TRUST BOARD ITEM: BRIEFING NOTE

Meeting Details:	4th September 2025
Director:	Dr Brendan Lavery
Issue Title:	Corporate Risk Register Summary and Corporate Risk Register Assurance Framework
Indicate the connection with the Trust's Mission and Vision *(please tick)*	✓ People who need us feel cared for ✓ People who work with us feel proud ✓ People who live in our communities trust us
Indicate the link to Trust's strategic priorities *(please tick)*	✓ Quality and Safety ☐ Workforce Stabilisation ☐ Performance and Access to Services ☐ Delivering Value ☐ Culture
Summary of issue to be discussed:	For approval: 1. Agree amendments to Corporate Risk ID1216 following deep dive review and 3 lines of assurance review. This risk has been updated and a summary of updates have been provided in briefing note attached. 2. Agree to amalgamate ID1601 & ID1694 relating to ENT risk. Briefing note provided. 3. Proposed amendment to the Risk title & description of ID1236. Detail provided within the briefing paper.

	All action plans and risks have been updated within quarter.
Trust Board Response Required *(please tick)*	X For approval ☐ To note ☐ Decision

Western Health and Social Care Trust

CORPORATE RISK REGISTER & ASSURANCE FRAMEWORK

BRIEFING NOTE PREPARED FOR TRUST BOARD 4th SEPT 2025.

There are 23 risks on the Corporate Risk Register as approved at Trust Board 3rd July 2025.

Summary

- Proposed New Risks;

  1. No new risks to consider

- Material changes;

  - Briefing note attached relating to ID1216. Following a recent deep dive and assurance map review, a number of material changes have been suggested for this risk and a new risk form has also been competed, detailing the updated risk.
  - Consider amalgamating Risk ID1601 Inability to retain ENT Head & Neck service provision with ID1694 ENT Consultant Workforce.
  - Proposal to amend title & description of risk ID1236 stablisation of Trust Financial position.

- Summary report for action;

- All action plans have been updated within last quarter.
- All risks have been updated within the last quarter.
- Action plan from Corporate Risk Workshop on 26.06.25 – attached for consideration and approval.

Proposed New Risk

- No new risks to consider.

Material Changes;

1. Proposal to update ID1216 – Risk of patient harm in Trust EDs due to capacity, staffing and patient flow issues. This risk has recently been subject to a Deep Dive review at Governance Committee. Further updates have been suggested following assurance mapping exercise. The attached briefing note and new risk form. Amendments to this risk include;
    - Title of risk has been amended
    - KPI's have been updated
    - Risk description has changed
    - Updated list of controls
    - Updated gaps in controls
    - Additional assurances provided (3line of assurance model)
    - Additional gaps in assurances noted
    - New action plan created

    The updates to this risk reflect the current status of our Emergency Departments, and the mitigations in place to help manage this risk.

    Responsible Director: Director of Unscheduled Care, Medicine, Cancer & Clinical Services

2. Consider amalgamating Risk ID1601 Inability to retain ENT Head & Neck service provision with ID1694 ENT Consultant Workforce. Critical workforce challenges within the Western Health and Social Care Trust's (WHSCT) Ears, Nose and Throat Department are ongoing. The current and increasing consultant workforce constraints pose a significant risk to service delivery, patient care, and the Trust's ability to maintain a safe and sustainable consultant on-call rota. In addition, the ENT service is unable to recruit a Head and Neck Consultant which is proving difficult in the context of patient demand. Given previous attempts at recruitment, it is unlikely that this position will change in the medium to long-term. A successful recruitment campaign was undertaken and deemed three IMR candidates appointable. Of the three candidates, one has commenced employment with the Trust on 24 July 2025. Two others are due to join the organisation on 30 September 2025 and 1 October 2025 respectively.

   A new risk form is attached for consideration.

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

3. Proposal to update title of risk ID1236 relating to Trust financial position.

   Current title: Stablisaton of the Trust Financial position.

   Proposed new title: Stabilisation of Trust Financial Position including planning for breakeven in the current financial year.

