

TRUST BOARD ITEM: BRIEFING NOTE

Meeting Details:	6 th June 2024
Director:	Dr Brendan Lavery
Issue Title:	Corporate Risk Register Summary and Corporate Risk Register Assurance Framework
Indicate the connection with the Trust's Mission and Vision <i>(please tick)</i>	<ul style="list-style-type: none"> ✓ People who need us feel cared for ✓ People who work with us feel proud ✓ People who live in our communities trust us
Indicate the link to Trust's strategic priorities <i>(please tick)</i>	<ul style="list-style-type: none"> ✓ Quality and Safety <input type="checkbox"/> Workforce Stabilisation <input type="checkbox"/> Performance and Access to Services <input type="checkbox"/> Delivering Value <input type="checkbox"/> Culture
Summary of issue to be discussed:	<p>Material Changes as considered and approved at CMT 28th May 2024;</p> <p>For approval:</p> <ul style="list-style-type: none"> - Two proposed new risks relating to; - ENT - GP cover <p>Material changes to;</p> <ol style="list-style-type: none"> 1. ID1487 <p>Summary report for action:</p> <ul style="list-style-type: none"> • No action required.



**Trust Board
Response Required**
(please tick)

For approval

To note

Decision

CORPORATE RISK REGISTER & ASSURANCE FRAMEWORK

BRIEFING NOTE PREPARED FOR TRUST BOARD 6TH JUNE 2024

There are 17 risks on the Corporate Risk Register as approved at Trust Board on 2nd May 2024.

Summary

Following discussion at CMT on 28th May 2024;

- Material Changes to consider;
 - ID1487 - Impact on services as a result of Industrial Action in relation to outstanding Agenda for Change (AFC) Pay, safe staffing. Proposal to amend title, risk description and increase risk rating. Details provided below.
- Proposed New Risks;
 - ENT – New Risk Form attached.
 - GP cover – New Form attached.
- Summary report for action;
 - All Corporate Risks have been updated within this quarter.
 - All action plans up to date

Material changes

- **ID1487** proposal to amend the risk title to;
Impact on services as a result of Industrial Action in relation pay, safe staffing and travel rates.
- Proposal to amend description to;
Impact on services as a result 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) and also Junior Doctor Pay.
- Proposal to increase current score to;
Risk rating to be increased to - Almost Certain 20 Extreme to take into account the major disruption to services as a result of 2 x 48 hour strike action being taken by junior doctors and the potential for further action later in June. Consideration has also been given to the potential from NIPSA for strike action within Children's Services, this is currently happening in Belfast Trust.

Proposed New Risk

1. New Risk Form attached for consideration however this risk relates to;
Risk Title: Inability to retain ENT Head and Neck service provision.
Risk Description: The ENT service the Western Health and Social Care Trust is funded 6 WTE consultants. 4 consultants in post. 2 vacant post currently filled with Locum. One head and neck consultant who has retired on the 6th September 2023. This consultant managed both complex cancer and benign head & neck conditions, including thyroids. This Consultant returned following retirement for a short period (September to December) on a bank contract. Moving forward this surgeon is no longer available.
The Trust has previously tried to recruit a 2nd Head and Neck cancer consultant 4 times nationally and 3 times internationally with no success since 2019. Currently 2 benign Head and Neck with interest in thyroid surgery consultant and general ENT consultant posts re advertised via IMR and global recruitment. Closing date 30th April 24. 3 applicants awaiting shortlisting. There are immediate concerns about the sustainability of the ENT Head and Neck service.

Current Grading:

Impact (4) Major x Likelihood Almost Certain (5) = 20 **EXTREME**

Responsible Director: Director of Surgery, Paediatrics & Women's Health

2. New Risk Form attached for consideration however this risk relates to;

Risk Title: Risk of no GP cover in Trust managed GP Practices

Risk Description: 110 vacant sessions across 4 GP practices between 1 May 24 and 31 August 24, equivalent to 55 days without GP cover. In addition there are 162 sessions with only 1 GP, this is equivalent to 81 days. The Trust has lost 5 locum GPs from their pool as a result of 2 on maternity leave and 3 taking up posts elsewhere. The Trust is trying to manage 1 additional GP practice in Omagh locality with a reduced number of locums.

Current Grading:

Impact (4) Major x Likelihood (4) Likely = 16 **HIGH**

Responsible Director: Director of Community & Older People's Services

Summary Report for action

- All Corporate Risks have been updated within this quarter.
- All action plans up to date.

Update Trust Board actions April 2024

Please see attached list actions as agreed following Trust Board workshop on 04.04.24. 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	Agreed Tolerance	Agreed Risk Appetite	Progress
1133	Director of Nursing, Midwifery and AHP's	Risk to safe patient care relating to inappropriate use of medical air	Trust Board agreed to; 1.De-escalate and close this risk	Risk to close	Risk to close	Closed 15.04.24
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	Trust Board agreed to; 1.Keep the tolerance set at LOW due to incomplete actions under Trust control 2.Risk owner to take a fresh look at the controls on CRR to ensure this is consistent with actions discussed and progress.	LOW	Low (target score between 1 -6) Current Target score 6	
1219	Director of Unscheduled Care, Medicine, Cancer and Clinical Services	Lack of endoscopy capacity for endoscopy to meet the demand which impacts on patient outcomes	Trust Board agreed to; 1. Keep tolerance as LOW. 2. Risk owner to reflect the ongoing work in the summary updates or CRR and action section. 3.Risk to be reviewed in 6months	LOW	Low (target score between 1 -6) Current Target score 6	
1334	Director of Surgery, Paediatrics	Stability of surgical services in Southern Sector of Trust due to	Trust Board agreed to; 1.Keep tolerance as LOW	LOW	Low (target score	

	and Women's Health	recruitment & retention difficulties at consultant and middle grades	2. Risk owner to review controls listed against risk within CRR		between 1 -6) Current Target score 8	
1375	Directorate of unscheduled care, medicine, cancer and clinical services	Consultant cover in cardiology	Trust Board agreed to; 1.Keep risk as is with a view to de-escalating risk within 2-3months to directorate or divisional level	LOW	Low (target score between 1 -6) Current Target score 6	
1	Director of Performance & Service Improvement	Fire Risks	Trust Board agreed to; 1.Set tolerance as LOW, risk category as H&S and amend target score to between 1-6 2. Risk owner should continue to prioritise actions against controls relating to staff training, fire stopping and storage over next 12 months.	LOW	Low (target score between 1 -6) Current Target score 8	
49	Director of Performance & Service Improvement	The potential impact of a Cyber Security incident on the Western Trust	Trust Board agreed; 1. This risk should be subject to a Deep Dive and presented to Governance committee June 2024. This will review the risk in relation to current tolerance level (specific to actions within our control) and propose any amendments as necessary.	HIGH	Low (target score between 1 -6) Current Target score 6	

1216	Directorate of Unscheduled Care, Medicine, Cancer and Clinical Services	Risk of patient harm in Trust ED's due to capacity, staffing and patient flow issues	Trust Board agreed to; 1.Risk to remain at current tolerance until full review of the risk has taken place with senior staff in ED, corporate Nursing and community. 2. Risk will be subject to a DEEP DIVE in March 2025	HIGH	Low (target score between 1 -6) Current Target score 6	
1307	Director of Surgery, Paediatrics and women's Health	Clinical Risk regarding delayed transfer of babies, children and adults to other hospitals	Trust board agreed to; 1. Keep tolerance and risk appetite as is. 2.Risk owner to continue to develop and progress actions listed required by Trust	HIGH	Low (target score between 1 -6) Current Target score 6	
1320	Executive Director of Social Work/Director of Family and Children Services	Delayed/inappropriate placement of children assessed as requiring inpatient mental health care	Trust Board agreed to; 1.Current tolerance and risk appetite to remain as is, and risk owner to keep risk under review	HIGH	Moderate (target score between 8-12) Current target score 8	
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	Trust board agreed to; 1.Set tolerance of this risk as High as gaps out side Trust control. 2.Agreement to decrease current risk rating from extreme (20) to high(12) as approved by CMT in March 2024	HIGH	Moderate (target score between 8-12) Current target score 8	
6	Executive Director of social	Children awaiting allocation of Social worker may	Trust Board agreed to; 1. Current tolerance and risk appetite to	HIGH	Moderate (target score	

	work/Director of Family and Children's services	experience harm or abuse	remain as is due to external gaps in control. Keep risk under review		between 8-12) Current target score 8	
284	Director of Performance and Service Improvement	Risk of breach of data protection through loss, mishandling or inaccessibility of personal or sensitive personal information	Trust Board agreed to; 1.Current tolerance to remain due to external gaps in control 2.Proposal to revise the risk grading from 16 to 12 approved	HIGH	Low (target score between 1 -6) Current Target score 6	
955	Director of Finance, contracts and Capital Development	Failure to comply with procurement legislation re social care procurement	Trust board agreed to; 1.de-escalate this risk to the directorate risk register of finance, contracts and capital development	Risk de-escalate to DRR	Risk de-escalate to DRR	De-escalated to DRR 15.04.24
1254	Director of Human Resources and Organisational Development	Inability to deliver safe, high quality and sustainable services due to workforce supply and disruptions	Trust Board agreed to; 1.Current tolerance and risk appetite to remain 2.Risk owner to reflect mitigations discussed within the risk register actions within CRR	HIGH	Moderate (target score between 8-12) Current target score 8	
1288	Director of Performance & Service Improvement	Risk of failure to meet regulatory standards and compliance associated with Trust infrastructure and estate.	Trust Board agreed to; 1.Current tolerance and risk appetite to remain as is	HIGH	Low (target score between 1 -6) Current Target score 6	
1236	Director of Finance, Contracts and Capital Development	Ability to achieve financial stability, due to both reductions in Income and increased expenditure	Trust Board agreed to; 1. Current tolerance and risk appetite to remain as is.	HIGH	Low (target score between 1 -6)	

