

TRUST BOARD ITEM: BRIEFING NOTE

Meeting Details:	15 th July 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>	<input checked="" type="checkbox"/> People who need us feel cared for <input checked="" type="checkbox"/> People who work with us feel proud <input checked="" type="checkbox"/> People who live in our communities trust us
Indicate the link to Trust's strategic priorities <i>(please tick)</i>	<input checked="" type="checkbox"/> 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>Proposed New Risk for approval:</p> <ul style="list-style-type: none"> • Encompass <p>To note: All Corporate Risks have been updated within this quarter. All action plans have been updated.</p>
Trust Board Response Required <i>(please tick)</i>	<input checked="" type="checkbox"/> For approval <input type="checkbox"/> To note <input type="checkbox"/> Decision

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 to WHSCT achieving the proposed encompass Go Live date due to safety concerns								
2.	Facility (only necessary if risk relates to one specific facility)	This is applicable Trust Wide								
3.	Directorate * If risk affects 2 or more Directorates, please list relevant Directorates.	PPCS								
4.	Sub-Directorate * If risk affects two or more Sub-Directorates, please list.	Trustwide								
5.	Specialty Please list most relevant Specialty this risk relates to.	Trustwide								
6.	Ward/Department (necessary only if risk relates to one specific Ward/Dept)	Trustwide								
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) :-	<table border="1" style="width: 100%;"> <tr> <td style="background-color: #90EE90;">Corporate</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Directorate</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Sub- Directorate/Divisional</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Ward Level</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Corporate	<input checked="" type="checkbox"/>	Directorate	<input type="checkbox"/>	Sub- Directorate/Divisional	<input type="checkbox"/>	Ward Level	<input type="checkbox"/>
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Sub- Directorate/Divisional	<input type="checkbox"/>									
Ward Level	<input type="checkbox"/>									
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								
	C02	Supporting and Empowering Staff	X							
	C03	Ensuring the Stability of our Services	X							
	C04	Improving the Quality and Experience of Care	X							

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)	Successful Go-Live Readiness Assessments at 30 day intervals Successful Technical Dress Rehearsals Training delivery Go-Live
11.	Lead Officer* with responsibility for managing this risk (Name, Job Title, and Contact Details. (i.e. manager with operational responsibility)	Steven Walls, Deputy SRO
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).	Teresa Molloy, SRO
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	There is a risk to WHSCT achieving the proposed Go Live date due to safety concerns associated with service delivery, because of key readiness activities not being completed within the required timescales. A funding shortfall is anticipated to cover enabling works, staffing, preparatory activities and ICT devices and infrastructure.
14.	Please list all current control measures in place to manage this risk* (e.g. policies, procedures, training)	Encompass Programme Plan Programme Board Readiness Assurance Group Operational Readiness Boards Change Impact Board People Change Readiness Workgroup Benefits Realisation Workgroup PMO Structure Epic Team Regional encompass Team Learning from other Trusts

15.	Please list all identified gaps in Controls.*	Inadequate funding for following items required for encompass Go-Live <ul style="list-style-type: none"> • Network hardware • I.T staffing • Estates enabling works • Training venue preparation • Estates staffing • PMO staffing Business continuity planning per Directorate will be required to replace the existing processes when moving from legacy systems to the new electronic health and care record.																						
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).	Programme Board Readiness Assurance Group Operational Readiness Boards PMO controls: <ul style="list-style-type: none"> • Risk Register • Project Plan • Communication Plan • Diaries 																						
17.	Please list all identified gaps in Assurances.	Risk Summit to be held on 30 th July with regional team, WHSCT & SHSCT. Go-Live Risk Assessments to be held 120 days from Go-Live at 30 day intervals.																						
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).																							
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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).																							
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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

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 – Programme plan & associated governance structures fully manage the level of risk
2. Does the proposed action plan take account of any opportunities that could be exploited whilst managing this risk?	Yes – regional lessons learned and best practice will be continually reviewed throughout this process
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 – the WHSCT governance structure ensure effective and efficient communication.
4. How will the proposed actions be monitored to ensure they are completed within identified timescales?	Regional GLRA & WHSCT governance structures will be used to monitor actions.
5. At what point should the decision regarding the management of this risk be escalated to a higher level?	Failure to meet required standards at GLRA’s

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
Business case completed	2018		Regional
Receipt of initial funding	2018		Regional
Establishment of PMO Staffing	2019 onwards		SRO
Establishment of Programme Governance	2019 Onwards		SRO

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:
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For use by BSO/BSM only	Risk ID No: (automatically generated by Datix)
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CORPORATE RISK REGISTER & ASSURANCE FRAMEWORK

BRIEFING NOTE PREPARED FOR TRUST BOARD 15th July 2024

There are 19 risks on the Corporate Risk Register as approved at Trust Board on 6th June 2024.