   Proposal to amend description to the following:-

   The financial challenges for HSCNI have become much more significant as a consequence of the NI Executive approved Budget for 2025/26. DoH are to receive a real increase maximum of 2.6%, a net increase of £200m over 2024/25 levels. Studies indicate that the Needs Assessment for Northern Ireland Health & Social Care is a factor up

to 17%. For 2025/26, the funding provided delivers only 1.5% towards this. Trusts have never been more challenged and this comes in addition to having grown a significant dependency in recent years across the system on the availability of non-recurring funding to support financial balance. Non-recurrent funding which is not available to the same scale for 2025/26. In addition, the regional enablers required to deliver sustained and recurrent savings have not been supported to the scale required to date. This risk therefore covers both:

- The Trusts ability to be in a sustained position such that the annual risk to delivery of our statutory objective to deliver financial break-even can be lowered;
- The Trusts ability to deliver financial break-even in-year for 2025/26.

Responsible Director: Director of Finance, Contracts and Capital Development

Summary Report for Action;

- All action plans have been updated in the last quarter.
- All risks have been updated within the last quarter.
- Action plan from Corporate Risk Workshop on 26.06.25 – attached for consideration and approval.

Update on Trust Board actions June 2025

Please see attached list actions as agreed following Trust Board workshop on 26.06.25 for consideration and approval.

Risk Register 28.08.25

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			Initial		Current		Risk Appetite				Current Risk Status				
Risk ID	Lead Director	Risk Title	Score	Grade	Score	Grade	Target Score	Target Grade	Level of Tolerance	Action on Appitite	Mths since score changed	Change in score since last review	Mths since last updated	Action Plan Status	Latest Update
1	Director of Performance, Planning and Corporate Services	Fire Risks	20	EXTREM	15	EXTREM	6	MEDIUM	High	1. Complete deep dive in Dec 2025	13	No change	0	Actions listed with future due dates	[04/08/2025] Current figures: Percentage Fire Training Completed - 79% Percentage Fire Risk Assessments Completed - 69% Nominated Fire Officer Training - 111% Number of Fire Occurrences - 9 From the 31st March 2025 the Trust have experienced 9 fires incidents. 4 number of the incidents are due to smoking in the SWAH site. A smoking cessation group has been formed to reduce the level of non compliance. Fire Safety Training dipped slightly due to Encompass pressures to 79%. Raised at FSWG. A number of external fire incidents in SWAH related to unauthorised smoking. Smoking incidents - approx. 200 datix incidents recorded for 2 year period which increases fire risk. Smoking Cessation Group has been re-established. Nuisance fire alarms from the T&F system, BLM funding to be considered.
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	6	MEDIUM	High	1. Review the risk detail for possible de-escalation	46	No change	3	Actions listed with future due dates	[02/05/2025] There are 70 unallocated cases at 31 March 2025. For Gateway Service this is due to staff shortages as a result of annual, maternity and sick ness absence. In FIS this is also due to absence of 50% with an increase in referrals. F&CC Enniskillen are also working at 50% capacity which has led to an increase in unallocated cases.
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	High	1. Keep risk updated with actions ongoing 2. Consider risk further at Directorate Risk Workshop in September 2025	23	No change	0	Actions listed with future due dates	[18/08/2025] Governance Update - The gathering of evidence continues for the Post Encompass go live CAF which is to be completed by 7th November. The Corporate Risk Register is being reviewed to further emphasise the challenging timescales of the NIS Audit, and remediation work – especially with regard to Business Continuity and Business Impact Assessments. Local Risk Register has been introduced to track and report Cyber Risks within DSD. This will allow us to gain better understanding of the cyber risk landscape within the department. KPIs: Tactical Compliance (1). Supply Chain Incidents – 0 (2). Vulnerability Alerts - 12 (3). Sophos Antivirus - 98.2% (4). Intercept-X - 100% (5). Monthly Patch Management - 87.5% Training / Awareness: Metacompliance: 2,238 staff – 19%Regional Mandatory: 10,912 staff – 89% Supply Chain - No direct incidents. - Cyber incidents - No direct incidents. -Trust Services Cyber Desktop Exercises: Emergency Planning currently working with Services on Business Continuity Plans. Once this is complete exercising will be scheduled – likely Q4 2025.
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	High	1. Keep controls/actions under review	16	No change	0	Actions listed with future due dates	[05/08/2025] Trust met with ICO and provided SAR action plan - further quarterly meetings to review SAR performance. IG Awareness training now at 85% across the Trust. IG guidance adopted into Regional Exporting Data Guidance for encompass.