			2.Risk to be kept under review by risk owner		Current Target score 6	
1409	Director of unscheduled care, medicine, cancer and clinical services	ED mental Health Patients	Trust Board agreed to; 1.Set risk category as quality of care – patient safety 2.Set tolerance as HIGH and risk appetite as LOW with target score between (1-6) Risk owner to review target score to reflect this. 3.Risk owner to keep this risk under review	HIGH	Low (target score between 1 -6) Current Target score 9	
1469	Medical Director	Health and Safety Risk to staff as a result of Violence and Aggression	Trust Board agreed to; 1.Set tolerance of this risk as LOW, to be reviewed as a DEEP DIVE to be presented to Governance committee in Dec 24 2. Risk owner to amend description of risk to remove detail relating COVID.	LOW	Low (target score between 1 -6) Current Target score 4	
1472	Director of Performance and Service Improvement	Risk of the Trust not achieving the rebuild targets as set out by SPPG	Trust Board agreed to; 1.De-escalate the risk to Directorate Risk Register of Performance and Service Improvement as proposed at CMT on 25.03.24	Risk de-escalate to DRR	Risk de-escalate to DRR	Risk De-escalated to DRR 15.04.24

New Risk Form

Please complete this form if you have identified a risk which needs to be considered for inclusion on the Trust's Risk Register database (Datix). Appendix 3 of the Trust's Risk Management Policy sets out the process that must be followed. The Policy is available on the intranet, web-link: <http://staffwest.westhealth.ni.nhs.uk/directorates/medical/trustdocs/Risk%20Management%20Policy%20July%202019.pdf#search=Risk%20Management%20Policy>

The information requested below is required for completion of fields within Datix. Sections marked with an asterisk (*) are mandatory and must be completed. The completed form should then be considered at the appropriate Sub-Directorate/Divisional/Department Governance meeting.

No	Datix Field Name	Data to be included in this Field	
1.	Title of Risk * (please keep this brief e.g. "Risk of Fire in Trust Premises" -)	Inability to retain ENT Head and Neck service provision	
2.	Facility (only necessary if risk relates to one specific facility)	Western Trust-Altnagelvin site	
3.	Directorate * If risk affects 2 or more Directorates, please list relevant Directorates.	Acute	
4.	Sub-Directorate * If risk affects two or more Sub-Directorates, please list.	Surgical, planned care, oncology, and emergency care	
5.	Specialty Please list most relevant Specialty this risk relates to.	ENT	
6.	Ward/Department (necessary only if risk relates to one specific Ward/Dept)		
7.	Risk Type* Please indicate which organisational level you are of the opinion this risk should be escalated to (please tick) NB: This is subject to approval by relevant Senior Manager/Director/CMT – refer to Appendix 3 of Risk Management Strategy (see web-link above) :-	Corporate	X
		Directorate	
		Sub- Directorate/Divisional	
		Ward Level	
8.	Risk Category* Please tick most appropriate category:	<ul style="list-style-type: none"> • Finance and Efficiency • Health and Safety • Quality of Care X • ICT and Physical Infrastructure • People and Resource • Public Confidence • Regulation & Compliance (Statutory, Professional, Quality Legislation) 	
9.	Corporate Objective(s) affected by this risk* (Please tick appropriate box(es) below)		
	C01	Improving the Health of our People	X
	C02	Supporting and Empowering Staff	
	C03	Ensuring the Stability of our Services	X
	C04	Improving the Quality and Experience of Care	X

10.	<p>Key Performance Indicators to show how the risk is being managed (Please list 3-4) * (e.g. number of incidents, compliance with H&S – number of Risk assessments returned etc)</p>	<p>EA to DHSSPS.</p> <p>Interim Red flag pathway for weekly discussion of New Head and Neck cancers at regional Head and Neck MDT.</p> <p>Need for temporary change in service for management of new surgical head and neck cancers with Belfast trust.</p> <p>The Trust has undertaken clinical review and validation of all waiting list associated with service. Service review of patients sent out to IS and in trust that underwent thyroid surgery</p> <p>Discussed at Trust performance meeting with SPPG.</p>
11.	<p>Lead Officer* with responsibility for managing this risk (Name, Job Title, and Contact Details. (i.e. manager with operational responsibility)</p>	<p>Sinead McElwee Interim Service Manager ENT,OMFS +Audiology</p>
12.	<p>Name of Responsible Director* (NB: Where a risk is Cross-Directorate, the most appropriate Director to manage this risk should be listed. It will be their responsibility to liaise with other Directors re management of this risk).</p>	<p>Mark Gillespie</p>

13.

Description of Risk*

Please provide a full description of the nature of the risk. Please limit this to 255 characters and structure to include cause, event and effect

Background

The ENT service in the Western Health and Social Care Trust is funded 6 WTE consultants.

4 consultants in post. 2 vacant post currently filled with Locum.

One head and neck consultant who has retired on the 6th September 2023. This consultant managed both complex cancer and benign head & neck conditions, including thyroids.

This Consultant returned following retirement for a short period (September to December) on a bank contract. Moving forward this surgeon is no longer available.

The Trust has previously tried to recruit a 2nd Head and Neck cancer consultant 4 times nationally and 3 times internationally with no success since 2019. Currently 2 benign Head and Neck with interest in thyroid surgery consultant and general ENT consultant posts re advertised via IMR and global recruitment

Closing date 30th April 24. 3 applicants awaiting shortlisting. There are immediate concerns about the sustainability of the ENT Head and Neck service.

Cause

Inability to recruit H&N consultants x 2 posts. Replacement will be challenging given the current position of service and recruitment generally to this speciality is expected to be difficult regionally. Given the previous attempts at recruitment it is unlikely that this position will change in the medium to longer term.

Event

The local ENT services has lost their ENT Head & Neck cancer specialist. This would have a direct impact on the review and management of head and neck patients, cancer surveillance patients and complex benign conditions.

Loss of Support to other ENT consultant and other sub specialities.

Loss of service for new ENT head and neck patients in the WHSCT beyond the point of diagnosis.

	<p>Given this retirement there has been a need to temporarily change service delivery for specialist head and neck cancer services, including benign head and neck and Thyroids.</p> <p>Following discussion with SPPG and Belfast Trust complex patients requiring head and neck cancer surgery are now having this in Belfast Trust, temporary agreement with Belfast Trust for 3 clinics (30PTS) for head and neck reviews for identified surveillance patients.</p> <p>The Southern Trust position with respect to Consultant workforce has improved and following RPOG they have indicated that there is capacity to manage in the region of 20 patients. These will be from the Southern sector of the Western Trust with consideration given to post codes when being identified.</p> <p>The Trust has interim agreement with general surgeon with interest in thyroid to take over the ENT thyroid service from the 1st April 2024 on a temporary basis until replacement appointed. As part of this review a service review has been undertaken in relation to management and care of thyroid patients in trust and via IS pathways</p> <p>Effect</p> <p>Potential breach in agreed cancer target dates for surgical treatments and surgical surveillance follow up post treatment.</p> <p>Impact on training programme for registrars, as number of consultants reduced. We currently have 2 NIMDTA allocated registrars with job plans in line with national specialty training.</p> <p>On call – current rota of 1:7, retirement will leave gap in existing on call rota and hospital cover for head and neck expertise.</p>
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<p>14.</p>	<p>Please list all current control measures in place to manage this risk* (e.g. policies, procedures, training)</p>	<p>Recruitment for replacement head and neck consultant re-advertised, including IMR and global options explored.</p> <p>Validation process undertaken of retired consultant's lists with oversight by clinical Lead.</p> <p>Look back review for patients in the last 2 years that underwent thyroid surgery in Trust and via Independent Sector providers to include patients care and management.</p> <p>ENT locum consultant with experience in benign head and neck is managing a cohort of identified patients on theatre waiting list for begin disease until her contract ends on the 22/5/24.</p> <p>There will remain an active waiting list for benign head and neck surgery. The current ENT team does not have the skill set to operate on this cohort of patients.</p> <p>A red flag diagnostic service will continue to be delivered for investigation of patients presenting with new symptoms, and within the NICAN guidance, across the whole ENT clinical team as is current practice.</p> <p>Temporary informal arrangement in place for surgical pathway and discussion at regional head and neck MDM.</p> <p>Ongoing discussion with regional colleagues including Belfast Trust, Southern Trust and SPPG regarding surgical pathway and surgical surveillance follow up post completion of surgery and oncology treatment.</p> <p>Onward referral surgical I pathway for this cohort of patients currently in place.</p> <p>EA issued to the DHSSPS.</p> <p>The Director of Planning and Performance has written a letter of escalation to SPPG in May 2024 indicating the Trusts current position, actions taken and outlining the need for equity of access across the region.</p>
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15.	<p>Please list all identified gaps in Controls.*</p>	<p>Currently no ENT Head and Neck oncology trained consultant working in the Western Trust. At present there is no provision or pathway for patients following oncology treatment and surgical surveillance follow up. Those patient post 2 years are currently reviewed by speciality doctor.</p> <p>Those patients in first 2 years post treatment have been validated by Belfast Trust Head and Neck consultant and temporary clinics x 3 in place to review identified patients. Ongoing discussion via ENT regional meeting for this cohort of patients.</p> <p>Any retraction in funding will see the collapse of On Call rota. Current rota agreed at 1:7. Resulting in impact for wider hospital service to manage airway emergencies.</p> <p>Direct impact on training programme for registrars, as number of consultants reduced. We currently have 2 NIMDTA allocated registrars with job plans in line with national specialty training requirements which will not be met with only 3 permanent consultants. This will inevitably lead to the loss of a registrar and effect day time emergency cover for the WHSCT.</p> <p>Any mitigations outlined are short term solutions to deal with a number of patients outside their clinically indicated time for review.</p> <p>These arrangements don't provide a sustainable approach to review which would be important as part of their surveillance.</p>
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16.	<p>Please list all Assurances currently in place to test adequacy of Controls. (i.e. Audit (Internal/External), inspections by independent organisations, e.g. RQIA, HSENI).</p>	<p>Networked approach with regional colleagues with agreed referral pathway for new Head and Neck cancer patients and regional weekly MDT.</p> <p>Weekly service meetings.</p> <p>All waiting lists have been subjected to validation by a Consultant peer.</p> <p>Plan to continue focus on the recruitment and retention of consultant's surgeons for service delivery and sustainability with the Western Trust to provide the commissioned levels (SBA) for ENT.</p> <p>Networked approach with regional colleagues to include regional waiting lists, reach in/out activity.</p> <p>Monthly consideration of Trust position at RPOG in relation to the Trust Performance meeting with the SPPG.</p> <p>Monthly Business Unit meeting with Clinical lead, Service Manager, Assistant Director of operations and Nursing, and the Director.</p> <p>Monthly Acute Governance.</p> <p>These issues are formally discussed at the Trust performance meeting with SPPG.</p>																								
17.	<p>Please list all identified gaps in Assurances.</p>																									
18.	<p>Current level of Risk* (Please tick appropriate box for Impact/Consequence/Severity and Likelihood – refer to Risk Rating Matrix & Impact Assessment Table (Appendix 3 of Risk Management Strategy - see web-link above).</p>																									
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19.	<p>Target/Acceptable level of Risk* (Please tick appropriate box for Impact/Consequence/Severity and Likelihood – refer to Risk Rating Matrix and Impact Assessment Table (Appendix 2 of Risk Management Strategy - see web-link above).</p>																									
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NB: Datix will automatically calculate the level of risk (i.e. Red/Extreme, Amber/High, Yellow/Medium, Low/Green).