Summary

- Proposed New Risks;
 - Encompass – new risk form attached
- Summary report for action;
 - All Corporate Risks have been updated within this quarter
 - All action plans have been updated

Proposed New Risk

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

Risk Title: Risk to WHSCT achieving the proposed encompass Go Live date due to safety concerns.

Risk Description: There is a risk to WHSCT achieving the proposed Go Live date due to safety concerns associated with service delivery, because of key readiness activities not being completed within the required timescales. A funding shortfall is anticipated to cover enabling works, staffing, preparatory activities and ICT devices and infrastructure.

Current Grading: Catastrophic (5) x Unlikely (2) = HIGH (AMBER) 10.

Responsible Director: Director of Planning, Performance and Corporate Services

Summary Report for action

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

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	Closed 26.06.24

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	complete
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

Corporate Risk Register and Assurance Framework June 24

ID	Opened	Rating (initial)	Risk level (initial)	Rating (current)	Risk level (current)	Rating (Target)	Risk level (Target)	Responsible Director	Lead Officer for Risk	Sub-Directorate	Corporate Objectives	Title	Description	Controls	Gaps in controls	Assurance	Gaps in 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)	Molloy, Mrs Teresa	McNulty, Mr Patrick	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.	<p>Fire Safety Policy, procedures and reporting of mandatory training. Site specific fire emergency plans for SWAH and ALT. Departmental fire procedures in place for all areas. Fire Officer in the Department. Regional Fire Safety awareness training. Recording and reporting of Fire Safety Mandatory Training. Nominated Officers appointed and trained.</p> <p>Reporting of all fire incidents, unwanted fire alarms.</p> <p>Regional Fire Managers Group Nominated Officer Fire Safety Log Books</p> <p>Trust Fire risk assessments</p> <p>Recommendations from Resulting from Inspections of Regulatory bodies e.g. NIFRS and RQIA.</p> <p>Fire Safety Controls Assurance Standard action plan</p> <p>Regular fire drills and emergency exercises</p> <p>Fire improvement works</p> <p>All Trust fire safety advisors to hold appropriate external accreditation.</p> <p>Every Directorate to develop a Fire Risk within their Directorate Risk Register to ensure that all fire risks are managed appropriately. Engagement with Directors and</p>	<p>Not all staff are trained in reporting fire safety awareness training.</p> <p>Potential exists for Premises to be operational without a Nominated Fire Officer in the Department.</p> <p>Regional Group meetings are infrequent</p> <p>Not all Fire Risk Assessment are completed within designated Timeframe. Target is 100%</p> <p>Inherent Drills due to competing Pressures.</p> <p>Financial Constraints Competing priorities Ageing Estate and deterioration of physical infrastructure Working with service to ensure service delivery/care is not impacted.</p> <p>Not all Directorates have included fire on their directorate risk register. Current risks not aligned to the corporate risk ID01.</p> <p>Systems are currently not in place for annual attendance at Directorate SMT's.</p> <p>Space limitations within Trust footprint. Stock control management at a service level.</p> <p>Limited opportunities for management walkarounds</p> <p>Firestopping defects still present on SWAH site.</p>	<p>Fire Safety Policy, procedures and reporting of mandatory training. 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.</p> <p>Contractual obligation under the employment contract. Monthly reports provided to Business managers for distribution to HOS/AD's to identify staff compliance.</p> <p>Fire risk assessment audits. Fire Safety Working Group. Monthly drilldown of nominated fire officers throughout the Trust.</p> <p>Incidents are investigated by the Trust incident management process. Learning is cascaded both locally and regionally.</p> <p>Oversight over regional learning and good practice</p> <p>To ensure that nominated fire officers are aware of their fire safety responsibilities in each department/premises. Monitored through Fire risk assessment</p> <p>Fire risk assessments are completed by Trust Fire safety advisors Frequency is dependent</p>	<p>Accuracy of Learn HSCNI reporting of mandatory training compliance</p> <p>Potential Exists for Premises to be operational without a Nominated Fire Officer in the Department</p> <p>None adherence to Learning Incomplete Documentation within fire safety log books</p> <p>Failure to sustain recommendations on a long term basis</p> <p>Failure to Update Fire Safety Controls assurance Action Plan.