TRUST BOARD ITEM: BRIEFING NOTE

Meeting Details:	2nd May 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 *(please tick)*	✓ 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 *(please tick)*	✓ Quality and Safety ☐ Workforce Stabilisation ☐ Performance and Access to Services ☐ Delivering Value ☐ Culture
Summary of issue to be discussed:	Material Changes as considered and approved at Trust Board Workshop on 04.04.24; 1. ID1133 – now closed 2. ID 1472 – now deescalated to PSI directorate risk register 3. ID1487 – risk rating now decreased from extreme 20 to high 12 4. ID284 – Risk grading has been reviewed and amended from 16 to 12 5. ID955 – risk has been de-escalated to the directorate risk register of Finance, Contracts and Capital Development. 6. ID1409 – Risk Category has been amended to Quality of care

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	Proposed New Risk: • No new risks • Review and approve summary actions from Trust Board Workshop on 04.04.24 (attached) Summary report for action: • No action required.
Trust Board Response Required *(please tick)*	X For approval ☐ To note ☐ Decision

CORPORATE RISK REGISTER & ASSURANCE FRAMEWORK

BRIEFING NOTE PREPARED FOR TRUST BOARD 2nd MAY 2024

There are 17 risks on the Corporate Risk Register as approved at Trust Board Workshop on 4th April 2024.

Summary

- Material Changes as considered and approved at Trust Board Workshop on 04.04.24;

  1. ID1133 – now closed
  2. ID 1472 – now deescalated to PSI directorate risk register
  3. ID1487 – risk rating now decreased from extreme 20 to high 12
  4. ID284 – Risk grading has been reviewed and amended from 16 to 12
  5. ID955 – risk has been de-escalated to the directorate risk register of Finance, Contracts and Capital Development.
  6. ID1409 – Risk Category has been amended to Quality of care

- Proposed New Risks;

  - No new risks

  - Review and approve summary actions from Trust Board Workshop on 04.04.24 (attached)

- Summary report for action;

  - No action required

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-esclate 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-esclate 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

Summary actions Trust Board Risk Workshop
04.04.24

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	
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 and Women's Health	Stability of surgical services in Southern Sector of Trust due to recruitment & retention difficulties at consultant and middle grades	Trust Board agreed to; 1.Keep tolerance as LOW 2. Risk owner to review controls listed against risk within CRR	LOW	Low (target score 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 specifically against the following issues remaining at this level beyond 12 months:- staff training, fire	LOW	Low (target score between 1 -6) Current	

			stopping and storage, 2. Set risk category as H&S and amend target score to between 1-6		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	HIGH	Moderate (target score between 8-12) Current	

			(20) to high(12) as approved by CMT in March 2024		target score 8	
6	Executive Director of social work/Director of Family and Children's services	Children awaiting allocation of Social worker may experience harm or abuse	Trust Board agreed to; 1. Current tolerance and risk appetite to remain as is due to external gaps in control. Keep risk under review	HIGH	Moderate (target score 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-esclate this risk to the directorate risk register of finance, contracts and capital development	Risk de-escalate to DRR	Risk de-escalate to DRR	
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. 2.Risk to be kept under review by risk owner	HIGH	Low (target score between 1 -6) Current Target score 6	
1409	Director of unscheduled	ED mental Health Patients	Trust Board agreed to;	HIGH	Low (target	

	care, medicine, cancer and clinical services		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		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 to 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-esclate 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	

Summary actions Trust Board Risk Workshop
04.04.24

Deep Dive for Governance committee

Risk ID	Risk Title	Governance Committee
ID 49	The potential impact of a Cyber Security incident on the Western Trust	June 2024
TBC		September 2024
ID 1469	Health and Safety Risk to staff as a result of Violence and Aggression	Dec 2024
ID 1216	Risk of patient harm in Trust ED's due to capacity, staffing and patient flow issues	March 2025

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 and Safety - Service user staff, visitor harm	1	Director of Performance & Service Improvement	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 shuld 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	[09/04/2024] Two fire incidents occurred within the WHSCT which are currently being investigated. Corporate fire risk to be reviewed in terms of current controls and assurance mapping. Meetings to be arranged with Directorate Leads with regard to the fire directorate risks. Annual fire report currently being prepared.
Quality of Care - Effectiveness	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.	77	No change	1	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 [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 current situation difficult for Principal Social Workers. The Sub-Directorate are doing all they can to try and ensure all the cases are regularly reviewed and teams feel supported. This includes retirees remain in post managing unallocated in two areas. The Sub-Directorate have tried to increase support staff at Band 3/4 in all areas to bolster staff, however there is limited staff out there, retirees in doing supporting roles such as redactions for Information Governance requests to take this role off Social Workers/Social Work Managers, overtime offered to undertake pieces of work and write up cases to create capacity in teams. There are student social workers starting in some areas in January so following their induction period allocation of cases will take place and this should lead to a slight reduction in unallocted cases.
ICT & Physical Infrastructure - Business Continuity	49	Director of Performance & Service Improvement	The potential impact of a Cyber Security incident on the Western Trust	16	HIGH	20	EXTREM	6	MEDIUM	6	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 ammendments as necessary.	9	No change	0	Actions listed with future due dates	[11/04/2024] Governance Update: Extensive work continues on the "3-Line Assurance" review, which was a major element of the NIS CAF Stage 1 management response and resulting action plan, with Risk Management colleagues. The updated Regional Information Security Policy has now been approved at PSI Governance Group and Trust Policy Review Group. Six of the updated associated standards have been reviewed and were approved at CTAG on 9th April.
Regulation & Compliance - statutory regulation	284	Director of Performance & Service Improvement	Risk of breach of Data Protection legislation through loss, mishandling or inaccessibility of personal or sensitive personal inf	16	HIGH	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.	0	-4	0	Actions listed with future due dates	[15/04/2024] 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] IG training remaining at 82%. Regional SIRO training now completed for all Regional SIROs. DP clauses now included and issued to 180 contacts in February 2024. Risk review underway within PSI to look at decease risk scoring, in light of completed actions etc