- **20. Action Plan to reduce Level of Risk**

Escalation with early alert to DOH

Discussion with General surgical Consultant with Thyroid experience to help manage New and current Thyroid patients, supported by ENT Team.

Locum ENT Consultant managing a identified cohort of patients with Benign Head and Neck Disease.

Networked approach with regional colleagues and escalation to SPPG. This would include regional waiting lists, in-reach /out-reach activity, etc. Any developments must also consider the need for local services and ability to maintain general ENT activity.

When developing an action plan to reduce the level of risk to the target level, Managers should take the Trust's Risk Appetite Statement into consideration, as set out in the Risk Management Policy, as follows:-

“The Trust’s appetite for risk is to minimise risk to patient/client/staff safety and the resources of the Trust, whilst acknowledging that it also has to balance this with the need to invest, develop and innovate in order to achieve the best outcomes and value for money for the population that it serves. In this respect, risk controls should not be so rigid that they stifle innovation and imaginative use of limited resources in order to achieve health and social care benefits.”

Managers must consider the following questions when developing an action plan to manage the identified risk:-

Question	Response
1. Does the proposed action plan actively manage this risk to ensure that the level of risk can be reduced to the target level?	Yes, partially formal pathway agreed between WHSCT and Belfast
2. Does the proposed action plan take account of any opportunities that could be exploited whilst managing this risk?	Yes
3. Has the target level of risk, and how this will be achieved, been communicated to those staff responsible for the operational management of this risk?	Yes
4. How will the proposed actions be monitored to ensure they are completed within identified timescales?	Ongoing meeting with SPPG. Internal and cross Trust Meetings ongoing for ENT.
5. At what point should the decision regarding the management of this risk be escalated to a higher level?	Escalated to DHSSPS.

Please set out below the key actions that will be taken to reduce the level of risk (e.g. develop business case, service redesign, develop policy/procedures, provide training, recruitment of staff, etc):-

Action Required	Start Date	Due Date	Lead Officer
.Recruitment of head and neck consultant x 2	August 23	May 24	Sinead McElwee
Potential Service delivery redesigns	Sept 23	June 24	Mark Gillespie Paul Doherty
Formal Pathway to be agreed with Belfast Trust and Western trust regarding transfer of patients	April 24	June 24	Mark Gillespie
Formal lookback to be undertaken in relation to patients underwent thyroid surgery in trust and via IS provider in relation to patient care and management for the last 2 years	May 24	July 24	Mark Gillespie

Once the new risk has been approved, these key actions should be recorded within the "Actions" section of Datix.

Once each action has been completed, the date of completion should be recorded. Each completed action should then be listed within the "Controls" section of Datix.

If you require advice with regard to completion of this form, or on the use of Datix Risk Register module, please contact the Corporate Risk Manager on extension 214129.

<p>Meeting where risk was approved:</p> <p>Date of Meeting:</p>

<p>For use by BSO/BSM only</p>	<p>Risk ID No:</p> <p>(automatically generated by Datix)</p>
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New Risk Form

Please complete this form if you have identified a risk which needs to be considered for inclusion on the Trust's Risk Register database (Datix). Appendix 3 of the Trust's Risk Management Policy sets out the process that must be followed. The Policy is available on the intranet,web-link: <http://staffwest.westhealth.ni.nhs.uk/directorates/medical/trustdocs/Risk%20Management%20Policy%20July%202019.pdf#search=Risk%20Management%20Policy>

The information requested below is required for completion of fields within Datix. Sections marked with an asterisk (*) are mandatory and must be completed. The completed form should then be considered at the appropriate Sub-Directorate/Divisional/Department Governance meeting.

No	Datix Field Name	Data to be included in this Field	
1.	Title of Risk * (please keep this brief e.g. "Risk of Fire in Trust Premises" -)	Risk of no GP cover in Trust managed GP Practices	
2.	Facility (only necessary if risk relates to one specific facility)	Trust managed GP Practices	
3.	Directorate * If risk affects 2 or more Directorates, please list relevant Directorates.	Community & Older Peoples	
4.	Sub-Directorate * If risk affects two or more Sub-Directorates, please list.	Primary & Community Care sub-directorate	
5.	Specialty Please list most relevant Specialty this risk relates to.	Primary Care	
6.	Ward/Department (necessary only if risk relates to one specific Ward/Dept)	Trust managed GP Practices	
7.	Risk Type* Please indicate which organisational level you are of the opinion this risk should be escalated to (please tick) NB: This is subject to approval by relevant Senior Manager/Director/CMT – refer to Appendix 3 of Risk Management Strategy (see web-link above) :-	Corporate	
Directorate		X	
Sub- Directorate/Divisional			
Ward Level			
8.	Risk Category* Please tick most appropriate category:	<ul style="list-style-type: none"> • Finance and Efficiency • Health and Safety ✓ • Quality of Care ✓ • ICT and Physical Infrastructure • People and Resource ✓ • Public Confidence ✓ • Regulation & Compliance (Statutory, Professional, Quality Legislation) 	
9.	Corporate Objective(s) affected by this risk* (Please tick appropriate box(es) below)		
	C01	Improving the Health of our People	✓
	C02	Supporting and Empowering Staff	
	C03	Ensuring the Stability of our Services	✓
	C04	Improving the Quality and Experience of Care	✓

10.	Key Performance Indicators to show how the risk is being managed (Please list 3-4) * (e.g. number of incidents, compliance with H&S – number of Risk assessments returned etc)	
11.	Lead Officer* with responsibility for managing this risk (Name, Job Title, and Contact Details. (i.e. manager with operational responsibility)	Michelle McKinley Head of Primary Care Services 07957633336
12.	Name of Responsible Director* (NB: Where a risk is Cross-Directorate, the most appropriate Director to manage this risk should be listed. It will be their responsibility to liaise with other Directors re management of this risk).	Maura O'Neill Director of Community & Older People
13.	Description of Risk* Please provide a full description of the nature of the risk. Please limit this to 255 characters and structure to include cause, event and effect	110 vacant sessions across 4 GP practices between 1 May 24 and 31 August 24, equivalent to 55 days without GP cover. In addition there are 162 sessions with only 1 GP, this is equivalent to 81 days. The Trust has lost 5 locum GPs from their pool as a result of 2 on maternity leave and 3 taking up posts elsewhere. The Trust is trying to manage 1 additional GP practice in Omagh locality with a reduced number of locums.
14.	Please list all current control measures in place to manage this risk* (e.g. policies, procedures, training)	Where possible moving locum GPs from other Practices to support Practices with no GP.
15.	Please list all identified gaps in Controls.*	No Advanced Nurse Practitioners in 3 out of 4 GP Practices. No agreed pathway with Urgent Care, Omagh and ED, SWAH & AAH as alternative for patients.
16.	Please list all Assurances currently in place to test adequacy of Controls. (i.e. Audit (Internal/External), inspections by independent organisations, e.g. RQIA, HSENI).	SPPG support Early alert sent to DoH.
17.	Please list all identified gaps in Assurances.	Lack of GP cover. Need for increased GP medical places Need to encourage GPs to work in rural practices.
18.	Current level of Risk* (Please tick appropriate box for Impact/Consequence/Severity and Likelihood – refer to Risk Rating Matrix & Impact Assessment Table (Appendix 3 of Risk Management Strategy - see web-link above).	
	Impact/Consequence /Severity	Likelihood
	Insignificant/none	Rare
	Minor	Unlikely
	Moderate	Possible
	Major	Likely
	Catastrophic	Very Likely/ Almost Certain
19.	Target/Acceptable level of Risk* (Please tick appropriate box for Impact/Consequence/Severity and Likelihood – refer to Risk Rating Matrix and Impact Assessment Table (Appendix 2 of Risk Management Strategy - see web-link above).	
	Impact/Consequence /Severity	Likelihood
	Insignificant/none	Rare

Minor		Unlikely	
Moderate		Possible	✓
Major	✓	Likely	
Catastrophic		Very Likely/ Almost Certain	

NB: Datix will automatically calculate the level of risk (i.e. Red/Extreme, Amber/High, Yellow/Medium, Low/Green).