</p> <p>No scheduled intrusive surveys programmed.</p> <p>Directorates Fire Safety Risk currently not reviewed at fire safety group and at SMT's.</p> <p>Irregular meetings of Task and Fish Group and poor representation at walkarounds.</p> <p>Funding for smoke-free warden retracted.</p>	<p>[04/06/2024 09:46:23 Nicola Norris] Estates team have met with Children and Families to refine current directorate risk. Estates will arrange meetings with the other directorates in the next 3 months. As per estates workforce resilience paper estates are currently utilising 3rd party contractors to complete fire risk assessments.</p> <p>Full fire risk assessment review to be completed in SWAH - June 2024.</p> <p>[08/05/2024 10:23:16 Nicola Norris] 8/5/24: Confirmed fire KPI figures as at 31/03/2024:</p> <p>Fire Safety Training- 76%</p> <p>Fire Safety Training- Nominated Officers 121%</p> <p>Percentage of all compliant fire risk assessments within 3 months of review date - 84%</p> <p>Percentage of all compliant fire risk assessments up to current month - 63%</p> <p>Trust continue to address inappropriate storage issues throughout the trust premises including the recent removal of temporary storage facilities within the nucleus block.</p> <p>SWAH fire stopping risk - a</p>	<p>Emergency Lighting replacement</p> <p>Implement fire safety improvements</p> <p>Implement Fire Safety improvements - 19/9</p> <p>NIFRS to speak with clients</p> <p>implement fire safety improvement works 17/18</p> <p>Fire safety objectives review for 16/17</p> <p>Fire Safety Report 15/16</p> <p>Priority list of firecode works to be prepared</p> <p>Fire Improvement Works</p> <p>Implementation of Directorate Action Plans</p> <p>Fire Improvement Works 15/16</p> <p>Hospital Fire Storage Working Group to set up</p> <p>Working Group to be established to Review inappropriate draining of Medical Gas Cylinders leading to a Fire/Explosion risk</p> <p>Review storage under Ward 311/32 stairwell</p> <p>Implement cleaning fire safety training</p> <p>Head of SS and Fire</p>	31/03/2021	31/03/2021	Current		Corporate Risk (Approved)
6	21/09/2009	25	Extreme (Red)	12	High (Amber)	8	High (Amber)	Cassidy, Mr Tom	Wade, Mrs Angela	Safeguarding Children	Safe & Effective Services.	Children awaiting allocation of Social Worker may experience harm or abuse	<p>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.</p>	<p>Ongoing action to secure recurring funding.</p> <p>Update meetings between FSCC ADs and Director.</p> <p>Performance Management Review is being undertaken by HSCB with all 5 Trusts focusing on Unallocated cases and timescales</p> <p>Early Help staff returned to their within their Directorates Risk Register to ensure that all fire risks are managed appropriately. Engagement with Directors and</p>	<p>Inability to get sick leave covered</p> <p>Difficulty to recruit and retain social workers</p> <p>Principal Social Workers review unallocated cases regularly</p> <p>HSCB have drafted a regional paper to secure additional funding for Unallocated Cases.</p> <p>Delays in recruitment</p>	<p>Feedback given to Performance & Service Improvement for accountability meetings with HSCB.</p> <p>Quarterly governance reports to Governance Committee.</p> <p>Up-dates by Director to CMT and Trust.</p> <p>Action Plan to review and Address Risk within Family & Childcare Delegated Statutory Functions</p>	<p>[24/05/2024 09:58:38 Ruth McCree] May 2024 - There has been an increase in unallocated cases in Looked After Children which is directly linked to sick absences within the teams.</p> <p>Principal SW temporarily redeployed to review all unallocated cases in FIS and then SW case loads in FIS</p> <p>Action Plan Developed to address and Monitor Risks in FIS Enniskillen</p> <p>increased student placements to work on Family support cases and provide positive practice experience to encourage students to take up posts</p> <p>Retirees working alongside family support workers and social workers assistants providing assessments, support and interventions to those cases on the waiting list (unallocated)</p> <p>Overtime offered in Enniskillen to allocate cases for interventions to work towards closure</p> <p>Principle practitioner allocated cases to complete work and close interventions</p>	29/09/2023	29/09/2023	Current		Corporate Risk (Approved)		