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			
Regulation & Compliance - statutory regulation	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.	1	6	0	Actions listed with future due dates	[16/04/2024] Risk Reviewed and updated, inclusing completion of action re STDA plan. MCA team have sceduled a review of risk 1183 on 17th April 2024.[19/03/2024] Amendment to ID1183 was approved through Trust Board on 01.03.24 whereby there was an agreed changed to proposed current risk rating. Detail as follows; ID1183 – where MCA processes are not being followed, patients may be deprived of their liberty, without having safeguards in place. Proposal to increase risk rating due to the following pressures; identifying and assessing STDAs within Acute settings Medic capacity constraints increasing use of emergency provisions processes to assure that staff completing forms are suitably qualified Review of administrative processes with NIRT and conveyance issues. Actions have been identified to address these issues, but progress will be kept under review. Risk Grading Current Risk Rating – Consequence MODERATE (3) X Likelihood POSSIBLE (3) = Medium (9) Proposed Current Risk Rating – Consequence MODERATE (3) X Likelihood ALMOST CERTAIN (5) = HIGH (AMBER) (15)
Quality of Care - patient safety	1216	Director of Diagnostics, Cancer and Medical Specialties	Risk of patient harm in Trust EDs due to capacity, staffing and patient flow issues	15	EXTREM	15	EXTREM	6	MEDIUM	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	49	No change	1	Actions listed with future due dates	[21/03/2024 & 15/05/24]There is no further update to this Risk. Status remains the same. [19/02/2024] No further change as update [08/01/2024] Update as at 4/1/23 – M McGrath Risk reviewed no change to risk level. Changes to operational management of FLOW with the introduction of site co-ordination will help to improve FLOW out of ED and create earlier capacity on the wards. Additional staffing and ED Nursing Stabilisation project has Update as at 4/1/23 – M McGrath
Quality of Care - patient safety	1219	Director of Diagnostics, Cancer and Medical Specialties	Lack of endoscopy capacity for endoscopy to meet the demand which impacts on Patient outcomes	20	EXTREM	20	EXTREM	6	MEDIUM	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	[16/04/2024] 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 providing 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 has been received from SPPG to support insourcing, a total of 600 patient treated from January 2024 until 31st March 2024. A further 300 patients have been outsourced for treatment at Kingsbridge/3fivetwo, this was completed between 31st March 2024. Three surgeons have been recruited with a provisional start date in Autumn 2024. Gastroenterologists post were advertised and 3 applications received, interviews before end of April 2024. Two nurse endoscopist in training until next year, 2025. The risk of delayed treatment remains as there are not enough endoscopists to deliver all the funded sessions, currently 82% of the total funded sessions is being delivered.
Financial - standing financial instructions and control	1236	Executive Director of Finance, Contracts & Capital Devlopment	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.	44	No change	1	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

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 - effectiveness	1254	Director of Human Resiurces & Organisational Devlopement	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 appeite to remain. 2. Risk owner to reflect mitigations discussed within the risk register actions with CRR	40	No change	1	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 - statutory regulation	1288	Director of Performance & Service Improvement	Risk of failure to meet regulatory standards and compliance associated with Trust infrastructure and estate.	12	HIGH	12	HIGH	6	MEDIUM	6	HIGH	1. Current tolerance and risk appetite to remain as is.	38	No change	0	Actions listed with future due dates	[09/04/2024] 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] 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.
Quality of Care- Patient Safety	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.	31	No change	0	Actions listed with future due dates	[17/04/2024] The detail below remains relevent updte for this risk. Further update includes; 1. staff attending course on 30th April 2024 relating to NEOSIM study day.
Quality of Care - Effectiveness	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.	22	No change	1	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.
Resource & People/staff retention	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	31	No change	2	Actions listed with future due dates	[19/02/2024] The temporary suspension of Emergency General Surgery remains in place, and therefore there is no change in this risk. Ongoing monitoring is in place.
Resource & People/staff retention	1375	Director of Diagnostics, Cancer and Medical Specialties	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	[15/04/2024] Still locum dependent, hoping that one substantive post will go to add in the near future [21/03/2024] There is no further update to this Risk. Status remains the same. [19/02/2024] The situation remains fragile however the post will be advertised within the next two weeks.[08/01/2024] 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 proposed end date. A substantive consultant will start in SWAH 2.1.24. the advert for the remaining substantive vacant post is in process.
Quality of Care - patient safety	1409	Director of Diagnostics, Cancer and Medical Specialties	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	14	No change	0	Actions listed with future due dates	[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 [21/03/2024] There is no further update to this Risk. Status remains the same. [19/02/2024] No further change as update

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 - staff harm	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 presnted to Governance committee in Dec 2024 2. Risk owner to amend description of risk to remove detail relating to COVID	15	No change	1	Actions listed with future due dates	[20/03/2024] 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.
Quality of Care - effectiveness	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	0	-8	0	Actions listed with future due dates	[10/04/2024] Risk rating amended from 20 to 12 as approved at Trust Board workshop on 04.04.24. Details as follows; proposal to decrease current risk rating from extreme (20) to high (12). Following the restoration of NI Executive and Assembly at the beginning of February 2024 pay negotiations have commenced with Department of Health, HSC Employers and regional Trade Unions. As a result the majority of TUs have suspended their Strike Action while these discussions are ongoing, however, Action Short of Strike is still continuing. On 6/7 March 2024 Junior Doctors took 24 hour Strike Action for the first time which resulted in over 400 patient interventions postponed. NIPSA has also raised specific concerns with the Minster of Health regarding workforce capacity issues within Children's Services and there is a potential that this could lead to Strike Action in this area. It is proposed that the risk rating is decreased.