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	High	1. Risk lead to review and identify any further controls. Provide wider analysis regularly for TB.	19	No change	0	Actions listed with future due dates	[04/08/2025] Controls, Assurances and Actions reviewed. Risk updated to reflect requirement to maintain dual systems, following move to Encompass, to support regional reporting, escalation and liaison with NIRT and GA
1216	Director of unscheduled care, medicine, Cancer and Clinical Services	Risk of patient harm in Trust EDs due to capacity, staffing and patient flow issues	15	EXTREM	15	EXTREM	6	MEDIUM	High	1. Progress Deep Dive amendments through CMT and TB. 2. Create new hospital flow risk	35	No change	1	New risk actions proposed - pending approval	[21/07/2025] SWAH ED attendances continue to increase. On Monday 30/6/25 the site was fully escalated with weekend activity. A peak of attendances by stroke patients had put the site under pressure and beds required for elective capacity were not available on Monday morning. With DTAs at 25 with very little movement throughout the day – any movement was required to create capacity for Ward 9. Elective and any further stroke capacity. Additional staffing is being sought daily though bank, agency and EPS to manage the high level of DTAs remaining in the Department for long periods of time. Securing this level of cover is not always successful. There is currently high levels of sickness in the Emergency Department and covering the basic rota requirements remains difficult. The Department are working with Nursing Directorate to progress a review of Nurse Staffing to ensure safe staffing levels for the future. Altnagelvin Update Altnagelvin 16/7/25: A new risk form (attached) has been submitted to Directorate Governance for consideration at next CMT/TB.