49	06/10/2009	16	High (Amber)	20	Extreme (Red)	6	Medium (Yellow)	Molloy, Mrs Teresa	Oldcroft, Mr Ronnie	ICT Services	Safe & Effective Services.	The potential impact of a Cyber Security incident on the Western Trust	<p>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.</p> <p>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. QP'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 lead to Ransomware attacks, introduction of malware or hacking incidents</p> <p>(2). Lack of Cyber Security awareness or training among Trust</p>	<p>(1). PEOPLE CONTROLS - (1). Cyber Security Training (2). Information Governance, IG Mandatory Training. (3). Staff Contract of Employment</p> <p>(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</p>	<p>GAPS IN PEOPLE CONTROLS - (1). Insufficient User Update of ICT Security and cyber awareness training and instructions, in particular user behaviour (e.g. Not rebooting ICT Equipment when prompted)</p> <p>(2). Insufficient buy-in from Services to agree maintenance window with ICT with regard to their departmental systems</p> <p>(3). Cyber Training is not mandatory</p> <p>GAPS IN GOVERNANCE CONTROLS: Local Assurance (1). Leavers and movers processes (2). Technical Disaster Recovery Plan</p> <p>3). Resource for contracting function to cover governance elements and that GDPR is correct</p> <p>(4). Supplier Framework - Resource required by WHSCT (5). SOP for Information Asset Handling</p> <p>Corporate Assurance (1). WHSCT have not adopted the HSC ICT Security Policy</p> <p>(2). Review of Regional Cyber Incident Plan required</p> <p>Independent Assurance (1). The Trust have received an independent report form the</p>	<p>PEOPLE ASSURANCE: (1). As part of a Regional Cyber Programme, a Regional Cyber Phishing Exercise has been carried out</p> <p>(2). Mandatory IG Training Reporting Available</p> <p>(3). Contract of Employment Provides assurance that staff can be held to account</p> <p>(4). Regional E-Learning programme (Metacompliance)</p> <p>(5). Business Continuity / Desktop Exercises undertaken by Staff</p> <p>GOVERNANCE ASSURANCE: (1). Internal audit / IT Dept self-assessment against National Cyber Security Centre (NCSC) 10 Steps towards Cyber Security</p> <p>(2). ICT Vulnerability Management Group (VMG) regularly reviews and assesses Cyber threats and vulnerabilities</p> <p>(3). ICT Security Review meetings regularly review and assesses service submitted ICT Security Questionnaire</p> <p>(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 report (ANSEC).</p>	<p>(6). Staff using unapproved and unsupported communication tools on personal devices i.e. Instant messaging solutions for patient care containing trust data</p> <p>GAPS IN GOVERNANCE ASSURANCE: Local Assurance (1). Newly Established Groups (e.g. COG) will take time to get established in terms of process</p> <p>(2). Work to be carried out in co-ordinating Regional and Trust Governance arrangements</p> <p>(3). Succession Planning</p> <p>(4). Lack of consistent contribution from Trust Services in completion of NIS Assessments thereby resulting in reduced compliance.</p> <p>GAPS IN TECHNICAL ASSURANCE: Local Assurance (1). External factors impacting on diversion of ICT technical resources and skills which are outside Trust control e.g. HSE security event or major global vulnerabilities</p> <p>(2). Delays in the implementation of the HSC Technical Recommendations and local work plans due to resource/funding and available skills sets.</p> <p>(3). There will always be versions of software that will not be up to</p>	<p>[05/06/2024 16:00:17 Rebecca McLean] Governance Update: "3-Line Assurance," Review completed. Action Plan updated and to be tabled at PPSC Directorate 10th June for approval</p> <p>ASSURANCE: Local Assurance (1). Newly Established Groups (e.g. COG) will take time to get established in terms of process</p> <p>(2). Work to be carried out in co-ordinating Regional and Trust Governance arrangements</p> <p>(3). Succession Planning</p> <p>(4). Lack of consistent contribution from Trust Services in completion of NIS Assessments thereby resulting in reduced compliance.</p> <p>GAPS IN TECHNICAL ASSURANCE: Local Assurance (1). External factors impacting on diversion of ICT technical resources and skills which are outside Trust control e.g. HSE security event or major global vulnerabilities</p> <p>(2). Delays in the implementation of the HSC Technical Recommendations and local work plans due to resource/funding and available skills sets.</p> <p>(3). There will always be versions of software that will not be up to</p>	<p>Implementation of cyber security work plan which has been agreed with the Region.</p> <p>Recruitment of Band 7 Cyber Security Manager.</p> <p>Recruitment of Band 6 to support implementation of Cyber Security Action Plan.</p> <p>Full implementation for Metacompliance across the Trust with regular course updates being issued thereafter.</p> <p>Introduce routine reporting to Trust Board (or other equivalents (local or regional)) on reported incidents/near miss, and other agreed indicators.</p> <p>People Governance Supply Chain Technical</p>	30/09/2024	28/02/2019	Current		Corporate Risk (Approved)