20. Action Plan to reduce Level of Risk

When developing an action plan to reduce the level of risk to the target level, Managers should take the Trust's Risk Appetite Statement into consideration, as set out in the Risk Management Policy, as follows:-

“The Trust’s appetite for risk is to minimise risk to patient/client/staff safety and the resources of the Trust, whilst acknowledging that it also has to balance this with the need to invest, develop and innovate in order to achieve the best outcomes and value for money for the population that it serves. In this respect, risk controls should not be so rigid that they stifle innovation and imaginative use of limited resources in order to achieve health and social care benefits.”

Managers must consider the following questions when developing an action plan to manage the identified risk:-

Question	Response
1. Does the proposed action plan actively manage this risk to ensure that the level of risk can be reduced to the target level?	
2. Does the proposed action plan take account of any opportunities that could be exploited whilst managing this risk?	
3. Has the target level of risk, and how this will be achieved, been communicated to those staff responsible for the operational management of this risk?	
4. How will the proposed actions be monitored to ensure they are completed within identified timescales?	
5. At what point should the decision regarding the management of this risk be escalated to a higher level?	

Please set out below the key actions that will be taken to reduce the level of risk (e.g. develop business case, service redesign, develop policy/procedures, provide training, recruitment of staff, etc):-

Action Required	Start Date	Due Date	Lead Officer

Develop Salaried GP job description and Terms & Conditions	26 April 24	30 May 24	Michelle McKinley
Develop Job description for ANP and progress to advertisement	8 May 24	Mid June 24	Michelle McKinley
Email sent to Pat Brolly requesting a freeze to new registrations to 3 rural practices, ie Brookeborough/Tempo, Fintona and Dromore/Trillick	29 April 24		Michelle McKinley
Paper to be developed for CMT outlining a proposal to deliver Primary Care services in the future.		21 May 24	Michelle McKinley

Once the new risk has been approved, these key actions should be recorded within the "Actions" section of Datix.

Once each action has been completed, the date of completion should be recorded.

Each completed action should then be listed within the "Controls" section of Datix.

If you require advice with regard to completion of this form, or on the use of Datix Risk Register module, please contact the Corporate Risk Manager on extension 214129.

Meeting where risk was approved:
Date of Meeting:

For use by BSO/BSM only	Risk ID No: (automatically generated by Datix)
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Risk Sub-Category	Risk ID	Lead Director	Risk Title	Initial		Current		Target		Risk Appetite			Current Risk Status		Mths since last updated	Action Plan Status	Latest Update
				Score	Grade	Score	Grade	Score	Grade	Score	Level of Tolerance	Action on Appetite	Mths since score changed	Change in score since last review			
Safe & Effective Services.	1	Director of Performance, Planning and Corporate Services	Fire Risks	20	EXTREM	15	EXTREM	8	HIGH	8	LOW	1. Set tolerance as a LOW, risk category as H&S and amend target score to between 1-6 2.Risk owner should continue to prioritise actions against controls relating to staff training, fire stopping and storage over next 12 months	2	No change	0	Actions listed with future due dates	[08/05/2024] 8/5/24: Confirmed fire KPI figures as at 31/03/2024: Fire Safety Training 76% Fire Safety Training- Nominated Officers 121% Percentage of all compliant fire risk assessments within 3 months of review date - 84% Percentage of all compliant fire risk assessments up to current month - 63% Trust continue to address inappropriate storage issues throughout the trust premises including the recent removal of temporary storage facilities within the nucleus block. SWAH fire stopping risk - a detailed review of the fire risk associated with SWAH was undertaken in which it was considered that sufficient controls are in place to manage the risk and that a internal fire divergence statement was not required.
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	8	HIGH	1. Current tolerance and risk appetite to remain as is due to external gaps in control. Keep risk under review.	78	No change	2	Actions listed with future due dates	[20/03/2024] All actions relating to this risk have been reviewed by Assistant Director. A sub group meeting has been established to review this risk, with relevant officers and risk management team.
ICT & Physical Infrastructure	49	Director of Performance, Planning and Corporate Services	The potential impact of a Cyber Security incident on the Western Trust	16	HIGH	20	EXTREM	6	MEDIUM	6	HIGH	1. This risk should be subject to a Deep Dive and presented to Governance Committee June 2024. This will review the risk in relation to current tolerance level (specific to actions within our control) and propose any amendments as necessary.	10	No change	0	Actions listed with future due dates	[20/05/2024] Governance Update Work continues on the "3-Line Assurance," with the Corporate Risk Manager which, is due to be tabled at the Directorate Governance SMT on 10th June. Further work is taking place in preparation of a Deep Dive of this Corporate Risk by Trust Board on 27th June A Trust Communication is due to be issued regarding the recently updated and approved Information Security Policy and associated User Standards
Regulation & Compliance	284	Director of Performance, Planning and Corporate Services	Risk of breach of Data Protection legislation through loss, mishandling or inaccessibility of personal or sensitive personal inf	16	HIGH	12	HIGH	6	MEDIUM	6	HIGH	1. Current tolerance to remain due to external gaps in controls. 2. Proposal to revise the risk grading from 16 to 12 approved.	89	No change	0	Actions listed with future due dates	[16/05/2024] Information Governance training is now at 85% and IG Department is working with HR to address an incident trend, based on analysis of incidents recorded on Datix. Testing and data checks on the new IFIT system in SWAH is underway, so installation progressing. New records store in Maydown has been approved and remedial works underway – this will allow the Trust to store historical medical records off-site and relieve pressure on record storage with Altnagelvin hospital.
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	6	LOW	1. Keep the tolerance set as LOW due to incomplete actions under Trust control. 2. Risk owner to take a fresh look at the controls on CRR to ensure this is consistent with actions discussed and progress.	2	↑ 6	1	Actions listed with future due dates	[16/04/2024] Risk reviewed and updated, including completion of action re STDA plan. MCA team has a scheduled review of risk 1183 on 17 April 24.

Risk Sub-Category	Risk ID	Lead Director	Risk Title	Initial		Current		Target		Risk Appetite			Current Risk Status		Mths since last updated	Action Plan Status	Latest Update
				Score	Grade	Score	Grade	Score	Grade	Score	Level of Tolerance	Action on Appetite	Mths since score changed	Change in score since last review			
Quality of Care	1216	Director of unscheduled care, Medicine Cancer & Clinical Services	Risk of patient harm in Trust EDs due to capacity, staffing and patient flow issues	15	EXTREM	15	EXTREM	6	MEDIUM	6	HIGH	1. Risk to remain at current tolerance until full review of the risk has taken place with senior staff in ED, corporate Nursing and community. 2. Risk will be subject to a Deep Dive in March 2025	● 50	No change	0	Actions listed with future due dates	[16/05/2024] Update ALT 14/5/24 Risk remains unchanged. Update SWAH 13/5/24: In terms of staff a nurse stabilisation project has concluded with the recruitment of 20wte additional nursing and HCA staffing. Levels of staffing now match attendance levels. However given the increased length of time that patients spend in the department with increased DTAs and reduced flow due to the level of delayed discharges the level of staffing remains insufficient to support the long stay patient.
Regulation & Compliance	1219	Director of unscheduled care, Medicine Cancer & Clinical Services	Lack of endoscopy capacity for endoscopy to meet the demand which impacts on Patient outcomes	20	EXTREM	20	EXTREM	6	MEDIUM	6	LOW	1. Keep tolerance as LOW. 2. Risk owner to reflect the ongoing work in the summary updates or CRR and action section. 3. Risk to be reviewed in 6months	● 39	No change	0	Actions listed with future due dates	[16/05/2024] 14.05.2024 Gastroenterologists post were advertised and 3 applications received, 2 offers have been made with possible start date of Autumn, October 2024. The risk of delayed treatment remains as there are not enough endoscopists to deliver all the funded sessions, currently 90% of the total funded sessions is being delivered. No capacity to backfill sessions during holidays, oncall commitment and study leave.
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	6	HIGH	1. Current tolerance and risk appetite to remain as is. 2. Risk to be kept under review by risk owner.	● 45	No change	2	Actions listed with future due dates	[26/03/2024] Risk actions updated to include; ID3304 - SP monitoring will be completed by end of March, and review of this will take place over a 6 week period and a new target date has been set. ID3302 - new target date set for end of June to consider a number of mop up sessions needed relating to this training
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	8	HIGH	1. Current tolerance and risk appetite to remain. 2. Risk owner to reflect mitigations discussed within the risk register actions with CRR	● 40	No change	2	Actions listed with future due dates	[20/03/2024] Workforce supply issues continue to be challenging in a number of medical, social work and nursing areas with the current demand for staff outstripping supply. The Trust's recruitment teams continue to guide and support the attraction and recruitment strategies across the Western Trust. An Early Alert update was submitted to DOH on 4 March 2024 as there is currently no ENT Head and Neck trained surgeon working in the Western Trust and the arrangement with the retired consultant is no longer available. The Trust has had preliminary discussions with Belfast Trust and an escalation meeting took place with SPPG on 12 March 2024 with a follow up meeting held on 19 March 2024. Children's Community Services across all Health and Social Care Trusts are currently in a state of crisis with a continued shortage in supply of social workers regionally.
Regulation & Compliance	1288	Director of Performance, Planning and Corporate Services	Risk of failure to meet regulatory standards and compliance associated with Trust infrastructure and estate.	12	HIGH	12	HIGH	6	MEDIUM	6	HIGH	1. Current tolerance and risk appetite to remain as is.	● 38	No change	0	Actions listed with future due dates	[08/05/2024] 8/5/24: 24/25 BLM allocation has been confirmed as £5.85million. Estates are finalising Backlog prioritisation for 24/25.