ID	Opened	Initial Risk		Current Risk		Target Risk		Responsible Director	Sub-Directorate	Corporate Objectives	Title	Description	Controls	Gaps in controls	Assurance	Gaps in assurance	Description (Action Plan Summary)	Due date	Done date
		Rating (initial)	Risk level (initial)	Rating (current)	Risk level (current)	Rating (Target)	Risk level (Target)												
1	19/11/08	20	Extreme (Red)	15	Extreme (Red)	8	High (Amber)	Director of Performance & Service Improvement	Planning & Performance - Facilities Management	Health and Safety - Service user staff, visitor harm	Fire Risks	As a result of the nature, use and condition of Trust owned, leased, occupied or unoccupied premises there is a risk of fire which could result in injury or death to staff, clients or public, damage to property, financial loss or loss of service.	Fire Safety Working Group. Fire risk assessments. Fire Safety Controls Assurance Standard action plan. Reporting of all fire incidents, unwanted fire alarms. Database records Fire Safety Records (Audit, Assessments, Training). Fire Safety Policy and Manual. Liaison Meetings with NI Fire & Rescue Service. Regular fire drills. Monitoring of arrangements for at-risk clients. Nominated Site Officers appointed and trained. Fire Emergency Exercises. Fire training offered for all staff. Directorate Action Plans address audit findings, e.g. fire drills, weekly tests, training. . Fire Improvement works/evacuation lifts at Altnagelvin. All fire officers are now registered with IFE. Backlog Maintenance Firecode Annual Bids	Ageing estate which does not comply with current fire code. Inability to monitor mandatory training compliance figures through new HR systems. Low levels of mandatory training uptake. Target 85% Availability of funding to target items identified in Fire Risk Assessment plans	RQIA inspection of registered premises. Register of Fire Risk Assessments. All premises receive annual fire safety audit by Estates Fire Safety Team /SWAH PFI Fire Safety Audit by BSO Internal Audit/Annual PFI Safety Audit (Quadriga) Monthly review of fire training attendance. NIFRS Audit Programme. Briefings provided to Risk Management Sub-Committee/Governance Committee on significant issues. Fire Safety Annual Report Fire Safety Training recorded on HRPTS and reported to TB Controls Assurance Replacement Framework SWAH Annual Fire Safety Building Survey SWAH - Annual fire stopping survey fire risk assessments	SWAH Annual Fire Building Survey fire stopping risks identifed to be actioned	Emergency Lighting replacement Implement fire safety improvements Implement Fire Safety Improvements -18/19 NIFRS to speak with clients implement fire safety improvement works 17/18 Fire safety objectives review for 16/17 Fire Safety Report 15/16 Priority list of firecode works to be prepared Fire Improvement Works 14/15. Implementation of Directorate Action Plans. Fire Improvement Works 15/16 Hospital Fire Storage Working Group to be set up Working Group to be established to Review Inappropriate draining of Medical Gas Cylinders leading to a Fire/Explosion risk Review storage under Ward 31/ 32 stairwell Implement elearning fire safety training Head of SS and Fire Manager to attend all Directorate SMTs bi-annually Head of Specialist Services and Fire Manager to attend Directorate	31/03/2021 31/03/2019 30/09/2018 31/03/2018 30/06/2016 30/06/2016 31/07/2016 31/03/2015 31/12/2015 31/03/2016 31/03/2024 30/04/2024 30/06/2024 30/09/2017 31/03/2025 31/03/2024 31/03/2017 03/01/2024 31/12/2023 31/03/2021 31/03/2023 30/06/2022 25/04/2022 30/09/2024 30/08/2024 21/12/2022 30/06/2023 30/06/2023 30/06/2023 30/09/2024	31/03/2021 31/03/2019 30/09/2018 31/03/2018 31/05/2016 31/05/2016 30/06/2016 31/03/2015 31/12/2015 31/03/2016 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 16/02/2024
6	21/09/09	25	Extreme (Red)	12	High (Amber)	8	High (Amber)	Excutive Director of Social Work/Director of Women & Childrens Services	Safeguarding Children	Quality of Care - Effectiveness	Children awaiting allocation of Social Worker may experience harm or abuse	Due to capacity and demand issues within Family & Childcare, children may not be allocated a Social Worker in a timely manner to provide appropriate support. Children may experience harm as a result and the Trust may not meets its associated professional and organisational requirements.	Ongoing action to secure recurring funding. Update meetings between F&CC ADs and Director. Performance Management Review is being undertaken by HSCB with all 5 Trusts focusing on Unallocated cases and timescales Service Managers and Social Work Managers monitor and review unallocated cases on a weekly basis. Principal Social Work redeployed will monitor Action Plan and progress to stabilise team Early Help staff returned to their substantive posts within gateway to increase the ability to allocate Service and SW Managers constantly prioritise workloads.	Inability to get sick leave covered inability to recruit and retain social workers Principal Social Workers review unallocated cases regularly HSCB have drafted a regional paper to secure additional funding for Unallocated Cases. Delays in recruitment	Quarterly governance reports to Governance Committee. Feedback given to Performance & Service Improvement for accountability meetings with HSCB. Up-dates by Director to CMT and Trust. Delegated Statutory Functions Action Plan to review and Address Risks within FIS Enniskillen		Piloting a generic model of practice FIS Early Help Team established to help address unallocated cases. Principal SW temporarily redeployed to review all unallocated cases in FIS and then SW caseloads in FIS Action Plan Developed to address and Monitor Risks in FIS Enniskillen increased student placements to work on Family support casess 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 towards closure Principle practitioner allocated cases to complete work and close interventions were ongoing support is no longer required and no assessed risk Principal practitionerposts in hard to fill areas has been successful in retaining staff In areas we have full staffing levels	29/09/2023 30/09/2020 01/11/2018 30/09/2024 30/09/2024 30/09/2024 30/09/2024 30/09/2024	29/09/2024 31/12/2019 30/09/2020 06/03/2019

		Initial Risk		Current Risk		Target Risk													
ID	Opened	Rating (initial)	Risk level (initial)	Rating (current)	Risk level (current)	Rating (Target)	Risk level (Target)	Responsible Director	Sub-Directorate	Corporate Objectives	Title	Description	Controls	Gaps in controls	Assurance	Gaps in assurance	Description (Action Plan Summary)	Due date	Done date
49	06/10/09	16 High (Amber)		20 Extreme (Red)		6 Medium (Yellow)		Director of Performance & Service Improvement	ICT Services	ICT & Physical Infrastructure - Business Continuity	The potential impact of a Cyber Security incident on the Western Trust	Information security across the HSC is of critical importance to the delivery of care, protection of information assets and many related business processes. Without effective security and controls; compromises can arise from technology and people which can lead to breaches of Data Protection Act and Network and Information Systems (NIS) regulations. A Cyber incident will directly impact on the delivery of patient/client care.