ID	Opened	Rating (initial)	Risk level (initial)	Rating (current)	Risk level (current)	Rating (Target)	Risk level (Target)	Responsible Director	Lead Officer for Risk	Sub-Directorate	Corporate Objectives	Title	Description	Controls	Gaps in controls	Assurance	Gaps in 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)	Molloy, Mrs Teresa	Walls, Mr Steven	Planning & Performance - Performance Mgmt	Governance.	Risk of breach of Data Protection legislation through loss, mishandling or inaccessibility of personal or sensitive personal info	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: - 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. IT 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 December 2010. band 3 post in place Review of regional IG training available on HSC Learning completed and updated to provide	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 Convention and Records BSO Audit of ICT and Information Management Standards. BSO Internal Audit of Information Management training. Revised composition and terms of reference of the Information Governance Steering Group as a result of new SIRCVAO framework.		[05/06/2024 16:01:34 Sarah Davidson] Policies on Naming Convention and Records Management have been reviewed and updated for staff. A new regional guidance document for all HSC staff on the use of personal data within WhatsApp messaging has been drafted by WHSCT and is with regional SIROs for approval. Legal data sharing risk documents have been developed to all data testing for the roll out of the EQUIP programme. [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 DataX. 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 Almaguin hospital. [15/04/2024 08:49:13 O'neagh O'Doherty] Risk ID284 proposal to revise the risk grading from 16 to	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 ISSG 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	31/03/2019 31/03/2019 31/03/2019 31/12/2020 30/09/2020 30/09/2020 31/12/2020 31/03/2025 30/09/2024 31/03/2025 11/12/2021 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	Current Corporate Risk		Corporate Risk (Approved)
1183	27/11/2019	25	Extreme (Red)	15	High (Amber)	6	Medium (Yellow)	OBrien, Ms Karen	McLaughlin, Ms Christine	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 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	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. Third Line of Assurance MCA Legislation / Code of Practice Mental Health Order Role of Northern Ireland Review Tribunal SPPG Regional monthly activity reporting Role of RQIA MCA Regional Leads Group MCA Mitigation Group (NIRT, AG, RQIA, DLS, SPFG, MCA Leads	First Line of Assurance STDA Operational Group MCA Team, including Supervision MCA Information T&F group (systems, processes & reporting) Training T&F group Second Line of Assurance MCA Project Board Updates to Trust Board Corporate Risk Internal Audit Third Line of Assurance MCA Legislation / Code of Practice Mental Health Order Role of Northern Ireland Review Tribunal SPPG Regional monthly activity reporting Role of RQIA MCA Regional Leads Group MCA Mitigation Group (NIRT, AG, RQIA, DLS, SPFG, MCA Leads	Systems, Processes & Reporting to be strengthened & formalised - Encompass is the Regional Direction, Western Trust go live in 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	[11/06/2024 13:34:47 Sean Moynihan] 3 Lines of assurance added. Actions reviewed and updated. [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 Trust Lead Directors and [19/03/2024 16:49:53 O'neagh O'Doherty] 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: 2 ID1183 – where MCA processes are not being followed, patients may be deprived of their liberty, without having safeguards in place. Proposal to increase risk rating due to the following pressures: -Identifying and assessing STDAs within Acute settings -Medic capacity constraints -Increasing use of emergency provisions -Processes to assure that staff completing forms are suitably qualified -Review of administrative	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	31/12/2020 31/03/2020 31/03/2020 31/08/2019 31/03/2020 01/11/2019 01/12/2019 25/10/2021 31/03/2020 31/03/2020 02/12/2019 31/03/2020 31/01/2020 21/04/2021 31/07/2021 01/09/2024 30/06/2023 31/03/2023 26/04/2023 28/03/2025 30/04/2024 16/04/2024 30/11/2022 07/12/2022 31/03/2024 28/03/2024 01/09/2024 11/06/2024 30/06/2024 01/09/2024 30/09/2024 30/11/2022 07/12/2022 30/11/2022 07/12/2022	31/08/2019 31/08/2019 31/08/2019 01/11/2019 01/12/2019 25/10/2021 31/03/2020 31/03/2020 02/12/2019 31/01/2020 21/04/2021 31/07/2021 01/09/2024 30/06/2023 30/06/2023 26/04/2023 16/04/2024 07/12/2022 28/03/2024 11/06/2024 11/06/2024 07/12/2022 07/12/2022	Current Corporate Risk		Corporate Risk (Approved)
1216	15/04/2020	15	Extreme (Red)	15	Extreme (Red)	6	Medium (Yellow)	McKay, Ms Geraldine	Pollard, Mr Gavin	Acute - Emergency Care & Medicine	Public Confidence, Safe & Effective Services.	Risk of patient harm in Trust EDs due to capacity, staffing and patient flow issues	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/medica 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	[11/06/2024 09:18:28 Deborah Donnelly] SWAH Update June 2024 - Risk remains unchanged. Update ALT June 2024 Risk remains unchanged. [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 20 new additional nursing and MCA 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 over-crowded. 