Risk Sub-Category	Risk ID	Lead Director	Risk Title	Initial		Current		Target		Risk Appetite			Current Risk Status		Mths since last updated	Action Plan Status	Latest Update
				Score	Grade	Score	Grade	Score	Grade	Score	Level of Tolerance	Action on Appetite	Mths since score changed	Change in score since last review			
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	6	HIGH	1. Keep tolerance and risk appetite as is. 2. Risk owner to continue to develop and progress actions listed required by Trust.	● 32	No change	0	Actions listed with future due dates	[23/05/2024] There was a good attendance at the update NEOSIM training on the 30th April 24. There has been on site training carried out for those unable to attend on the 30th April by Angela Hughes (PNP). The weekly rota from NISTAR still shows vulnerability in peads and neo natal only The Trust continues to risk assess which transfers to move in the absence of the retrieval Team. A business case and capital funding has been approved for x2 new Hamilton T1 ventilators, procurement of these will start imminently.
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	8	HIGH	1. Current tolerance and risk appetite to remain as is, and risk owner to keep risk under review.	● 23	No change	2	Actions listed with future due dates	[19/03/2024] Beechcroft currently as of 12/02/2024. Pressures remain. They have 18 inpatients across the unit. 14 of those patients are detained. 13 for treatment of an eating disorder, 4 patients on NG feeding plans, 2 patients currently requiring high levels of staffing to provide same. Acuity levels are assessed daily. During the preceding week there have been days were acuity has not been met. At present 6 YP on 1:1 observations. Over the reporting period 5th-11th February 24 there have been 25 incidents which relate to self-harm, NG feeding with safety intervention and violence and aggression.
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	8	LOW	1. Keep tolerance as LOW. 2. Risk owner to review controls listed against risk with CRR	● 32	No change	0	Actions listed with future due dates	[30/05/2024] The Trust continues to monitor the impact of the temporary changes on a daily basis. A report is developed on a monthly which is shared with Project Team monthly and a quarterly report is shared with Trust Board. This report is then uploaded to the Trust website. The Trust is current working through an options appraisal to help inform next steps which will be shared with Programme Board in May and Trust Board in July 2024. In addition to the above there is now a full Tier of Middle Grades in Altnagelvin 11.00 wte which is the first time this has been achieved, further to that we are now actively engaging with Medical HR about the uplift of 2.00 Middle Grade SWAH to Specialist Grades.
Ensuring Stability of Our Services	1375	Director of unscheduled care, Medicine Cancer & Clinical Services	Consultants Cover in Cardiology	16	HIGH	16	HIGH	6	LOW	6	LOW	1. Keep risk as is with a view to de-escalating risk within 2-3months to directorate or divisional level	● 26	No change	0	Actions listed with future due dates	[16/05/2024] Update 14/5/24 Risk currently remains unchanged.
Quality of Care	1409	Director of unscheduled care, Medicine Cancer & Clinical Services	ED Mental Health Patients	25	EXTREM	16	HIGH	9	MEDIUM	9	HIGH	1. Set tolerance as HIGH and risk appetite as LOW with target score between (1-6) Risk owner to review target score to reflect this. Risk owner to keep this under review	● 15	No change	0	Actions listed with future due dates	[16/05/2024] Alt Update 14/5/24: Risk remains unchanged. SWAH Update 13/5/24 Update: Mental Health services are reviewing options with ED to seek dedicated space for ED psychiatric/ assessment. The Ward Manager// will// arrange a weekly meeting with mental health services [15/04/2024] The risk category for ID 1409 has been amended to Quality of care as proposed and agreed at Trust: Board Workshop on 04.04.24

Risk Sub-Category	Risk ID	Lead Director	Risk Title	Initial		Current		Target		Risk Appetite			Current Risk Status		Mths since last updated	Action Plan Status	Latest Update
				Score	Grade	Score	Grade	Score	Grade	Score	Level of Tolerance	Action on Appetite	Mths since score changed	Change in score since last review			
Health & Safety	1469	Medical Director	Health & Safety Risk to Staff as a result of Violence and Aggression	12	HIGH	12	HIGH	4	HIGH	4	LOW	1. Set tolerance of this risk as LOW, to be reviewed as a DEEP DIVE to be presented to Governance committee in Dec 2024 2. Risk owner to amend description of risk to remove detail relating to COVID	16	No change	0	Actions listed with future due dates	[23/05/2024] The most recent MOVA group meeting noted the content of the Regional MOVA audit recommendations and work to implement is currently underway. The MOVA group is in the process of reviewing the DOH framework to implement within Western Trust relating to V&A.
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	12	HIGH	8	HIGH	8	HIGH	1. Set tolerance of this risk as HIGH as gaps outside of Trust control. 2. Agreement to decrease current risk rating from extreme (20) to high (12) as approved by CMT in March 2024	13	No change	0	Actions listed with future due dates	[20/05/2024] In February 2024 the BMA confirmed that their Junior Doctor members had voted to take Strike Action in relation to pay and their first day of action was held on 6 March 2024 for 24 hours. Further Strike Action has now been confirmed for 48 hours beginning at 7.00 am on 22 May 2024 and also on 6 June 2024. Significant disruption to services is expected across acute, community and mental health hospitals where junior doctors provide services. The Trust is currently proceeding with Industrial Action command, control and business continuity arrangements to support affected services with their response. There is also a risk of strike action from NIPSA in Children's Services, regional discussions are ongoing. Proposal to change risk title, description and to increase risk rating to Major:Almost Certain (20) Extreme.

Corporate Risk Register and Assurance Framework 30.05.24

ID	Opened	Rating (initial)	Risk level (initial)	Rating (current)	Risk level (current)	Rating (Target)	Risk level (Target)	Responsible Director	Sub-Directorate	Corporate Objectives	Title	Description	Controls	Gaps in controls	Assurance	Updates	Description (Action Plan Summary)	Due date	Done date	Corporate Risk Status	Closed date	Risk Type
1	19/11/2008	20	Extreme (Red)	15	Extreme (Red)	8	High (Amber)	Director of Performance, Planning and Corporate Services	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 Policy, procedures and manual. Including: Site specific fire emergency plans for SWAH and ALT. Departmental fire procedures in place for all areas. Staff Training and awareness. Mandatory Fire Safety awareness training. Recording and reporting of Fire Safety Mandatory Training Nominated Officers appointed and trained. Reporting of all fire incidents, unwanted fire alarms. Regional Fire Managers Group Nominated Officer Fire Safety Log Books Trust Fire risk assessments Recommendations from Resulting from inspections of Regulatory bodies e.g. NFRS and RQIA. Fire Safety Controls Assurance Standard action plan. Regular fire drills and emergency exercises Fire improvement works All Trust fire safety advisors to hold appropriate external accreditation.	Not all staff are trained in mandatory fire safety awareness training. Potential exists for Premises to be operational without a Nominated Fire Officer in the Department Regional Group meetings are infrequent Not all Fire Risk Assessment are completed within designated Timeframe. Target is 100% Infrequent Drills due to competing Pressures. Financial Constraints Competing priorities Ageing Estate and deterioration of physical infrastructure Working with service to ensure service delivery/care is not impacted. Not all Directorates have included fire on their directorate risk register. Current risks not aligned to the corporate risk ID01. Systems are currently not in place for annual attendance at Directorate SMT's. Space limitations within Trust footprint. Stock control	Fire Safety Policy, procedures and manual. Including: Site specific fire emergency plans for SWAH and ALT. Departmental fire procedures in place for all areas. These policies are corporate documents that apply to all staff within the Trust. Contractual obligation under the employment contract. Monthly reports provided to Business managers for distribution to HOS/AD's to identify staff compliance. Fire risk assessment audits. Fire Safety Working Group. Monthly drilldown of nominated fire officers throughout the Trust. Incidents are investigated by the Trust incident management process. Learning is cascaded both locally and regionally. Oversight over regional learning and good practice To ensure that nominated fire officer are aware of their fire safety responsibilities in each department/premises. Monitored	[08/05/2024 10:23:16 Nicola Norris] 8/5/24: Confirmed fire KPI figures as at 31/03/2024: Fire Safety Training 76% Fire Safety Training- Nominated Officers 121% Percentage of all compliant fire risk assessments within 3 months of review date - 84% Percentage of all compliant fire risk assessments up to current month - 63% Trust continue to address inappropriate storage issues throughout the trust premises including the recent removal of temporary storage facilities within the nucleus block. SWAH fire stopping risk - a detailed review of the fire risk associated with SWAH was undertaken in which it was considered that sufficient controls are in place to manage the risk and that an internal fire divergence statement was not required. [09/04/2024 14:45:44 Nicola Norris] Two fire incidents	Emergency Lighting replacement 31/03/2021 31/03/2021 Implement fire safety improvements 31/03/2019 30/09/2018 Implement Fire Safety Improvements -18/19 31/03/2018 30/06/2016 NFRS to speak with clients implement fire safety improvement works 17/18 31/03/2015 31/12/2015 Fire safety objectives review for 16/17 31/03/2016 22/02/2024 Priority list of firecode works to be prepared 30/06/2024 Fire Improvement Works 30/09/2017 14/15. 31/03/2025 Implementation of Directorate Action Plans. Fire Improvement Works 15/16 31/12/2023 Hospital Fire Storage Working Group to be set up 31/03/2021 02/06/2023 Working Group to be established to Review 30/06/2022 25/04/2022 Inappropriate draining of Medical Gas Cylinders leading to a Fire/Explosion risk 21/12/2022 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 31/07/2016 31/03/2015 31/12/2015 31/03/2016 22/02/2024 16/04/2024 30/09/2017 22/02/2024 31/03/2017 03/01/2024 31/12/2023 31/03/2021 02/06/2023 06/09/2022 06/09/2022 02/06/2023 16/02/2024	Current Corporate Risk		Corporate Risk (Approved)	
6	21/09/2009	25	Extreme (Red)	12	High (Amber)	8	High (Amber)	Director of social work/Children and Families	Safeguarding Children	Safe & Effective Services.	Children awaiting allocation of Social Worker may experience harm or abuse	Due to capacity and demand issues within Family & Childcare, children may not be allocated a Social Worker in a timely manner to provide appropriate support. Children may experience harm as a result and the Trust may not meet its associated professional and organisational requirements.	Ongoing action to secure recurring funding. Update meetings between F&CC ADs and Director. Performance Management Review is being undertaken by HSCB with all 5 Trusts focusing on Unallocated cases and timescales Early Help staff returned to their substantive posts with gateway to increase the ability to allocate Principal Social Work redeployed will monitor Action Plan and progress to stabilise team Service Managers and Social Work Managers monitor and review unallocated cases on a weekly basis. 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	Feedback given to Performance & Service Improvement for accountability meetings with HSCB. Quarterly governance reports to Governance Committee. Up-dates by Director to CMT and Trust. Action Plan to review and Address [08/01/24] There Delegated Statutory Functions	[20/03/2024 22:33:07 Oonagh O'Doherty] All actions relating to this risk have been reviewed by Assistant Director. A sub group meeting has been established to review this risk, with relevant officers and risk management team. [30/01/2024 10:28:51 Paula Moran] [08/01/24] 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	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 practise experience to encourage students to take up posts Retirees working alongside family support workers and social workers assistants providing assessments, support and interventions to those cases on the waiting list (unallocated) Overtime offered in Enniskillen to allocate cases for interventions to work	29/09/2023 30/09/2020 01/11/2018 30/09/2024 30/09/2024 30/09/2024 30/09/2024 30/09/2024 30/09/2024	29/09/2023 31/12/2019 30/09/2020 06/03/2019	Current Corporate Risk		Corporate Risk (Approved)
49	06/10/2009	16	High (Amber)	20	Extreme (Red)	6	Medium (Yellow)	Director of Performance, Planning and Corporate Services	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 unsupported operating systems, e.g. Windows XP, and/or do not have the most up to date software updates (patching) and/or have end-point software exclusions applied by third parties which can	(1). PEOPLE CONTROLS - (1). Cyber Security Training , (2). Information Governance,(IG) Mandatory Training, (3). Staff Contract of Employment (2). GOVERNANCE CONTROLS - (1). Network Information Systems (NIS) Cyber Assessment Framework (CAF) (2). User account management processes (Standard Operating Procedure - SOP) (3). HSC Information Security, Policy, Standards, Guidelines and Standard Operating Procedures (SOPs) (4). Trust Cyber Governance Oversight Group (COG), Risk Management Group (RMG), Vulnerability Management Group (VMG), Corporate Governance Sub-committee (CGSG) (5). Change Advisory Board (CAB) (Local and Regional) 6). Regional Oversight Governance Groups - Cyber Programme Board, Regional	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 (4). Regional E-Learning programme (Metacompliance) (5). Business Continuity (Desktop Exercises undertaken by Staff) 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, Regional Cyber Phishing Exercise has been carried out (2). Mandatory IG Training Reporting Available (3). Contract of Employment Provides assurance that staff can be held to account (4). Regional E-Learning programme (Metacompliance) (5). Business Continuity (Desktop Exercises undertaken by Staff) GOVERNANCE ASSURANCE: (1). Internal audit /IT Dept self-assessment against National Cyber Security Centre (NCSC) 10 Steps towards Cyber Security (2). ICT Vulnerability Management Group (VMG) regularly reviews and assesses Cyber threats and vulnerabilities (3). ICT Security Review meetings regularly reviews and assesses service submitted ICT Security Questionnaire (4). The regional Network Infrastructure Group (N.I.G) has	[20/05/2024 16:55:59 Rebecca McLean] Governance Update!! Work continues on the "3-Line Assurance," with the Corporate Risk Manager which, is due to be tabled at the Directorate Governance SMT on 10th June. Further work is taking place in preparation of a Deep Dive of this Corporate Risk by Trust Board on 27th June A Trust Communication is due to be issued regarding the recently updated and approved Information Security Policy and associated User Standards KPIs!! Tactical Compliance!! (1). Supply Chain Incidents – 1 (Dell Customer data leak) (2). Vulnerability Alerts – 6 (3). Sophos Antivirus % - 98% (4). Intercept-X – 100 % (5). Monthly Patch Management – 89.8%	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. People Governance Supply Chain Technical	30/09/2024 31/03/2019 31/03/2019 31/03/2020 31/08/2018 31/03/2025 31/03/2025 31/03/2025	28/02/2019 31/03/2019 31/08/2019 31/08/2018	Current Corporate Risk		Corporate Risk (Approved)