Corporate Risk Register and Assurance Framework as at 20.08.25

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
1	19/11/08	20	Extreme (Red)	15	Extreme (Red)	6	Medium (Yellow)	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.	Fire Safety Policy, procedures and manual. Including: Site specific fire emergency plans for SWAH and ALT. Departmental fire procedures in place for all areas. Staff Training and awareness. Mandatory Fire Safety awareness training. Recording and reporting of Fire Safety Mandatory Training Nominated Officers appointed and trained. Reporting of all fire incidents, unwanted fire alarms. Regional Fire Managers Group Nominated Officer Fire Safety Log Books Trust Fire risk assessments Recommendations from Resulting fromInspections of Regulatory bodies e.g. NIFRS and RQIA. Fire Safety Controls Assurance Standard action plan. Regular fire drills and emergency exercises Fire improvement works All Trust fire safety advisors to hold appropriate external accreditation. 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 AD's re fire safety. Housekeeping and space utilisation	Not all staff are trained in mandatory fire safety awareness training. Potential exists for Premises to be operational without a Nominated Fire Officer in the Department Regional Group meetings are infrequent Not all Fire Risk Assessment are completed within designated Timeframe. Target is 100% Infrequent Drills due to competing Pressures. Financial Constraints Competing priorities Ageing Estate and deterioration of physical infrastructure Working with service to ensure service delivery/care is not impacted. Not all Directorates have included fire on their directorate risk register. Current risks not aligned to the corporate risk ID01. Systems are currently not in place for annual attendance at Directorate SMT's. Space limitations wihtin Trust footprint. Stock control management at a service level. Limited opportunities for management walkarounds Firestopping defects still present on SWAH site. Difficulties in recruitment of trained fire officers. Currently 25% vacancy (1/4) Evidence of staff, visitors and patients not adhering to smokefree policy	Fire Safety Policy, procedures and manual. Including: Site specific fire emergency plans for SWAH and ALT. Departmental fire procedures in place for all areas. These policies are corporate documents that apply to all staff within the Trust. Contractual obigation under the employment contract. Monthly reports provided to Business managers for distribution to HOS/AD's to identify staff compliance. Fire risk assessment audits. Fire Safety Working Group. Monthly drilldown of nominated fire officers throughout the Trust. Incidents are investigated by the Trust incident management process. Learning is cascaded both locally and regionally. Oversight over regional learning and good practice. To ensure that nominated fire officer are aware of their fire safety responsibilities in each department/premises. Monitored through Fire risk assessment audits. Fire risk assessments are completed by Trust Fire safety advisors Freqency is dependent on criticality of premises. Inspections by external bodies (both planned and athoc basis). Partnership working with multi-discipinary agencies included RQIA and	Accuracy of Learn HSCNI reporting of mandatory training compliance Potential Exists for Premises to be operational without a Nominated Fire Officer in the Department None adherence to Learning Incomplete Documentation within fire safety log books Failure to sustain recommendations on a long term basis Failure to Update Fire Safety Controls assurance Action Plan. No scheduled intrusive surveys programmed. Directorates Fire Safety Risk currently not reviewed at fire safety group and at SMT's. Irregular meetings of Task and Finsh Group and poor representation at walkarounds. Funding for smoke-free warden retracted.	[04/08/2025 09:59:46 Gemma Peyton] Current figures: Percentage Fire Training Completed - 79% Percentage Fire Risk Assessments Completed - 69% Nominated Fire Officer Training - 111% Number of Fire Occurrences - 9 [03/07/2025 10:06:08 Gemma Peyton] From the 31st March 2025 the Trust have experienced 9 fires incidents. 4 number of the incidents are due to smoking in the SWAH site. A smoking cessation group has been formed to reduce the level of non compliance. [04/06/2025 09:28:47 Gemma Peyton] Fire Safety Training dipped slighlty due to Encompass pressures to 79%. Raised at FSWG. A number of external fire incidents in SWAH related to unauthorised smoking. Smoking incidents - approx. 