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	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	Lead Officer for Risk	Sub-Directorate	Corporate Objectives	Title	Description	Controls	Gaps in controls	Assurance	Gaps in 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)	McKay, Ms Geraldine	Mushapho, Mr Tshamano	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 wait9 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 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 endoscopy 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 2021 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 NCCAN 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 of Gastroenterology training and service provision. The need to address the impact of a job plan which includes the medical on-call rota. The need to urgently increase the consultant workforce and make the Trust an attractive opportunity for the next round of doctors in training due for recruitment April 2021	[16/05/2024 06:49:42 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 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 SVAH). 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	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)	McCaughey, Ms Eimair	Nolan, Shauna	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), DMB 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 (NAO). DHRSSP/SHSCB monthly financial monitoring. Monthly financial performance reporting to CMT and Trust Board Assurance 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 budgets. 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	[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 Eimair McCaughey] 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. [16/01/2024 18:33:10 Shauna Nolan] There have been significant financial challenges in the 2023/24 financial year with	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 01/09/2024 01/09/2024		Current Corporate Risk		Corporate Risk (Approved)	
1254	18/01/2021	16	High (Amber)	16	High (Amber)	8	High (Amber)	Hargan, Ms Karen	Santiago, Riona	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 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. (Risks 6, 1109)	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 NIMDTA to fill all posts. Insufficient number of social work student applications to the University Degree Course in rural areas. (Risk 1109) Insufficient training places being procured by Department of Health to meet the demands of medical and nursing workforce. HMRG Regulations and impact for staff HSC Pension particularly high earners. Impact of McCloud and Sergeant Employment Law cases. Legal challenges to Terms and Conditions arising from changing employment law e.g. PSNI and Allocate Cases. Impact of Pay Strategy across all staff groups. Pay discussions are led by Department of Health. Absence of alternative career pathways for social work and some specialist nursing roles. HSC Workforce Planning - lack of	[11/06/2024 11:26:44 Olivia Nicholl] The Trust continues to address workforce and recruitment challenges in a multifaceted approach through workforce stabilisation programmes, targeted and bespoke recruitment campaigns, development of new roles, etc. As a result of a workforce stabilisation project within Support Services this has led to a significant reduction on reliance on agency usage and stabilisation of the workforce through dedicated recruitment activities. An update of the analysis carried out in early 2023 of medical workforce staffing levels will be finalised shortly and ensures there is accurate information recorded, retained and shared appropriately to monitor staffing capacity and capability and the ability to deliver safe services. A number of previous early alerts have had updates submitted to DoH in May 2024 in relation to continuing challenges in securing consultant staffing within psychiatry and ENT. Despite a number of recruitment campaigns there have been no applicants. In relation to psychiatry an	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	Lead Officer for Risk	Sub-Directorate	Corporate Objectives	Title	Description	Controls	Gaps in controls	Assurance	Gaps in 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)	Molloy, Mrs Teresa	McNulty, Mr Patrick	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 (3) 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 programme developed and implemented	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 Oukleef - 6 facet independent survey	Lack of Funding for backlog maintenance.	[04/06/2024 10:08:23 Nicola Norris] Estates prioritisation plan to be forwarded to CMT for approval. [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 paper reflects BLM risk liability will	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 BLM and Capital Plan Delivery 23/24 Develop BLM bid 22/23 DOH approval of BLM 2022/23 Develop BLM plan for 24/25 Review and Update Condition Surveys of VHSCST Estates Portfolio Review and Prioritise Ventilation Safety Works in conjunction with clinical	30/06/2022 30/09/2021 30/04/2021 30/04/2021 07/09/2021 30/09/2021 07/09/2021 12/04/2022 31/03/2022 12/04/2021 31/03/2022 31/03/2025 30/06/2022 06/06/2022 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 03/08/2021 03/08/2021 12/04/2022 31/08/2021 12/04/2022 31/03/2025 06/06/2022 30/09/2022 31/05/2024 31/10/2024 09/04/2024	Current Corporate Risk		Corporate Risk (Approved)
1307	16/06/2021	25	Extreme (Red)	25	Extreme (Red)	6	Medium (Yellow)	Gillespie, Mr Mark	McKenna, Ms Mary	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. Paramedics (independent company) may be used. NISTAR will make ambulance and driver available if local team can do transfer	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. paramedics 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 paed and neo natal only. The 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 Harrigan] AD raised at regional NISTAR meeting. Clinical lead for NISTAR was not in favour of approach related to ARNI ARNI course more related to pre-	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 stabilisation 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 03/08/2022 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)	Cassidy, Mr Tom	Duffy, Mr Kevin		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 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/Peeds 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 Unlimited 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. NO feeding with safety intervention and violence and aggression. 