Compromises can arise from;
(1). NON Managed Trust ICT Equipment (e.g. Radiology modalities, cameras, door access, medical devices etc) in areas such as Radiology, Labs, PFI, HSDU, Estates, GP's etc are operating un-supported operating systems, e.g. Windows XP, and/or do not have the most up to date software updates (patching) and/or have end-point software exclusions applied by third parties which can lead to Ransomware attacks, introduction of malware or hacking incidents
(2). Lack of Cyber Security awareness or training among Trust | (1).PEOPLE CONTROLS - (1). Cyber Security Training , (2).Information Governance,(IG) Mandatory Training,
(3). Staff Contract of Employment
(2).GOVERNANCE CONTROLS - (1). Network Information Systems (NIS) Cyber Assessment Framework (CAF) (2). User account management processes (Standard Operating Procedure - SOP)
(3). HSC Information Security, Policy, Standards, Guidelines and Standard Operating Procedures (SOPs)
(4). Trust Cyber Governance Oversight Group (COG), Risk Management Group (RMG),Vulnerability Management Group (VMG), Corporate Governance Sub-committee (CGSG)
(5). Change Advisory Board (CAB) (Local and Regional)
6.   Regional Oversight Governance Groups - Cyber Programme Board, Regional Cyber Leads
(7). Regional and Local Incident Management reporting policies/procedures
(8). Regional Cyber Programme Board (Trust - SIRO / AD for ICT Rep) | GAPS IN PEOPLE CONTROLS : (1). Insufficient User Uptake of ICT Security and cyber awareness training and instructions, in particular user behaviour (e.g Not rebooting ICT Equipment when prompted) .
(2). Insufficient buy-in from Services to agree maintenance window with ICT with regard to their departmental systems
(3). Cyber Training is not mandatory
GAPS IN GOVERNANCE CONTROLS: Local Assurance (1). Leavers and movers processes
(2). Technical Disaster Recovery Plan
3. Resource for contracting function to cover governance elements and that GDPR is correct
(4). Supplier Framework - Resource required by WHSCT
(5). SOP for Information Asset Handling
Corporate Assurance (1). WHSCT have not adopted the HSC ICT Security Policy
(2). Review of Regional Cyber Incident Plan is required
Independent Assurance (1). The Trust have received an independent report form the Competent | PEOPLE ASSURANCE: (1). As part of a Regional Cyber Programme, a Regional Cyber Phishing Exercise has been carried out
(2). Mandatory IG Training Reporting Available
(3). Contract of Employment Provides assurance that staff can be held to account
(4). Regional E-Learning programme (Metacompliance)
(5). Business Continuity (Desktop Exerecises undertaken by Staff)
GOVERNANCE ASSURANCE: (1). Internal audit / IT Dept self-assessment against National Cyber Security Centre (NCSC) 10 Steps towards Cyber Security
(2). ICT Vulnerabilty Management Group (VMG) regularly reviews and assesses Cyber threats and vulnerabilities
(3). ICT Security Review meetings regularly reviews and assesses service submitted ICT Security Questionnaire
(4). The regional Network Infrastructure Group (N.I.G) has been set up to discuss all regional network related strategies including the reviewing the regional cyber | (4). Staff using unapproved and unsupported communication tools on personal devices i.e Instant messaging solutions for patient care containing trust data
GAPS IN GOVERNANCE ASSURANCE: Local Assurance (1). Newly Established Groups e.g. COG will take time to get established in terms of process
(2). Work to be carried out in co-ordinating Regional and Trust Governance arrangements
(3). Sucession | 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 31/03/2025 | 28/02/2019 31/03/2019 31/08/2019 31/08/2018 |
| 284 | 13/12/10 | 16 High (Amber) | | 12 High (Amber) | | 6 Medium (Yellow) | | Director of Performance & Service Improvement | Planning & Performance - Performance Mgmt | Regulation & Compliance - statutory regulation | Risk of breach of Data Protection legislation through loss, mishandling or inaccessibility of personal or sensitive personal inf | The Trust faces reputation and financial risk from non-compliance across all Directorates with the UK GDPR, Data Protection Act 2018, DoHNI's Good Management, Good Records and the Public Records Act 1923. The risk comprises a number of key factors which increases the level of risk for the Trust:
•Insecurely sharing or accessing the personal data of clients, patients and staff without a legislative basis under UKGDPR or supporting legislation
•The unavailability of records for provision of patient and client care or for legal or public interest purposes
•Concerns on the adherence to records management responsibilities – notably the storage, categorisation and disposal/PRONI transfer of patient, client and staff records | Subject Access and Data Access agreement procedures.
Information Governance/Records Management induction/awareness training.
ICT security policies.
Raised staff awareness via Trust Communications/Share to Learn.
Regional code of practice.
Information Governance Steering Group.
Records held securely/restricted access.
Fair processing leaflets/posters.
Investigation of incidents.
Data Guardians role.
Regional DHSSPS Information Governance Advisory Group.
Electronic transmission protocol.
Investigation of incidents.
2 secondary storafe facilities available across NS & SS
Trust Protocol for Vacating & Decommissioning of HSC Facilities.
Scoping exercise to identify volume and location of secondary close records completed in December 2010.
band 3 post in place
Review of regional IG training available on HSC Learning | Potential that information may be stored/transferred in breach of Trust policies.
Limited uptake of Information Governance and Records Management training.
No capacity within the team to take on provision of IG training | Reports to Risk Management Sub-Committee/Governance Committee
BSO Audit of ICT and Information Management Standards.
BSO Internal Audit of Information Governance.
Revised composition and terms of reference of the Information Governance Steering Group as a result of the new SIRO/IAO framework. | | Band 3 0.5 post inceased to full time
Recruitment of Band 4 Information Governance
Development of information leaflet for Support Services Staff to increase awareness of information governance
Review of regional e-learning IG training
Establishment of Regional Records Man Group
Development of IG action plan to be finalised through IGSG
Recruitment of band 5 IG post to support DPA
Development of IG information leaflet for support staff
Review of Primary (acute) records storage in AAH
Restructure of IAO process
Review of Secondary storage in Maple Villa
Production of Records Storage guidance for home working staff working from home
New secondary storage facility in the southern sector
Recruitment of IG Team leader post
Introduction of Infreemation for IG requests | 31/03/2019 31/03/2019 31/03/2019 31/12/2020 30/09/2020 30/09/2020 31/12/2020 30/09/2020 31/03/2025 30/09/2024 31/03/2025 31/12/2021 30/09/2024 01/06/2022 31/03/2023 | 31/03/2019 28/02/2019 01/03/2019 25/11/2020 30/09/2020 30/09/2020 31/12/2020 30/09/2020 09/09/2021 01/06/2022 08/03/2023 |