200 datix incidents recorded for 2 year period which increases fire risk. Smoking Cessation Group has been re-established.	Emergency Lighting replacement Implement fire safety improvements Implement Fire Safety Improvements -18/19 NIFRS to speak with clients implement fire safety improvement works 17/18 Fire safety objectives review for 16/17 Fire Safety Report 15/16 Priority list of firecode works to be prepared Fire Improvement Works 14/15. Implementation of Directorate Action Plans. Fire Improvement Works 15/16 Hospital Fire Storage Working Group to be set up Working Group to be established to Review Inappropriate draining of Medical Gas Cylinders leading to a Fire/Explosion risk Review storage under Ward 31/ 32 stairwell Implement elearning fire safety training Head of SS and Fire Manager to attend all Directorate SMTs bi-annually Head of Specialist Services and Fire Manager to attend Directorate SMTs Emergency Lighting Testing and Repair - Tower Block Altnagelvin Fire due to Covid 19 (ID1263) to be closed Strategy for monitoring and reporting of fire training on LMS to be developed Risk assessments backlog to be closed Objectives and targets set for 25/26	31/03/2021 31/03/2021 31/03/2019 30/09/2018 31/03/2018 30/06/2016 30/06/2016 31/07/2016 31/03/2015 31/12/2015 31/03/2016 31/03/2024 30/04/2024 30/06/2024 30/09/2017 30/06/2025 31/03/2024 31/03/2017 03/01/2024 31/12/2023 31/03/2021 30/09/2025 31/03/2023 06/09/2022 06/09/2022 30/09/2025 30/09/2024 21/12/2022	31/03/2021 31/03/2021 31/03/2019 30/09/2018 31/03/2018 31/05/2016 31/05/2016 30/06/2016 31/03/2015 31/12/2015 31/03/2016 22/02/2024 16/04/2024 30/04/2024 30/09/2017 04/06/2025 22/02/2024 31/03/2017 03/01/2024 31/12/2023 31/03/2021 02/06/2023 06/09/2022 06/09/2022 07/10/2024 02/06/2023
6	21/09/09	25	Extreme (Red)	12	High (Amber)	6	Medium (Yellow)	Cassidy, Mr Tom	Mahon, Ms Suzanne	Safeguarding Children	Safe & Effective Services.	Children awaiting allocation of Social Worker may experience harm or abuse	Due to capacity and demand issues within Family & Childcare, children may not always be allocated a Social Worker in a timely manner and it is likely that children may experience harm as a result of Trust staff not being able to provide appropriate support and implement safe plans. It is acknowledged that currently there is huge pressure on frontline social work teams in Children's Services, amid significant vacancy levels due to recruitment and retention challenges. All unallocated cases are reviewed in line with the Operational Guidance for the Management and Monitoring of Unallocated/Waiting List Social Work Cases in Children's Services (August 2023). This Guidance aims to support the safe management of cases where the decision has been made that social work involvement is needed, but the case cannot be allocated to a named social worker at that time.	Ongoing action to secure recurring funding. Update meetings between F&CC ADs and Director. Performance Management Review is being undertaken by HSCB with all 5 Trusts focusing on Unallocated cases and timescales Early Help staff returned to their substantive posts within gateway to increase the ability to allocate Principal Social Work redeployed will monitor Action Plan and progress to stabilise team Service Managers and Social Work Managers monitor and review unallocated cases on a weekly basis. Service and SW Managers constantly prioritise workloads.	Inability to get sick leave covered inability to recruit and retain social workers Principal Social Workers review unallocated cases regularly HSCB have drafted a regional paper to secure additional funding for Unallocated Cases. Delays in recruitment	Feedback given to Performance & Service Improvement for accountability meetings with HSCB. Quarterly governance reports to Governance Committee. Up-dates by Director to CMT and Trust. Action Plan to review and Address Risks within FIS Enniskillen Delegated Statutory Functions	Reports to SPPG only detail numbers of families. There is no assurance of the mitigations put in place to ensure safeguarding of children awaiting allocation. DSF reporting is bi-annually and taken at a point in time. It does not demonstrate trends over the full reporting periods.	