finance, Contracts & Capital Development	Failure to comply with procurement legislation re social care procurement	12	MEDIUM	12	MEDIUM	9	MEDIUM	89	No change	0	Actions listed with future due dates	19/02/2024] A regional Social Care Procurement Board has been re-established during 2023/24, led by Brendan Whittle, Director SPPG, the purpose of which is to strategically plan for Social Care procurement in HSC NI. The following priority areas have been highlighted: <ul style="list-style-type: none"> <li>• Domiciliary Care</li> <li>• Care Homes</li> <li>• Enhanced Domiciliary Care</li> <li>• Fostering</li> <li>• Substance Use</li> </ul> SCPB reports to Regional Procurement and Supply Chain Board and the last meeting was in October 2023. While there is regional recognition about the need to progress social care procurement, progress to date remains very slow. <p>From a local perspective, we are retendering for our Domiciliary Care services during 2023/24 and 2024/25.</p>

Risk Summary Report

Risk Sub- Category	Risk ID	Lead Director	Risk Title	Initial		Current		Target		Current Risk Status		Mths since last updated	Action Plan Status	Latest Update
				Score	Grade	Score	Grade	Score	Grade	Mths since score changed	Change in score since last review			
Quality of Care	1133	Director of Nursing, Midwifery and AHP's	Risk to safe patient care relating to inappropriate use of medical air	15	EXTREM	20	EXTREM	5	HIGH	● 44	No change	1	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.
Regulation & Compliance	1183	Director of Adult Mental Health & Disability Services	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	● 19	No change	1	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 has been increased from 9 (Medium)
Quality of Care	1216	Director of Diagnostics, Cancer and Medical Specialties	Risk of patient harm in Trust EDs due to capacity, staffing and patient flow issues	15	EXTREM	15	EXTREM	6	MEDIUM	● 47	No change	0	Actions listed with future due dates	[19/02/2024] No further change as update 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
Regulation & Compliance	1219	Director of Diagnostics, Cancer and Medical Specialties	Lack of endoscopy capacity for endoscopy to meet the demand which impacts on Patient outcomes	20	EXTREM	20	EXTREM	6	MEDIUM	● 36	No change	0	Actions listed with future due dates	[19/02/2024] A locum Gastroenterologist has been recruited, they are proving 5 endoscopy sessions (2 regional sessions and 3 core sessions at SWAH). The Surgeon from SHSCT is providing two regional sessions every fortnight since September 2023 subject to availability. The WHSCT is utilising the capacity at Lagan Valley regional centre since 15 December 2023. Further funding has been received from SPPG to support insourcing, a total of 572 patient will be treated from January 2024 until 31st March 2024. A further 300 patients have been outsourced for treatment at Kingsbridge/3fivetwo, this will be completed between January- 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 77% of the total funded sessions is being delivered.
Financial	1236	Executive Director of Finance, Contracts & Capital Development	Ability to achieve financial stability, due to both reductions in Income and increased expenditure	16	HIGH	16	HIGH	6	MEDIUM	● 42	No change	0	Actions listed with future due dates	[19/02/2024] Recent communications from SPPG confirms that with the establishment now of the Executive, we expect to achieve break-even for HSC for 2023/24. Financial accounting is not yet confirmed. However, a very bleak outlook for HSC in NI indicates that 2024/25 will be extremely challenging in relation to the availability of funding against the growth in demand being experienced and anticipated for 2024/25.