		Initial Risk		Current Risk		Target Risk												
ID	Opened	Rating (initial)	Risk level (initial)	Rating (current)	Risk level (current)	Rating (Target)	Risk level (Target)	Responsible Director	Sub-Directorate	Corporate Objectives	Title	Description	Controls	Gaps in controls	Assurance	Gaps in assurance	Description (Action Plan Summary)	Due date	Done date
1183	27/11/19	25	Extreme (Red)	15	High (Amber)	6	Medium (Yellow)	Director of Adult Mental Health and Disability Services	Directorate-wide (Risk Register Use only)	Regulation & Compliance - statutory regulation	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 the Mental Capacity Act (NI) 2016 (MCA) for providing a statutory framework for the Deprivation of Liberty from the 2nd December 2019 with full implementation by December 2020.	Staff training is available online & classroom, provided by Trust Trainers. Progressing interactive online training via VC. Training videos developed MCA resources are available via MCA HUB on StaffWest DOLs office supports administration processes, including advice to support completion of forms Staff training is available via eLearning as well as from CEC. Training available online & classroom, provided by Trust Trainers. Progressing interactive online training via VC. Emergency provisions to be used, where deemed appropriate, to support continuing service delivery until the safeguards are approved. Directorate resource to support Directorate related MCA activity	Medic capacity to ensure timely completion of relevant forms and availability to sit on Panels Funding not adequate to deliver the projected activity. Funding not provided recurrently, compounding recruitment issues Timing of progression to the introduction of the second phase of MCA legislation is yet to be confirmed. Review of requirement for DolS in Special Schools 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	Systems, Processes & Reporting to be strengthened & formalised - Encompass is the Regional Direction, Western Trust go live is April 25 Assurance required that all staff completing MCA forms are suitable qualified to do so Escalation processes to be bedded in across Acute and Community Issues in relation to Gap between MCA and MHO Conveyance issues between Health Trusts, PSNI & NIAS	Engage with programme board and team Scope potential Mental Capacity/DoLs assessments A Programme Implementation Officer to continue engaging on leading implementation. Trust Lead Directors and Responsible leads in each Sub-Directorate to be identified Quantification of Costs and completion of the IPT bid to ensure fully funded MCA arrangements and minimise financial risk HR & remunerations for staff identified to undertake duties on panels Seek Interest from relevant staff to sit on panels. Ensure sufficient staff attend training to allow them to undertake statutory functions commencing 2nd December 2019 Seek Interest from Nurses at Band 7 and above to sit on panels. Rotas for panel activity and short-term authorisation to be developed. Ongoing communication with the Unions. Communication Plan to be developed - draft to be presentes at	31/12/2020 31/03/2020 31/03/2020 31/03/2020 31/03/2020 29/10/2021 31/03/2020 31/03/2020 31/03/2021 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 30/06/2024 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 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 07/12/2022 07/12/2022
1216	15/04/20	15	Extreme (Red)	15	Extreme (Red)	6	Medium (Yellow)	Director of Diagnostics, Cancer ad Medical Specialties	Acute - Emergency Care & Medicine	Quality of Care - patient safety	Risk of patient harm in Trust EDs due to capacity, staffing and patient flow issues	If Emergency Department (ED) Physical capacity and staffing levels are not sufficient to meet the demands of patient numbers and acuity, there will be increased likelihood of significant patient harm, risk to staff wellbeing and damage to Trust reputation as a direct result.	Business case approved dedicated HALO (Hospital Ambulance Liaison Officer NIAS crews waiting to offload in our hospital early warning score Ongoing Trust recruitment focus on Critical posts IE Medical and Nursing Use of Medical locums/ Bank and agency Nurses. Social Media Campaign Escalation protocol within full capacity protocol Nursing KPI and audit (ALAMAC) Ongoing in house Quality improvement work (implementation of SAFER principles) Daily regional huddle meeting with escalation as required IT systems - Symphony Flow board On call managers/medics rota Ongoing MDT patient flow huddles in department/wards Medical team ED reviews Hub flow meetings with lead nurse attendance. Patient flow teams/night service manager Major incident policy Full capacity protocol	Implementation of SAFER principles challenged due to Medical Job plans and current Medical team models in operation ageing population living with challenging health needs Community infrastructure to meet needs of patients i.e. Gp appointments, social care packages Recruitment to perm medical posts Challenging across NI	Datix - Incident, Complaints, Litigation, Risk register Patient flow teams, Night service manager, SPOC, Hub Regional huddle Established patient pathways	Gaps in patient pathway	PACE implementation to commence March 2020. Improvement QI work commencing with aim to address communication within department. Full capacity protocol	31/03/2022 01/06/2024 28/02/2022	06/05/2022 15/03/2022

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1219	30/04/20	20 Extreme (Red)		20 Extreme (Red)		6 Medium (Yellow)		Director of Diagnostics, Cancer ad Medical Specialties	Acute - Diagnostics & Cancer Services	Quality of Care - patient safety	Lack of endoscopy capacity for endoscopy to meet the demand which impacts on Patient outcomes	Lack of endoscopy capacity in the Trust has resulted in breaching of the 2 week red flag wait/9 week urgent and routine wait and surveillance targets for endoscopy. The lack of timeliness for endoscopy will lead to delayed diagnosis of cancer and poor outcome for these patients as evidenced in SAIs. The service has been further impacted by Covid -19 where the service has been reduced to emergency and red flag endoscopy only and reduced turnaround times between patients due to IPC requirements.	Telephone pre assessment of colonoscopy on-going to improve list utilisation and reduce DNA rates Independent sector was utilised to deliver 250 surveillance colonoscopies from January to March 2020. Further use of Independent Sector to be explored post Covid -19 Surveillance waiting lists are being validated in line with new guidelines. Discussions have commenced with the commissioner to recurrently fund one of the posts in 20/21 to address the demand/capacity gap. The second post will be funded from a current vacancy. Training of 2 nurse endoscopists under transformation commenced in September 2018 - trainees were to be signed off by the end of 2020 the delay was due to Covid-19. Short-term provision by SE Trust to provide WT in IS tender 200 patients identified and moved to the independent sector.	Band 4 team lead recruited to manage waiting lists and oversee the scheduling team and processes. Encourage consultants to triage referrals in line with NICAN suspect cancer guidelines (Oct 2019) and utilise the urgent and routine categories. Additional funding for a second pre assessment nurse has been discussed with the commissioner- await confirmation in 2021 allocation	Waiting lists discussed monthly at the Endoscopy Users Group Clinical audits are completed annually to benchmark the service against National Standards. Monthly monitoring of waiting lists is carried out to identify longest waits and prioritise for scheduling.	The need for the Trust to invest further in the development of GI Trainees in line with the evidence base for modernisation, thereby proactively growing the team to meet future demand. The need to develop the service to include the inclusion of a hepatologist as part of the team in line with Royal College modernisation of gastroenterology training and service provision. The need to address the	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
1236	21/08/20	16 High (Amber)		16 High (Amber)		6 Medium (Yellow)		Excutive Director of Finance, Contracts and Capital Development	Finance	Financial - standing financial instructions and control	Ability to achieve financial stability, due to both reductions in Income and increased expenditure	With continued reductions in income from savings requirements coupled with increased expenditure due to demand and risk and the prospect of a stark financial Regional financial position, there will be a reduction in the Trust's ability to achieve financial stability in current and future years, resulting in significant challenges in meeting Trust statutory duty to break-even and support Trust strategic priorities	Chief Executive Assurance meetings to review performance Annual Financial Plan to review risks to financial position and opportunities for savings Trust Board (and Finance & Performance Committee), DVMB and CMT oversight of the financial position monthly Monthly budget reports for all levels in the organisation, with follow-up on movements in variances Monthly Finance focus meetings between Finance and Directors / Senior Directorate Officers		Internal Audit. Assurance obtained by the Chief Executive from his assurance meetings with Directors and regular updates External Audit (NIAO) . DHSSPS/HSCB monthly financial monitoring. Monthly financial performance reporting to CMT and Trust Board Assurances from Director of Finance and ADF to CMT & Trust Board.	Gaps in assurance that budget holders are applying effective budgetary control in the management of their service Gaps in assurance that budget holders are trained to manage their budgets accordingly Gaps in assurance that managers are reviewing their staff in post reports	Ongoing financial management and monitoring Operation of DVMB (Delivering Value Management Board) Monitoring and reporting of management attendances at Budgetary Control training Support to managers in accessing and using CP to support budgetary management Performance of Managers against SIP reviews	31/03/2025 31/03/2025 30/06/2024 30/06/2024 30/06/2024	