[02/05/2025 17:56:38 Andrea Harkin] There are 70 unallocated cases at 31 March 2025. For Gateway Service this is due to staff shortages as a result of annual, maternity and sick ness absence. In FIS this is also due to absence of 50% with an increase in referrals. F&CC Enniskillen are also working at 50% capacity which has led to an increase in unallocated cases. [10/04/2025 15:00:27 Paula Logue] Due to capacity and demand issues within Family & Childcare, children may not always be allocated a Social Worker in a timely manner and it is likely that children may experience harm as a result of Trust staff not being able to provide appropriate support and implement safe plans. It is acknowledged that currently there is huge pressure on frontline social work teams in Children's Services, amid significant vacancy levels due to recruitment and retention challenges. All unallocated cases are reviewed in line with the Operational Guidance for the Management and Monitoring of Unallocated/Waiting List Social Work Cases in Children's Services (August 2023). This Guidance aims to support the safe management of cases where the decision has been made that social work involvement is needed, but the case cannot	Piloting a generic model of practice FIS Early Help Team established to help address unallocated cases. Principal SW temporarily redeployed to review all unallocated cases in FIS and then SW caseloads in FIS Action Plan Developed to address and Monitor Risks in FIS Enniskillen increased student placements to work on Family support casess and provide positive practise experience to encourage students to take up posts Retirees working alongside family support workers and social workers assistants providing assessments, support and interventions to those cases on the waiting list (unallocated) Overtime offered in Enniskillen to allocate cases for interventions to work towards closure Principal practitioner allocated cases to complete work and close interventions were ongoing support is no longer required and no assessed risk Principal practitioner posts in hard to fill areas has been successful in retaining staff In areas we have full staffing levels there are no unallocated cases	29/09/2023 12/08/2025 30/09/2020 01/11/2018 31/07/2025 31/07/2025 31/07/2025 31/07/2025 31/07/2025 31/07/2025	12/08/2025 12/08/2025 12/08/2025 12/08/2025 12/08/2025 12/08/2025 12/08/2025 12/08/2025 12/08/2025 12/08/2025
49	06/10/09	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	Information security across the HSC is of critical importance to the delivery of care, protection of information assets and many related business processes. Without effective security and controls; compromises can arise from technology and people which can lead to breaches of Data Protection Act and Network and Information Systems (NIS) regulations. A Cyber incident will directly impact on the delivery of patient/client care. Compromises can arise from; (1). NON Managed Trust ICT Equipment (e.g. Radiology modalities, cameras, door access, medical devices etc) in areas such as Radiology, Labs, PFI, HSDU, Estates, GP's etc are operating un-supported operating systems, e.g. Windows XP, and/or do not have the most up to date software updates (patching) and/or have end-point software exclusions applied by third parties which can lead to Ransomware attacks, introduction of malware or hacking incidents (2). Lack of Cyber Security awareness or training among Trust staff The outcomes of a compromise, due to a cyber attack/equipment or network failure/damage/theft or erroreonous	(1).PEOPLE CONTROLS - (1). Cyber Security Training , (2).Information Governance,(IG) Mandatory Training, (3). Staff Contract of Employment (2).GOVERNANCE CONTROLS - (1). Network Information Systems (NIS) Cyber Assessment Framework (CAF) (2). User account management processes (Standard Operating Procedure - SOP) (3). HSC Information Security, Policy, Standards, Guidelines and Standard Operating Procedures (SOPs) (4). Trust Cyber Governance Oversight Group (COG), Risk Management Group (RMG),Vulnerability Management Group (VMG), Corporate Governance Sub-committee (CGSG) (5). Change Advisory Board (CAB) (Local and Regional) 6). Regional Oversight Governance Groups - Cyber Programme Board, Regional Cyber Leads (7). Regional and Local Incident Management reporting policies/procedures (8). Regional Cyber Programme Board (Trust - SIRO / AD for ICT Rep) (9). Controls Assurance Standard (10). Datix and Risk Management (11). Emergency Planning & Service Business	GAPS IN PEOPLE CONTROLS : (1). Insufficient User Uptake of ICT Security and cyber awareness training and instructions, in particular user behaviour (e.g Not rebooting ICT Equipment when