ID	Opened	Rating (initial)	Risk level (initial)	Rating (current)	Risk level (current)	Rating (Target)	Risk level (Target)	Responsible Director	Sub-Directorate	Corporate Objectives	Title	Description	Controls	Gaps in controls	Assurance	Updates	Description (Action Plan Summary)	Due date	Done date	Corporate Risk Status	Closed date	Risk Type
284	13/12/2010	16	High (Amber)	12	High (Amber)	6	Medium (Yellow)	Director of Performance, Planning and Corporate Services	Planning & Performance Mgmt	Governance.	Risk of breach of Data Protection legislation through loss, mishandling or inaccessibility of personal or sensitive personal inf	The Trust faces reputation and financial risk from non-compliance across all Directorates with the UK GDPR, Data Protection Act 2018, DoHNI's Good Management, Good Records and the Public Records Act 1923. The risk comprises a number of key factors which increases the level of risk for the Trust: <ul style="list-style-type: none"> •Insecurely sharing or accessing the personal data of clients, patients and staff without a legislative basis under UKGDPR or supporting legislation •The unavailability of records for provision of patient and client care or for legal or public interest purposes •Concerns on the adherence to records management responsibilities – notably the storage, categorisation and disposal/PRONI transfer of patient, client and staff records 	Subject Access and Data Access agreement procedures. Information Governance/Records Management Induction/awareness training. Regional code of practice. Information Governance Steering Group. Records held securely/restricted access. ICT security policies. Raised staff awareness via Trust Communications/Share to Learn. Fair processing leaflets/posters. Investigation of incidents. Data Guardians role. Regional DHSSPS Information Governance Advisory Group. Electronic transmission protocol. Investigation of incidents. 2 secondary storage facilities available across NS & SS Trust Protocol for Vacating & Decommissioning of HSC Facilities. Scoping exercise to identify volume and location of secondary close records completed in	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.	[16/05/2024 11:41:52 Sarah Davidson] Information Governance training is now at 85% and IG Department is working with HR to address an incident trend, based on analysis of incidents recorded on Datix. Testing and data checks on the new IFT system in SWAH is underway, so installation progressing. New records store in Maydown has been approved and remedial works underway – this will allow the Trust to store historical medical records off-site and relieve pressure on record storage with Altnagevin hospital. [15/04/2024 08:49:13 Oonagh ODoherly] Risk ID284 proposal to revise the risk grading from 16 to 12 was agreed at Trust Board Workshop on 04.04.24. [05/03/2024 14:58:31 Sarah Davidson] IG training remaining at 82%. Regional SIRO training now completed for all Regional SIROS. DP clauses now included and issued to 180 contacts in	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	31/03/2019 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 01/06/2022 31/03/2023	31/03/2019 28/02/2019 01/03/2019 25/11/2020 30/09/2020 31/12/2020 30/09/2020	Current Corporate Risk		Corporate Risk (Approved)
1183	27/11/2019	25	Extreme (Red)	15	High (Amber)	6	Medium (Yellow)	Director of Adult Mental Health & Disability Services	Directorate-wide (Risk Register Use only)	Governance, Safe & Effective Services.	Where MCA processes are not being followed, patients may be deprived of their liberty, without having safeguards in place	Where MCA processes are not being followed, there is the risk that patients may be deprived of their liberty, without having the relevant safeguards in place, with the result that individual staff may be held criminally liable with appropriate sanctions, including financial penalties and imprisonment. For patients that lack capacity and for whom safeguards are not in place, there is the risk that statutory services may not be delivered. Emergency provisions should be considered where deemed appropriate, to support continuing service delivery until the safeguards are approved. Where emergency provisions apply, fully authorisations are required to be urgently followed up. The Department of Health, requires H&SC Trusts to proceed with a partial implementation of	Staff training is available online & classroom, provided by Trust Trainers. Progressing interactive online training via VC. Training videos developed MCA resources are available via MCA HUB on StaffWest DOHLS office supports administration processes, including advice to support completion of forms Staff training is available via eLearning as well as from CEC. Structures to be developed to ensure relevant identification and completion of STDA processes within Acute settings Emergency provisions to be used where deemed appropriate, to support continuing service delivery until the safeguards are approved. Directorate resource to support Directorate related MCA activity	Medic capacity to ensure timely completion of relevant forms and 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 DoIs in Special Schools Structures to be developed to ensure relevant identification and completion of STDA processes within Acute settings Review of administration systems and Processes re interaction with NIRT	RQIA monitoring role MCA Information T&F group (systems, processes & reporting) Trust is engaging with regional arrangements to share practice and develop solutions MCA Project Board held monthly. Training T&F group Mental Health Order MCA Project Team	[16/04/2024 11:23:32 Sean Moynihan] Risk reviewed and updated, including completion of action re STDA plan. MCA team has a scheduled review of risk 1183 on 17 April 24. [19/03/2024 16:49:53 Oonagh ODoherly] Amendment to ID1183 was approved through Trust Board on 01.03.24 whereby there was an agreed change to proposed current risk rating. Detail as follows; 28/01/23 – 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	Engage with programme board and team Scope potential Mental Capacity/DOLS assessments A Programme Implementation Officer to continue engaging on leading implementation. Trust Lead Directors and Responsible leads in each Sub-Directorate to be identified Quantification of Costs and completion of the IPT bid to ensure fully funded MCA arrangements and minimise financial risk HR & remunerations for staff identified to undertake duties on panels Seek Interest from relevant staff to sit on panels. Ensure sufficient staff attend training to allow them to undertake statutory functions commencing 2nd December 2019	31/12/2020 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 30/04/2024 30/11/2022 30/11/2022 31/03/2024 30/06/2024 30/06/2024 30/09/2024 30/11/2022 30/11/2022	31/08/2019 02/12/2019 31/08/2019 31/08/2019 01/11/2019 01/12/2019 25/10/2021 31/03/2020 31/03/2020 02/12/2019 31/01/2020 21/04/2021 21/07/2021 30/06/2023 26/04/2023 16/04/2024 07/12/2022 07/12/2022 28/03/2024	Current Corporate Risk		Corporate Risk (Approved)
1216	15/04/2020	15	Extreme (Red)	15	Extreme (Red)	6	Medium (Yellow)	Director of unscheduled care, medicine, cancer & clinical services	Acute - Emergency Care & Medicine	Public Confidence, Safe & Effective Services.	Risk of patient harm in Trust EDs due to capacity, staffing and patient flow issues	IF Emergency Department (ED) Physical capacity and staffing levels are not sufficient to meet the demands of patient numbers and acuity, there will be increased likelihood of significant patient harm, risk to staff wellbeing and damage to Trust reputation as a direct result.	Business case approved dedicated HALO (Hospital Ambulance Liaison Officer) NIAS crews waiting to offload in our hospital early warning score Ongoing Trust recruitment focus on Critical posts IE Medical and Nursing Use of Medical locums/ Bank and agency Nurses. Social Media Campaign Escalation protocol within full capacity protocol Nursing KPI and audit (ALAMAC) Ongoing in house Quality improvement work (implementation of SAFER principles) Daily regional huddle meeting with escalation as required IT systems - Symphony Flow board On call managers/medics rota Ongoing MDT patient flow huddles in department/wards Medical team ED reviews Hub flow meetings with lead nurse attendance.	Implementation of SAFER principles challenged due to Medical Job plans and current Medical team models in operation Ageing population living with challenging health needs Community infrastructure to meet needs of patients i.e. Gp appointments, social care packages Recruitment to perm medical posts Challenging across NI	Datix - Incident, Complaints, Litigation, Risk register Patient flow teams, Night service manager, SPOC, Hub Regional huddle Established patient pathways	[16/05/2024 09:32:56 Ann Gibson] Update ALT 14/5/24 Risk remains unchanged. Update SWAH 13/5/24: In terms of staff a nurse stabilisation project has concluded with the recruitment of 20wte additional nursing and HCA staffing. Levels of staffing now match attendance levels. However given the increased length of time that patients spend in the department with increased DTAs and reduced flow due to the level of delayed discharges the level of staffing remains insufficient to support the long stay patient. In terms of physical capacity – on 8/4/24 we have experienced an all-time high for admissions with a peak of 49 DTAs in ED. The department is extremely overcrowded. In terms of patient flow the level of discharges are pretty consistent across the site on a daily basis in the region of 20 – there were 26 discharges on	PACE implementation to commence March 2020. Improvement QI work commencing with aim to address communication within department Full capacity protocol	31/03/2022 01/07/2024 28/02/2022	06/05/2022 15/03/2022	Current Corporate Risk		Corporate Risk (Approved)