		Initial Risk		Current Risk		Target Risk													
ID	Opened	Rating (initial)	Risk level (initial)	Rating (current)	Risk level (current)	Rating (Target)	Risk level (Target)	Responsible Director	Sub-Directorate	Corporate Objectives	Title	Description	Controls	Gaps in controls	Assurance	Gaps in assurance	Description (Action Plan Summary)	Due date	Done date
1254	18/01/21	16	High (Amber)	16	High (Amber)	8	High (Amber)	Director of Human Resources & Organisational Development	Trust-wide (Risk Register use only)	Quality of Care - effectiveness	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 provided to key stakeholders Trust Governance Arrangements - People Committee Use of Bank/Agency/Locum Staff through Locum's Nest.	Occupational Health - absence of locums and increasing demands on team without additional resources. Low uptake of mandatory training and completed annual appraisal. Inability to follow normal policies and procedures during periods of Industrial Action and also during emergency situations such as Pandemic. Lack of co-ordinated information on agency staffing Due to demand in services compliance with Working Time Regulations and New Deal. BSO Recruitment Shared Service provides recruitment services for the Trust and there has been an increased delay in recruitment and dependence on them for related information. Inability of NIMDTA to provide required number of Junior Doctors for certain specialities and localities. (Risk 694) Difficulty in recruiting in rural areas and accessing cover when needed in those areas i.e. Domiciliary Care Workers. (Risk 547) Insufficient applicants for medical, nursing and social work posts. (Risk	Working Together Delivering Value Health check measurements on absence hours lost, mandatory training, appraisal, time to fill posts, job planning completion rate. Involvement Committee - Quarterly monitoring of staff engagement on initiatives that contribute to achievement of Trust Great Place ambitions (start life, live well and grow old). Pension Regulator Compliance Junior Doctors Hours monitored twice yearly and returns submitted to DOH. People Committee - Workforce Strategy, Recruitment and NIMDTA Allocation Updates twice per year. People Committee - Quarterly monitoring of Absence, Appraisal, Mandatory Training, Consultant Job Planning, Temporary Staffing, Agency Staffing, Turnover and Grievance/Disciplinary/Statutory Cases. RQIA Inspections of services which link to employment matters UK Border Agency Inspections on ad hoc basis. Audit assurance and progress reports in relation to Audit	BSO Shared Service not meeting statutory or procedural deadlines resulting in, for example, delays in recruitment Inability of NIMTDA to fill all posts. Insufficient number of social work student applications to the University Degree Course in rural areas. (Risk 1109) Insufficient training places being procured by Department of Health to meet the demands of medical and nursing workforce. HMRC	Looking After our People Growing for the Future Belonging to the HSC New Ways of Working	30/06/2024 30/06/2024 30/06/2024 30/06/2024	
1288	08/04/21	12	High (Amber)	12	High (Amber)	6	Medium (Yellow)	Director of Performance & Service Improvement	Trust-wide (Risk Register use only)	Regulation & Compliance - statutory regulation	Risk of failure to meet regulatory standards and compliance associated with Trust infrastructure and estate.	There is a risk of deterioration in the Trust Estate due to ageing and lack of capital investment in the maintenance of building services infrastructure and physical environment which could lead to loss of service and non-compliance with regulatory and statutory standards (e.g. water, electrical, asbestos and physical infrastructure).	Monitoring and review by PSI SMT of directorate risks including water, electrical, fire safety, vacant estate asbestos and physical infrastructure. Should a critical issue materialise further funding can be sought from DOH or existing funding reprioritised to address the new critical issue Estates Strategy 2015/16-2020/21 Annual review of building condition (3i) and creation of prioritised BLM list. 2022/23 Backlog maintenance programme developed and implemented Continual bidding for funding to address backlog maintenance Targeting of priority areas as funding becomes available. Monthly review of Backlog Maintenance capital investment plan Priority Backlog Maintenance capital investment plan	Ageing infrastructure resulting in deterioration of buildings Insufficient funding to carry out full remedial works identified.	Back-log Maintenance list Health & Safety audits Environmental Cleanliness audits Authorising Engineer audits Annual inspections carried out Membership at Health and Safety/ Water Safety Groups Reports to Corporate Governance Sub Committee/Governance Committee Assurance standards Buildings, Land, Plant & Non-Medical Equipment Oakleaf - 6 facet independent survey	Lack of Funding for backlog maintenance.	Review of emerging issues and response required Development of business cases for 2021/22 backlog maintenance agreed action plan. CMT approval of BLM 2021/22 for submission. Development of 2021/22 BLM bid Completion of six facet condition survey Review of emerging issues and response required Monthly review of Backlog Maintenance capital investment plan Review Ward 50 ventilation system performance BLM and Capital Plan Project Delivery for 21/22 Develop BLM bid 22/23 DoH approval of BLM 2022/23. Develop BLM plan for 24/25 Review and Update Condition Surveys of WHSCT Estates Portfolio Review and Prioritise Ventilation Safety Works in conjunction with clinical directorates Paper to be developed and submitted to Governance Committee on the current risk associated with BLM, including	30/06/2022 30/09/2021 30/04/2021 30/09/2021 31/03/2022 31/08/2021 31/03/2022 30/06/2022 30/09/2022 30/06/2024 31/10/2021 31/10/2021 30/04/2024	06/06/2022 07/09/2021 03/08/2021 07/09/2021 12/04/2022 31/08/2021 12/04/2022 06/06/2022 30/09/2022 09/04/2024