prompted) . (2). Insufficient buy-in from Services to agree maintenance window with ICT with regard to their departmental systems (3). Cyber Training is not mandatory GAPS IN GOVERNANCE CONTROLS: Local Assurance (1). Leavers and movers processes (2). Technical Disaster Recovery Plan 3). Resource for contracting function to cover governance elements and that GDPR is correct (4). Supplier Framework - Resource required by WHSCT (5). SOP for Information Asset Handling Corporate Assurance (1). WHSCT have not adopted the HSC ICT Security Policy (2). Review of Regional Cyber Incident Plan is required Independent Assurance (1). The Trust have received an independent report form the Competent Authority in relation to the Network Informations Systems (NIS). The Cyber Assessment Framework (CAF) made recommendations against a number of	PEOPLE ASSURANCE: (1). As part of a Regional Cyber Programme, a Regional Cyber Phishing Exercise has been carried out (2). Mandatory IG Training Reporting Available (3). Contract of Employment Provides assurance that staff can be held to account (4). Regional E-Learning programme (Metacompliance) (5). Business Continuity (Desktop Exerecises undertaken by Staff) GOVERNANCE ASSURANCE: (1). Internal audit / IT Dept self-assessment against National Cyber Security Centre (NCSC) 10 Steps towards Cyber Security (2). ICT Vulnerabilty Management Group (VMG) regularly reviews and assesses Cyber threats and vulnerabilities (3). ICT Security Review meetings regularly reviews and assesses service submitted ICT Security Questionnaire (4). The regional Network Infrastructure Group (N.I.G) has been set up to discuss all regional network related strategies including the reviewing the regional cyber report (ANSEC), technical debt, wired/wireless networking, network security and segmentation. (5). HSC Operational Telecoms Group has been established to provide a vehicle for discussion	(4). Staff using unapproved and unsupported communication tools on personal devices i.e Instant messaging solutions for patient care containing trust data GAPS IN GOVERNANCE ASSURANCE: Local Assurance (1). Newly Established Groups e.g. COG will take time to get established in terms of process (2). Work to be carried out in co-ordinating Regional and Trust Governance arrangements (3). Sucession Planning (4). Lack of consistent contribution from Trust Services in completion of NIS Assessments thereby resulting in reduced compliance. 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 gloabal vulnerabilities (2). Delays in the implementation of the HSC Technical Recommendations and local work plans due to resource/funding and available skills sets. (3). There will always be versions of software that will not be up to date at various points in time e.g. Legacy Systems Corporate Assurance (1). It is not technically possibly to restore full systems - services need to be made aware of this and include this issue in their own business continuity plans and risk registers	[18/08/2025 14:37:59 Rebecca McLean] Governance Update - The gathering of evidence continues for the Post Encompass go live CAF which is to be completed by 7th November. The Corporate Risk Register is being reviewed to further emphasise the challenging timescales of the NIS Audit, and remediation work – especially with regard to Business Continuity and Business Impact Assessments. Local Risk Register has been introduced to track and report Cyber Risks within DSD. This will allow us to gain better understanding of the cyber risk landscape within the department. KPIs: Tactical Compliance: (1). Supply Chain Incidents – 0 (2). Vulnerability Alerts - 12 (3). Sophos Antivirus - 98.2% (4). Intercept-X - 100% (5). Monthly Patch Management - 87.5% Training / Awareness: Metacompliance: 2,238 staff – 19% Regional Mandatory: 10,912 staff – 89% Supply Chain - No direct incidents.	Implementation of cyber security work plan which has been agreed with the Region. Recruitment of Band 7 Cyber Security Manager. Recruitment of Band 6 to support implementation of Cyber Security Action Plan. Full implementation for Metacompliance across the Trust with regular course updates being issued thereafter. Introduce routine reporting to Trust Board (or other equivalents (local or regional)) on reported incidents/near miss, and other agreed indicators. People Governance Supply Chain Technical	30/09/2025 31/03/2019 31/03/2019 31/03/2020 31/08/2018 30/09/2025 30/09/2025 30/09/2025 30/09/2025	28/02/2019 31/03/2019 31/08/2019 31/08/2018