6 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 Ross] Risk remains live and is continually monitored. Head of Service continues to attend Managed Care Network meetings and is involved in a	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	30/09/2024 30/09/2024 30/09/2024 30/09/2024 31/05/2023 31/05/2023 31/05/2023 31/05/2023 31/05/2023 31/05/2023 31/05/2023	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	Lead Officer for Risk	Sub-Directorate	Corporate Objectives	Title	Description	Controls	Gaps in controls	Assurance	Gaps in 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)	Gillespie, Mr Mark	Gillespie, Mr Mark	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 Middle tier level in South West Acute.	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 w/ef 18/10/21 Recruitment campaign is continuous at Specialty Dr and trainee level. Funded establishment should be 6.5 wte consultant Surgeons - current baseline is 3.0 wte with 3.5 wte gpa Specialty Dr 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 all locum and permanent level as above. Difficulty securing Royal College approval for general surgical posts.	Continuing support from Attagelivim Surgical body to provide locum cover for rota gaps. Programme Board will have fortnightly oversight of all 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		[11/06/2024 22:06:55 Oonagh O'Doherty] The temporary suspension of emergency general surgery at the SWAH site remains in place, and the Trust has developed an options paper which is going through internal approval processes. Close monitoring of the impact of the temporary changes remains in place. A number of consultants have been appointed, and will join the general surgery Trust wide team over coming months. Bank contracts have been secured with 2 consultants who deliver monthly operating sessions on the OHPCC site. Work on progressing on upfitting 2wte Middle Grade doctors at SWAH to Specialist Grades, which will facilitate more flexible service delivery in the Southern Sector. [30/05/2024 10:26:19 Oonagh O'Doherty] 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.	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)	McKay, Ms Geraldine	Miller, Ms Trudy	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 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.	[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 proposed end date. A substantive consultant will start in SWAH 2.1.24. the advert for the remaining substantive vacant post is in process. [01/12/2023 14:54:31 Deborah Donnelly] December 23: 2 new	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)	McKay, Ms Geraldine	Pollard, Mr Gavin	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.	-Crisis/MHL will review all patients every 24 hours and liaise with psychiatry as required -ED will complete Kardex - 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 dash 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		[16/05/2024 09:37:57 Ann Gibson] At 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] At 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 [15/04/2024 16:35:52 Ann Gibson]	Meetings Workforce Improvement Meetings	03/07/2023 31/07/2024 31/07/2024	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	Lead Officer for Risk	Sub-Directorate	Corporate Objectives	Title	Description	Controls	Gaps in controls	Assurance	Gaps in 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)	Lavery, Dr Brendan	ODoherty, Ms Oonagh	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 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 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 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		{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 22:20:38 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 in the workplace, it's not part of the job". This will be tabled for update at the next MOVA meeting. A safety lesson of the week was published in Jan 2024 to advise staff of what they need to be aware of. {23/11/2023 13:02:14 the reporter}	Adopt and embed regional MOVA policy in Trust Policy and Procedures Draft business case to expand resources for Safety Intervention Training	30/09/2024 01/09/2024		Current Corporate Risk		Corporate Risk (Approved)
1487	06/04/2023	20	Extreme (Red)	20	Extreme (Red)	8	High (Amber)	Hagan, Ms Karen	Dunlop, Ms Pauline	Human Resources	Ensuring Stability of Our Services, Supporting and Empowering Staff	Impact on services as a result of Industrial Action in relation pay, safe staffing and travel rates.	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.	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 of staff involved in IA coordination due to additional working hours	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 strike action.	{11/06/2024 22:04:58 Oonagh O'Doherty} Risk amended to reflect recent material changes at Trust Board on 06.06.24. Amendment to risk title, description and score {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.	Resolution of local issues MOVA policy in Trust Policy and Procedures Continued engagement with local and regional TU Side representatives on derogations. Implementation of Business Continuity arrangements	30/09/2024 30/09/2024 30/09/2024		Current Corporate Risk		Corporate Risk (Approved)
1601	11/06/2024	16	High (Amber)	16	High (Amber)	8	High (Amber)	Gillespie, Mr Mark	Gillespie, Mr Mark	Surgical Services		Inability to retain ENT Head and Neck service provision	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 8th 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.			{11/06/2024 21:50:49 Oonagh O'Doherty} New risk added to the Corporate Risk Register following approval at recent Trust Board 06.06.24			Corporate Risk (Approved)					