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1307	16/06/21	25	Extreme (Red)	25	Extreme (Red)	6	Medium (Yellow)	Interim Director of Surgery, Paediatrics and Women's Health	Women & Childrens - Health Division	Quality of Care- Patient Safety	Clinical Risk regarding Delayed Transfer of Babies, Children and Adults to Other Hospitals	Due to limitations on the NISTAR resource and ability of Trust to facilitate transfers that don't meet NISTAR protocols and lack of clarity around same, time critical transfers are being either delayed or are completed using sub-optimal alternatives. This may result in harm to patients being transferred, the patients in the services covering the transfer as well as additional financial cost to the Trust.	Consider stabilisitng and holding patient until NISTAR avaiilable. Ensure staff are trained in use of transport equipment in case required to transfer patient in absence of NISTAR In absence of NISTAR, Pro-paramedics (independent company) may be used. NISTAR will make ambulance and driver available if local team can do transfer	proparamedics are no longer able ot supply NISTAR with back up Impact on Services when Trust Staff are called away to facilitate transfer Working with neonatal shortage - no adequately trained staff to backfill and training delivered during core time No funding for dedicated rota Difficulty ensuring ongoing professional development to maintain skills. Requirement to provide/source Trust Time Critical Transfer Training tailored to all disciplines i.e. Paediatricians require different training to anaesthetists, and nurses also require different training as they all have separate roles.			Escalate to Director of Acute services for discussion with counterpart in Belfast as he/she is responsible for NISTAR. Raise at corporate safety huddle and RRG Escalate through child health partnership. Review of stabilization of medical staff Trust Wide Review of staff training needs in line with possible training opportunities within the region	30/06/2022 31/03/2022 31/03/2022 01/09/2024 01/09/2024	03/02/2022 03/02/2022 03/02/2022
1320	15/09/21	12	High (Amber)	20	Extreme (Red)	8	High (Amber)	Excutive Director of Social Work/Director of Women & Childrens Services		Quality of Care - Effectiveness	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 commissioned for an OOH Service as such an OOH pathway is in place to mitigate risk in conjunction with CAMHS/AMHS/ED Colleagues.	Staff training in Paediatrics Staff training in Emergency Department Regular meetings with AMH services Regular meetings with Beechcroft (weekly) and daily updates Policy on age appropriate care to acute setting Policy on U18 admission to AMH wards Protocol CAMHS/AMHS pathway OOH (2011) - under review at present	Environmental risks of temporary placement wards/facilities in particular YP presenting self-harm, suicidal risk, risk of absconding. Supervision deficit in ED/AMH/Paeds wards Psychiatric cover limited in CAMHS and AMHS Delayed & limited availability of AMH beds in Trust. Training/knowledge deficit re pathways related to high staff turnover in acute medical/AMHS setting CAMHS/AMHS OOH Pathway review overdue Unfunded demand for CAMHS OOH Limited regional capacity for inpatient beds	Monitoring of waiting lists Regional AD Forum - standing item Regional Care Network - weekly data collation Daily updates with Beechcroft In-house monitoring of inappropriate admissions Early Alerts of inappropriate placements both in AMHS wards and Acute medical /Paediatric wards. Weekly review and monitoring by HSCB Escalation to HSCB/DOH		CAMHS Business case to be developed to progress development of CAMHS OOH service provision Family & Child Care Social work input in over 16 MH assessment with AMHS to be reviewed to ensure cover and consistency to mitigate risk WTCAMHS/AMHS OOH 2011 pathway to be considered and reviewed When a young person presents in a mental health crisis OOH the WTCAMHS/AMHS OOH protocol adhered and followed. No MH Adolescent, No AMHS, No Medical paediatric wards CAMHS will attempt to work intensively with YP and family notwithstanding capacity and resource issues Task and finish group to support unmet needs re training /risks identified and policy regarding YP requiring MH admission inappropriately placed on medical wards. Daily contact with Beechcroft re bed availability and hospital to hospital tx asap 1:1 Nursing on ward to support YP and support system provided	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

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1334	26/10/21	20	Extreme (Red)	15	High (Amber)	8	High (Amber)	Interim Director of Surgery, Paediatrics and Women's Health	Surgical Services	Resource & People/staff retention	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
Specialty Drs funded for 8.0 wte; 5.0 in place 2 of whom are locums and one acting up.
Ongoing use of locums from within the Trust to sustain the rota at South West Acute.
Newly appointed Consultant taking up post 25/10/21
Ongoing efforts to recruit - Interviews planned for 2.0 wte Consultants late October 2021 (now currently deferred pending Royal College approval) | Reluctance from other surgeons across NI to participate in providing locum cover due to the generality of surgical cover required.
Difficulties recruiting and retaining at locum and permanent level as above.
Difficulty securing Royal College approval for general surgical posts. | Continuing support from Altnagelvin Surgical body to provide locum cover for rota gaps.
Programme Board will have fortnightly oversight of all of the actions within the Review Programme.
Senior clinical support to project identified and in place.
Project lead has been seconded full time to Project team. Project Lead currently briefs CMT twice weekly
This will be taken over by Programme Board with fortnightly oversight from 01/11/2021
CMT will continue to support service and project | | A Proposal for Sustainable Surgical Services will be developed by end January 2022 to address the most emergent issue eg emergency surgical services in the Southern Sector of the Trust.
Continue with ongoing recruitment to fill vacant consultant posts
Develop plan for the release of locum surgeons to align with on boarding of recent consultant surgeon appointees, when start dates confirmed
Ongoing monitoring of the temporary suspension of emergency surgery and contingency arrangements in place, through the Project Team | 01/09/2023 31/05/2024 31/05/2024 31/05/2024 | 13/06/2023 |
| 1375 | 15/03/22 | 16 | High (Amber) | 16 | High (Amber) | 6 | Low (Green) | Director of Diagnostics, Cancer ad Medical Specialties | Acute - Emergency Care & Medicine | Resource & People/staff retention | Consultants Cover in Cardiology | Due to challenges regionally in relation to securing substantive positions and the limited availability of locum resources, a 6 person on call rota has been depleted by 50% leading to potential gaps in the rota. | Working with International Recruitment team to expedite a new appointment.
Working through current job plans to identify monies to increase the Consultant complement.
-Secured short term locum Middle Grade Doctor to support Ward based work on a short to medium term basis.
Worked with Medical HR to secure short to medium term locums (starting 27th February).
Link with regional pPCI network to seek support for any gaps in rota.
Linkage with RCM to ensure sign off of job plans and job descriptions.
-A review of current workload and a short term reduction in outpatient work to facilitate redistribution. | Locum resources has limited availability.
Challenges regionally in relation to securing substantive positions. | Medical HR working collaboratively on recruitment.
Clinical Lead has oversight of the rota
Business continuity arrangements are in place should there be an unplanned rota gap. | Locum resources has limited availability. Challenges regionally in relation to securing substantive positions. | Recruitment to fill vacant posts. Ongoing review and monitoring of recruitment gaps to include the use of locums | 31/07/2023 01/09/2024 | 15/08/2023 |