## Risk Summary Report

Risk Sub- Category	Risk ID	Lead Director	Risk Title	Initial		Current		Target		Current Risk Status		Mths since last updated	Action Plan Status	Latest Update	
				Score	Grade	Score	Grade	Score	Grade	Mths since score changed	Change in score since last review				
Quality of Care	1254	Director of Human Resources & Organisational Development	Inability to deliver safe, high quality and sustainable services due to workforce supply and disruptions	16	HIGH	16	HIGH	8	HIGH	●	37	No change	1	Actions listed with future due dates	[16/01/2024] The Trust's Workforce Stabilisation Steering Group and workstreams continue to meet monthly. Off contract agency continues within two areas in the Trust with work ongoing to reduce in the medium to longer term. Overall agency usage remains high across a number of services. Work has commenced on both the medical and non-nursing frameworks. The Regional Medical Workforce Baseline Report is nearing completion. Attendance rates have improved throughout 2023/24 in comparison to the previous year. An early alert update was provided to DOH on 27 November 2023 in relation to the psychiatry workforce which is at a critical level with substantive vacancies across all specialties and geographical areas, including in-patient units. There were no applicants for the 9 Consultant Psychiatry posts which now have been re-advertised and due to close in late January/early February 2024.
Regulation & Compliance	1288	Director of Performance & Service Improvement	Risk of failure to meet regulatory standards and compliance associated with Trust infrastructure and estate.	12	HIGH	12	HIGH	6	MEDIUM	●	35	No change	0	Actions listed with future due dates	[14/02/2024] Review of the title to this risk is currently being carried out with a paper being taken to Corporate Governance. This paper reflects BLM risk liability will continue to grow over the next 5 years due to risk of infection and likelihood of limited capital investment. At present there are significant vacancies across estates division due to inability to recruit suitable candidates. This inability provides gaps in existing estates control mitigations to minimise the corporate risk.
Quality of Care	1306	Director of Surgery, Paediatrics and Women's Health	Vacant Paediatric Ophthalmology consultant post resulting in no Paediatric Ophthalmology clinics	16	HIGH	16	HIGH	8	HIGH	●	32	No change	0	Actions listed with future due dates	[19/02/2024] This will be discussed at a meeting next week, with a view to de-escalating to a Departmental risk.
Quality of Care	1307	Director of Surgery, Paediatrics and Women's Health	Clinical Risk regarding Delayed Transfer of Babies, Children and Adults to Other Hospitals	25	EXTREM	25	EXTREM	6	MEDIUM	●	29	No change	1	Actions listed with future due dates	[19/01/2024] AD raised at regional NISTAR meeting. Clinical lead for NISTAR was not in favour of approach relating to ARNI. ARNI course more related to pre-transfer. Local decisions will be needed relating to staff being trained on ARNI.
Quality of Care	1320	Director of Social Work/Director of Women's and Children's Services	Delayed/inappropriate placement of children assessed as requiring inpatient mental health care.	12	HIGH	20	EXTREM	8	HIGH	●	20	No change	1	Actions listed with future due dates	[24/01/2024] Risk remains live and is continually monitored. Head of Service continues to attend Managed Care Network meetings and is involved in a number of the work streams. CAMHS services managers are involved in interagency meetings directly with Beechcroft and keep HOS apprised of challenges and on-going work.
Ensuring Stability of Our Services	1334	Director of surgery, Paediatrics and Women's Health	Sustainability of surgical services in Southern Sector of Trust due to recruitment & retention difficulties at Consultant and Mi	20	EXTREM	15	HIGH	8	HIGH	●	29	No change	0	Actions listed with future due dates	[19/02/2024] The temporary suspension of Emergency General Surgery remains in place, and therefore there is no change in this risk. Ongoing monitoring is in place.
Ensuring Stability of Our Services	1338	Director of Surgery, Paediatrics and Women's Health	Risk to Provision of Neonatal Care in SWAH due to staffing shortages particularly staff qualified in specialty.	20	EXTREM	6	MEDIUM	6	MEDIUM	●	11	No change	1	No action required	[19/01/2024] Risk to be closed.
Ensuring Stability of Our Services	1375	Director of Diagnostics, Cancer and Medical Specialties	Consultants Cover in Cardiology	16	HIGH	16	HIGH	6	LOW	●	23	No change	0	Actions listed with future due dates	[19/02/2024] The situation remains fragile however the post will be advertised within the next two weeks.

Risk Summary Report

Risk Sub- Category	Risk ID	Lead Director	Risk Title	Initial		Current		Target		Current Risk Status		Mths since last updated	Action Plan Status	Latest Update		
				Score	Grade	Score	Grade	Score	Grade	Mths since score changed	Change in score since last review					
Quality of Care	1409	Director of Diagnostics, Cancer and Medical Specialties	ED Mental Health Patients	25	EXTREM	16	HIGH	9	MEDIUM	●	12	No change	0	Actions listed with future due dates	[19/02/2024] No further change as update [01/12/2023] There is no current change to the ED ALT. Mental health contingency arrangement continue to be operational when required. Mental health work stream 10 is ongoing to create capacity and flow within mental health services.	
Health & Safety	1469	Medical Director	Health & Safety Risk to Staff as a result of Violence and Aggression	12	HIGH	12	HIGH	4	HIGH	●	13	No change	1	Actions listed with future due dates	[17/01/2024] In December 2023 the department of Health issued "Violence and Aggression the workplace, it's not part of the job". This will be tabled for update at the next MOVA meeting. A safety lesson of the week was published in Jan 2024 to advise staff of what they need to be aware of.	
Quality of Care	1472	Director of Performance & Service Improvement	Risk of the Trust not achieving the Rebuild Targets as set out by SPPG.	12	HIGH	12	HIGH	8	HIGH	●	12	No change	0	Actions listed with future due dates	[14/02/2024] The Trust has now received additional funding for quarter 4 which will enable the Trust to continue to address red flag and time critical demand both in-house and within IS.	
Quality of Care	1487	Director of Human Resources & Organisational Development	Impact on services as a result of Industrial Action in relation to outstanding Agenda for Change (AFC) Pay, safe staffing and tr	12	HIGH	20	EXTREM	8	HIGH	●	0	↑	8	0	Actions listed with future due dates	[12/02/2024] ID 1487 risk rating has increased from Consequence MAJOR (4) X Likelihood POSSIBLE (3) = HIGH (12) to consequence MAJOR (4) X Likelihood ALMOST CERTAIN (%) = EXTREME (20) and this is in relation to significant industrial action in the form of strike action on 18th Jan 2024. The Royal college of nursing is also participating in this action on this occasion. Unprecedented scale with minimal and emergency services only available throughout NI, similar to Christmas Day Services, at best.