ID	Opened	Rating (initial)	Risk level (initial)	Rating (current)	Risk level (current)	Rating (Target)	Risk level (Target)	Responsible Director	Sub-Directorate	Corporate Objectives	Title	Description	Controls	Gaps in controls	Assurance	Updates	Description (Action Plan Summary)	Due date	Done date	Corporate Risk Status	Closed date	Risk Type
1219	30/04/2020	20	Extreme (Red)	20	Extreme (Red)	6	Medium (Yellow)	Director of unscheduled care, medicine, cancer & clinical services	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 outcomes for these patients as evidenced in SAls. The service has been further impacted by Covid -19 where the service has been reduced to emergency and red flag endoscopy only and reduced turnaround times between patients due to IPC requirements.	Telephone pre assessment of colonoscopy on-going to improve list utilisation and reduce DNA rates Independent sector was utilised to deliver 250 surveillance colonoscopies from January to March 2020. Further use of Independent Sector to be explored post Covid -19 Surveillance waiting lists are being validated in line with new guidelines. Discussions have commenced with the commissioner to recurrently fund one of the posts in 20/21 to address the demand/capacity gap. The second post will be funded from a current vacancy. Training of 2 nurse endoscopists under transformation commenced in September 2018 - trainees were to be signed off by the end of 2020 the delay was due to Covid-19. Short-term provision by SE Trust to provide WT in IS tender	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.	[16/05/2024 00:49:42 Deborah Donnelly] 14.05.2024 Gastroenterologists post were advertised and 3 applications received, 2 offers have been made with possible start date of Autumn, October 2024. The risk of delayed treatment remains as there are not enough endoscopists to deliver all the funded sessions, currently 90% of the total funded sessions is being delivered. No capacity to backfill sessions during holidays, oncall commitment and study leave. [16/04/2024 10:19:34 Ann Gibson] 15.4.2024 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 proving two regional sessions every fortnight since September 2023 subject to availability. The WHSCT is utilising the capacity at Lagan Valley regional center 61 points per week. Further funding	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 30/09/2024	05/10/2021 14/11/2022 04/04/2023 19/06/2023	Current Corporate Risk		Corporate Risk (Approved)
1236	21/08/2020	16	High (Amber)	16	High (Amber)	6	Medium (Yellow)	Director of Finance, contracts and capital development	Finance	Ensuring Stability of Our Services	Ability to achieve financial stability, due to both reductions in Income and increased expenditure	With continued reductions in income from savings requirements coupled with increased expenditure due to demand and risk and the prospect of a stark financial Regional financial position, there will be a reduction in the Trust's ability to achieve financial stability in 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.	[26/03/2024 16:44:51 Oonagh O'Doherty] Risk actions updated to include: ID3304 - SP monitoring will be completed by end of March, and review of this will take place over a 6 week period and a new target date has been set. ID3302 - new target date set for end of June to consider a number of mop up sessions needed relating to this training [19/02/2024 08:51:29 Eimear McCauley] 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.	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	31/03/2025 31/03/2025 30/06/2024 30/06/2024 30/06/2024		Current Corporate Risk		Corporate Risk (Approved)	
1254	18/01/2021	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 Workforce Information reports	Occupational Health - absence of locums and increasing demands on team without additional resources. Low uptake of mandatory training and completed annual appraisal. Inability to follow normal policies and procedures during periods of Industrial Action and also during emergency situations such as Pandemic. Lack of co-ordinated information on agency staffing Due to demand in services compliance with Working Time Regulations and New Deal. BSO Recruitment Shared Service provides recruitment services for the Trust and there has been an increased delay in recruitment and dependence on them for related information. Inability of NIMDTA to provide required number of Junior Doctors for certain specialities and localities. (Risk 694) Difficulty in recruiting in rural areas and accessing cover when	Working Together Delivering Value Health check measurements on absence hours lost, mandatory training, appraisal, time to fill posts, job planning completion rate. Involvement Committee - Quarterly monitoring of staff engagement on initiatives that contribute to achievement of Trust Great Place ambitions (start life, live well and grow old). Pension Regulator Compliance Junior Doctors Hours monitored twice yearly and returns submitted to DOH. People Committee - Workforce Strategy, Recruitment and NIMDTA Allocation Updates twice per year. People Committee - Quarterly monitoring of Absence, Appraisal, Mandatory Training, Consultant Job Planning, Temporary Staffing, Agency Staffing, Turnover and Grievance/Disciplinary/Statutory Cases. RQIA Inspections of services	[20/03/2024 17:12:03 Olivia Nicholl] Workforce supply issues continue to be challenging in a number of medical, social work and nursing areas with the current demand for staff outstripping supply. The Trust's recruitment teams continue to guide and support the attraction and recruitment strategies across the Western Trust. An Early Alert update was submitted to DOH on 4 March 2024 as there is currently no ENT Head and Neck trained surgeon working in the Western Trust and the arrangement with the retired consultant is no longer available. The Trust has had preliminary discussions with Belfast Trust and an escalation meeting took place with SPPG on 12 March 2024 with a follow up meeting held on 19 March 2024. Children's Community Services across all Health and Social Care Trusts are currently in a state of crisis with a continued shortage in supply of	30/09/2024 30/09/2024 30/09/2024 30/09/2024		Current Corporate Risk		Corporate Risk (Approved)	