ID	Opened	Rating (initial)	Risk level (initial)	Rating (current)	Risk level (current)	Rating (Target)	Risk level (Target)	Responsible Director	Lead Officer for Risk	Sub-Directorate	Corporate Objectives	Title	Description	Controls	Gaps in controls	Assurance	Gaps in assurance	Updates	Description (Action Plan Summary)	Due date	Done date	Corporate Risk Status	Closed date	Risk Type		
1602	11/06/2024	16	High (Amber)	16	High (Amber)	12	High (Amber)	O'Neil, Ms Maura	McKinley, Mrs Michelle	COP - Primary & Community Care		Risk of no GP cover in Trust managed GP Practices	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.					[11/06/2024 21:59:04 Oonagh O'Doherty] New Corporate Risk as agreed at Trust Board on 06.06.24								Corporate Risk (Approved)

Risk Register

27/06/2024

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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			
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 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	[04/06/2024] Estates team have met with Children and Families to refine current directorate risk. Estates will arrange meetings with the other directorates in the next 3 months. As per estates workforce resilience paper estates are currently utilising 3rd party contractors to complete fire risk assessments. Full fire risk assessment review to be completed in SWAH - June 2024.
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.	79	No change	1	Actions listed with future due dates	[24/05/2024] May 2024 - There has been an increase in unallocated cases in Looked After Children which is directly linked to sick absences within the teams. Unallocated figures are reported monthly to SPPG and reviewed regularly by Senior Managers within Family & Childcare. Unallocated Cases are reviewed regularly within each team by Band 7 managers and where risks are identified allocation to a Social Worker is made in a timely manner. Unallocated figures in frontline generic teams and Gateway remain within the same range for this month.
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 ammendments as necessary.	12	No change	0	Actions listed with future due dates	[05/06/2024] Governance Update: "3-Line Assurance," Review completed. Action Plan updated and to be tabled at PPCS Directorate 10th June for approval. Further work is taking place in preparation of a Deep Dive of this Corporate Risk by Trust Board on 27th June
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.	90	No change	0	Actions listed with future due dates	[05/06/2024] Policies on Naming Convention and Records Management have been reviewed and updated for staff. A new regional guidance document for all HSC staff on the use of personal data within WhatsApp messaging has been drafted by WHSCT and is with regional SIROs for approval. Legal data sharing risk documents have been developed to all data testing for the roll out of the EQUIP programme.

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			
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.	4	No change	0	Actions listed with future due dates	[11/06/2024] 3 Lines of assurances added. Actions reviewed and updated.
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	51	No change	0	Actions listed with future due dates	[11/06/2024] SWAH Update June 2024: Risk remains unchanged. Update ALT June 2024 Risk remains unchanged.
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	41	No change	1	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.