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ID	Opened	Rating (initial)	Risk level (initial)	Rating (current)	Risk level (current)	Rating (Target)	Risk level (Target)	Responsible Director	Sub-Directorate	Corporate Objectives	Title	Description	Controls	Gaps in controls	Assurance	Gaps in assurance	Description (Action Plan Summary)	Due date	Done date
1409	01/07/22	25	Extreme (Red)	16	High (Amber)	9	Medium (Yellow)	Director of Diagnostics, Cancer ad Medical Specialties	Acute - Unscheduled Care	Quality of Care - patient safety	ED Mental Health Patients	Due to lack of local and regional mental health beds patients requiring mental health assessment and admission are required to stay in the department for prolonged periods, with minimal mental health input. Voluntary and detained patients at high risk of harm due to lack of suitable staffing, supervision and infrastructure onsite. The department is overwhelmed with multiple patients awaiting admission some have already absconded and/or attempted self-harm while awaiting transfer or identification of a Mental Health bed due to inadequate supervision.	-Crisis/MHL will review all patients every 24 hours and liaise with psychiatry as required -ED will complete Kardex's – Psych Consultants will be available for advice if needed -Additional staffing support when available from Mental Health Grangewood to ED when a threshold of three or more has been reached. -Weekly meetings planned for ED and Mental Health to work collaboratively to improve the safety and experience for patients (commenced 16th June 2022). -Continue to report and review all associated incidents via datix to further understand risk and mitigations -MAPA training	-Timely access to Mental Health beds continue -Overall congestion and capacity issues within ED compounds the challenge in managing this group of patients	Daily engagement with MH and ED to manage risk Newly established weekly meetings between ED and mental health teams		Meetings Workforce Improvement Meetings	03/07/2023 31/05/2024 31/05/2024	18/09/2023
1469	06/01/23	12	High (Amber)	12	High (Amber)	4	High (Amber)	Medical Director	Trust-wide (Risk Register use only)	Health & Safety - staff harm	Health & Safety Risk to Staff as a result of Violence and Aggression	Increases in the number and complexity of patients being treated and awaiting treatment in all our settings; along with social; economic; and environmental factors; restrictive guidelines / practices resulting from Covid etc; increased social media challenges; and the absence of a Corporate legal remedy; have all contributed to an already high level of abuse, violence and aggression against Trust staff. The result is that staff are increasingly subjected to both sporadic and longer consistent patterns of patients/client/visitors displaying abusive, challenging, aggressive and violent behaviours in our facilities, communities and home environments leading to significant risk of emotional and physical harm.	Management of Violence and Aggression (MOVA) group in place. Zero Tolerance & Security policy Trust adherence to The Management of Health and Safety at Work Regulations NI (2000). Health and Safety at Work NI Order 1978 Lone Working Guidance Staff support through Occupational Health Safety Intervention training - available to relevant staff. V&A risk assessment. Usage of Trust General Risk Assessment form for document of specific risks. Incident reporting on DATIX – identification of trends. Risk Register process in place RIDDOR reporting of staff absence and further scrutiny Policy for the Use of Restrictive Interventions with Adult Service Users – May 2017 Trust Security Working Group Ad hoc Risk Strategy Meetings Trust Health and Safety Policy	MOVA Policy - Await implementation of regional guidance Limited Legal support available for staff from the Trust when seeking prosecutions/non-molestation orders against violent individuals. No Acute Liaison Psychiatry service in ED No programme of regular education regarding mental health presentations in ED and other acute settings of risk. CAMHS referral pathways not clarified for patients aged 0-18. CAMHS not co-located in hospital. No dedicated area for intoxicated or consistently violent patients to be treated in ED. Lack of resource to provide safety intervention training following CEC cessation of training provision. Paris alert system not utilised in all areas to warn staff regarding patients with a history of violence Non-completion of Annual H&S risk assessment/associated risk assessments Incorrect completion or lack of understanding of what is necessary to assess and how assessment should be completed.	Audit Trust controls assurance standards reporting Risk assessment compliance reporting on corporate risk register, directorate governance Incident reporting to MOVA Steering Group Audit Regional Benchmarking and DOH return on violence against staff Health and Safety Inspections		Adopt and imbed regional MOVA policy in Trust Policy and Procedures Draft business case to expand resources for Safety Intervention Training	30/06/2024 01/06/2024	

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1487	06/04/23	12	High (Amber)	12	High (Amber)	8	High (Amber)	Director of Human Resources & Organisational Development	Human Resources	Quality of Care - effectiveness	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 action including standing down of services which cannot be safely maintained. Risk based contingency plans applied in other services which	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 impacted due to diversion of resources to IA Impact on the health and wellbeing	Trust is in line with NHS Terms and Conditions of Service. Partnership Working with TU Side. Regular engagement with DoH to influence e.g. mileage rate.	Pay discussions in NI are led by Department of Health however the dispute in relation to the 2022/23 pay award is being managed by Government at Westminster and there is no capacity for the WHSCT to influence resolution of dispute. Absence of Health Minister to engage with this. Outstanding Pay Awards for all staff. Staff are not required to let their manager know in advance if they intend to participate in	Resolution of local issues Plans to address continued service impacts Continued engagement with local and regional TU Side representatives on derogations. Implementation of Business Continuity arrangements	30/06/2024 30/06/2024 30/06/2024 30/06/2024	