ID	Opened	Rating (initial)	Risk level (initial)	Rating (current)	Risk level (current)	Rating (Target)	Risk level (Target)	Responsible Director	Sub-Directorate	Corporate Objectives	Title	Description	Controls	Gaps in controls	Assurance	Updates	Description (Action Plan Summary)	Due date	Done date	Corporate Risk Status	Closed date	Risk Type	
1288	08/04/2021	12	High (Amber)	12	High (Amber)	6	Medium (Yellow)	Director of Performance, Planning and Corporate Services	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 re-prioritised 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 2024/25 Backlog maintenance	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	[08/05/2024 10:26:00 Nicola Norris] 8/5/24: 24/25 BLM allocation has been confirmed as £5.85million. Estates are finalising Backlog prioritisation for 24/25. [09/04/2024 14:52:59 Nicola Norris] Estate staff resilience paper submitted to CMT. Estates to undertake further property condition surveys to ascertain up to date condition of Trust property portfolio. [08/03/2024 09:50:38 Nicola Norris] 2023/2024 BLM schemes are currently targeted for completion by 31st March 2024. Prioritisation of schemes for 2024/2025 is currently being developed. Estates continue to undertake active recruitment in order to fill a number of vacant posts. [14/02/2024 12:10:04 Nicola Norris] Review of the title to this risk is currently being carried out with a paper being taken to Corporate Governance. This	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	30/06/2022 30/09/2021 30/04/2021 30/09/2021 30/09/2021 31/03/2022 31/08/2021 31/03/2022 30/06/2022 30/09/2022 30/06/2024 31/10/2024 31/10/2024 30/04/2024	06/06/2022 07/09/2021 03/08/2021 03/08/2021 07/09/2021 07/09/2021 12/04/2022 31/08/2021 12/04/2022 06/06/2022 30/09/2022	09/04/2024	Current Corporate Risk		Corporate Risk (Approved)
1307	16/06/2021	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, Paramedics (independent company) may be used. NISTAR will make ambulance and driver available if local team can do transfer 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. 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. proparamedics are no longer able to supply NISTAR with back up	[23/05/2024 20:41:06 Oonagh O'Doherty] There was a good attendance at the update NEOSIM training on the 30th April 24. There has been on site training carried out for those unable to attend on the 30th April by Angela Hughes (PNP). The weekly rota from NISTAR still shows vulnerability in peds and neo natal only The Trust continues to risk assess which transfers to move in the absence of the retrieval Team. A business case and capital funding has been approved for x2 new Hamilton T1 ventilators, procurement of these will start imminently. [17/04/2024 22:34:56 Oonagh O'Doherty] The detail below remains relevant update for this risk. Further update includes; 1. staff attending course on 30th April 2024 relating to NEOSIM study day. [19/01/2024 11:45:14 Eileen	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 03/02/2022		Current Corporate Risk		Corporate Risk (Approved)	
1320	15/09/2021	12	High (Amber)	20	Extreme (Red)	8	High (Amber)	Director of Finance, contracts and capital development		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 significant capacity and resource issues. CAMHS is not currently	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	[19/03/2024 12:32:48 Amanda Ross] Beechcroft currently as of 12/02/2024. Pressures remain. They have 18 inpatients across the unit. 14 of those patients are detained. 13 for treatment of an eating disorder, 4 patients on NG feeding plans, 2 patients currently requiring high levels of staffing to provide same. Acuity levels are assessed daily. During the preceding week there have been days were acuity has not been met. At present 6 YP on 1:1 observations. Over the reporting period 5th-11th February 24 there have been 25 incidents which relate to self-harm, NG feeding with safety intervention and violence and aggression. 5 inpatients from Belfast Trust area, 6 inpatients from South Eastern Trust area, 2 inpatients from Northern Trust area, 1 inpatient Southern Trust and 3 patients Western Trust area. [24/01/2024 11:29:25 Amanda	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 to 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	30/09/2024 30/09/2024 30/09/2024 30/09/2024 30/09/2024 31/05/2023 31/05/2023 31/05/2023 31/05/2023	24/01/2024 24/01/2024 24/01/2024 24/01/2024 24/01/2024		Current Corporate Risk		Corporate Risk (Approved)

ID	Opened	Rating (initial)	Risk level (initial)	Rating (current)	Risk level (current)	Rating (Target)	Risk level (Target)	Responsible Director	Sub-Directorate	Corporate Objectives	Title	Description	Controls	Gaps in controls	Assurance	Updates	Description (Action Plan Summary)	Due date	Done date	Corporate Risk Status	Closed date	Risk Type
1334	26/10/2021	20	Extreme (Red)	15	High (Amber)	8	High (Amber)	Director of Surgery, Paediatrics & Women's Health	Surgical Services	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	[23/05/2024 20:38:32 Oonagh ODoherty] Temporary suspension remains in place with Trust now in the preparatory stages to move to consultation on a permanent change delivery model. [19/02/2024 08:54:08 Ann Gibson] The temporary suspension of Emergency General Surgery remains in place, and therefore there is no change in this risk. Ongoing monitoring is in place. [08/01/2024 16:31:38 Deborah Donnelly] As the temporary suspension of Emergency General Surgery still remains in place, this risk continues to be monitored, and has been reviewed monthly. There is no change at this time. [23/11/2023 12:24:35 Deborah Donnelly] 20/11/23 Update The temporary suspension of Emergency General Surgery remains in place following Trust Board review of the consultation report in July 2023. The risk has been reviewed and there is no	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 01/09/2024 01/09/2024	13/06/2023	Current Corporate Risk		Corporate Risk (Approved)
1375	15/03/2022	16	High (Amber)	16	High (Amber)	6	Low (Green)	Director of unscheduled care, medicine, cancer & clinical services	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 pCI 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.	[16/05/2024 09:33:30 Ann Gibson] Update 14/5/24 Risk currently remains unchanged. [16/05/2024 00:50:32 Deborah Donnelly] Update 14/5/24 Risk currently remains unchanged. [15/04/2024 16:35:04 Ann Gibson] 15/4/2024 Still locum dependent , hoping that 1 substantive post will go to add in near future. [21/03/2024 08:53:53 Ann Gibson] There is no further update to this Risk. Status remains the same. [19/02/2024 08:57:49 Ann Gibson] The situation remains fragile however the post will be advertised within the next two weeks. [08/01/2024 16:33:15 Deborah Donnelly] Update 27/12/23 the situation remains fragile with one locum leaving mid-January 2024 with no replacement secured as yet. A further interventional consultant is on a period of unplanned leave with no	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	Current Corporate Risk		Corporate Risk (Approved)
1409	01/07/2022	25	Extreme (Red)	16	High (Amber)	9	Medium (Yellow)	Director of unscheduled care, medicine, cancer & clinical services	Acute - Unscheduled Care	Ensuring Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering Staff	ED Mental Health Patients	Due to lack of local and regional mental health beds patients requiring mental health assessment and admission are required to stay in the department for prolonged periods, with minimal mental health input. Voluntary and detained patients at high risk of harm due to lack of suitable staffing, supervision and infrastructure onsite. The department is overwhelmed with multiple patients awaiting admission some have already absconded and/or attempted self-harm while awaiting transfer or identification of a Mental Health bed due to inadequate supervision.	-Risis/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 -Continue to report and review all associated incidents via datix to further understand risk and mitigations -IAPA training	-Timely access to Mental Health beds continue -Overall congestion and capacity issues within ED compounds the challenge in managing this group of patients	Daily engagement with MH and ED to manage risk Newly established weekly meetings between ED and mental health teams	[16/05/2024 09:37:57 Ann Gibson] Alt Update 14/5/24: Risk remains unchanged. SWAH Update 13/5/24 Update: Mental Health services are reviewing options with ED to seek dedicated space for ED psychiatric assessment. The Ward Manager// will// arrange a weekly meeting with mental health services [15/04/2024] The risk category for ID 1409 has been amended to Quality of care as proposed and agreed at Trust: Board Workshop on 04.04.24 [16/05/2024 00:51:38 Deborah Donnelly] Alt Update 14/5/24: Risk remains unchanged. SWAH Update 13/5/24 Update: Mental Health services are reviewing options with ED to seek dedicated space for ED psychiatric assessment. The Ward Manager// will// arrange a weekly meeting with mental health services [15/04/2024] The risk category for ID 1409 has been	Meetings Workforce Improvement Meetings	03/07/2023 28/06/2024 28/06/2024	18/09/2023	Current Corporate Risk		Corporate Risk (Approved)

ID	Opened	Rating (initial)	Risk level (initial)	Rating (current)	Risk level (current)	Rating (Target)	Risk level (Target)	Responsible Director	Sub-Directorate	Corporate Objectives	Title	Description	Controls	Gaps in controls	Assurance	Updates	Description (Action Plan Summary)	Due date	Done date	Corporate Risk Status	Closed date	Risk Type
1469	06/01/2023	12	High (Amber)	12	High (Amber)	4	High (Amber)	Medical Director	Trust-wide (Risk Register use only)	Supporting and Empowering Staff	Health & Safety Risk to Staff as a result of Violence and Aggression	Increases in the number and complexity of patients being treated and awaiting treatment in all our settings; along with social, economic; and environmental factors; restrictive guidelines / practices resulting from Covid etc; increased social media challenges; and the absence of a Corporate legal remedy; have all contributed to an already high level of abuse, violence and aggression against Trust 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 patients with a history of violence Non-completion of Annual H&S	Audit Trust controls assurance standards reporting Risk assessment compliance reporting on corporate risk register, directorate governance Incident reporting to MOVA Steering Group Audit Regional Benchmarking and DOH return on violence against staff Health and Safety Inspections	[23/05/2024 20:43:54 Oonagh O'Doherty] The most recent MOVA group meeting noted the content of the Regional MOVA audit recommendations and work to implement is currently underway. The MOVA group is in the process of reviewing the DOH framework to implement within Western Trust relating to V&A. [20/03/2024 22:30:38 Oonagh O'Doherty] The most recent meeting of the MOVA group was postponed, meaning the review of the DOH policy has yet to be reviewed by the group. A regional internal audit of Management of Violence and Aggression has commenced within the Western Trust. A sample of V&A incidents have been sampled against the incident policy processes. [17/01/2024 15:33:37 Oonagh O'Doherty] In December 2023 the department of Health issued "Violence and Aggression the workplace, it's not part of the	30/09/2024 01/07/2024		Current Corporate Risk		Corporate Risk (Approved)	
1487	06/04/2023	12	High (Amber)	12	High (Amber)	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 strike	Service impacts over a prolonged period of time of Industrial action. Postponement and rescheduling of appointments increasing delays for patients on waiting lists. Increasing unallocated cases across a number of areas i.e. nursing, social work. Vacant/uncovered cases not worked unless immediate risk to life and limb harm accepted by Trade Union representatives. Not able to make the necessary improvements in statutory requirements for review Compromising ability to meet statutory social work responsibilities for children i.e. delays in permanency planning, presentation to Trust Adoption Panel, Court timescales, etc. Impacting on consistency of social work input to inform planning processes for children e.g. child protection, looked after children and family support processes Business as usual and service improvement programmes	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.	[20/05/2024 10:23:47 Olivia Nicholl] In February 2024 the BMA confirmed that their Junior Doctor members had voted to take Strike Action in relation to pay and their first day of action was held on 6 March 2024 for 24 hours. Further Strike Action has now been confirmed for 48 hours beginning at 7.00 am on 22 May 2024 and also on 6 June 2024. Significant disruption to services is expected across acute, community and mental health hospitals where junior doctors provide services. The Trust is currently proceeding with Industrial Action command, control and business continuity arrangements to support affected services with their response. There is also a risk of strike action from NIPSA in Children's Services, regional discussions are ongoing. Proposal to change risk title, description and to increase risk rating to Major/Almost Certain (20) Extreme.	30/06/2024 30/06/2024 30/06/2024		Current Corporate Risk		Corporate Risk (Approved)	