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
284	13/12/10	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 inf	The Trust faces reputation and financial risk from non-compliance across all Directorates with the UK GDPR, Data Protection Act 2018, DoHNI's Good Management, Good Records and the Public Records Act 1923. The risk comprises a number of key factors which increases the level of risk for the Trust: •Insecurely sharing or accessing the personal data of clients, patients and staff without a legislative basis under UKGDPR or supporting legislation •The unavailability of records for provision of patient and client care or for legal or public interest purposes •Concerns on the adherence to records management responsibilities – notably the storage, categorisation and disposal/PRONI transfer of patient, client and staff records	Subject Access and Data Access agreement procedures. Information Governance/Records Management induction/awareness training. Regional code of practice. Information Governance Steering Group. Records held securely/restricted access. ICT security policies. Raised staff awareness via Trust Communications/Share to Learn. Fair processing leaflets/posters. Investigation of incidents. Data Guardians role. Regional DHSSPS Information Governance Advisory Group. Electronic transmission protocol. Investigation of incidents. 2 secondary storafe facilities available across NS & SS Trust Protocol for Vacating & Decommissioning of HSC Facilities. Scoping exercise to identify volume and location of secondary close records completed in December 2010. band 3 post in place Review of regional IG training available on HSC Learning completed and updated to provide more robust training fro staff.	Potential that information may be stored/transferred in breach of Trust policies. Limited uptake of Information Governance and Records Management training. No capacity within the team to take on provision of IG training	Reports to Risk Management Sub-Committee/Governance Committee BSO Audit of ICT and Information Management Standards. BSO Internal Audit of Information Governance. Revised composition and terms of reference of the Information Governance Steering Group as a result of the new SIRO/IAO framework.	No gaps in assurance identified	[05/08/2025 13:44:37 Nigel Treanor] Trust met with ICO and provided SAR action plan - further quarterly meetings to review SAR performance. IG Awareness training now at 85% across the Trust. IG guidance adopted into Regional Exporting Data Guidance for encompass. [21/07/2025 08:36:19 Sarah Davidson] The ICO's strict reporting template for the SAR pilot has led to a correction to how the Trust reports on SAR performance, with SAR compliance now at 66% within the statutory timeline. Steps have been taken to address this with the relevant service areas. IG Awareness training has reduced to 84% with the decline attributable to one directorate's fall in training compliance – this was raised at the directorate's SMT/Governance meeting for action by senior managers. [02/06/2025 09:35:02 Sarah Davidson] The Information Commissioner is reviewing all five Trusts' Subject Access Request compliance with data protection legislation, by way of a NHS-wide/HSCNI pilot. [16/05/2025 14:44:16 Sarah Davidson] New Release of Information Module implemented in May and adopted by IG Department and key staff across the Trust. New Scanning Bureaus established in Medical Records within Altnagelvin, Omagh and SWAH to quality assure template and	Band 3 0.5 post inceased to full time Recruitment of Band 4 Information Governance Development of information leaflet for Support Services Staff to increase awareness of information governance Review of regional e-learning IG training Establishment of Regional Records Man Group Development of IG action plan to be finalised through IGSG Recruitment of band 5 IG post to support DPA Development of IG information leaflet for support staff Review of Primary (acute) records storage in AAH Restructure of IAO process Review of Secondary storage in Maple Villa Production of Records Storage guidance for home working staff working from home New secondary storage facility in the southern sector Reporting on the ICO pilot tabled at the IGSG Recruitment of IG Team leader post Review of improvement plan (up to April 2025) Introduction of Infreemation for IG requests	31/03/2019 31/03/2019 31/03/2019 31/12/2020 30/09/2020 30/09/2020 31/12/2020 30/09/2020 30/09/2025 31/03/2025 30/09/2025 31/12/2021 31/03/2025 30/09/2025 01/06/2022 30/09/2025 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 03/03/2025 09/09/2021 03/03/2025 01/06/2022 08/03/2023
947	30/06/16	16	High (Amber)	20	Extreme (Red)	12	Medium (Yellow)	OBrien, Ms Karen	(Historical Deleted User)	Directorate-wide (Risk Register Use only)	Financial Management & Performance., Governance., Partnerships., Public Confidence., Safe & Effective Services.	Lack of Senior Medical staff in the AMHD Directorate	Due to the lack of Senior Medical staff in the AMHD Directorate there is insufficient capacity to deliver safe and effective care across all services. This may result in poorer than expected outcomes for patients, longer waiting list, longer waiting times for treatment and risk of harm to self and others. There are significant vacancies throughout the Directorate due to unfilled vacancies and sick leave. We have had a number of rounds of unsuccessful recruitment in an effort to fill these posts. In the interim, we have filled as many gaps as possible with locum staff. The filling of these gaps with locum staff contributes further to the risk. While posts remain vacant, there are challenges in completing the medical workload within teams. This can result in cancellation of outpatient appointments, clinical support to the MDTs, service accessibility and supervision of junior staff. This includes significant delays to discharge letters from acute mental health services. There is also additional pressure on existing staff to maintain the on-call rota, fulfil MHO requirements, supervise trainees and lead on service development.	Ongoing recruitment drives, including international recruitment Use of locums - where availbalbe and competent Contributing to regional workforce review Actively seeking alternatives to support existing staff including pharmacy, ANPs, Physician Assistants Job plans and appraisals with existing staff to ensure collaborative working Monitoring of Datix and learning from SAIs A review of workforce and Allied Professionals to support the medical capacity Service review and improvement Medical oncall rota Best practice guidance Links with Regional Fora Recruitment and Retention Premium applied for specific posts	Lack of local medical school in Northern Ireland. Research would suggest Doctors live and work within a 30 mile approx. radius of their training school. Inadequate work force planning Regionally has resulted in a lack of suitable candidates. The National Terms and Conditions are not suitably attractive to successful recruit overseas' candidates. CEAs not currently availble in NI, but are throughout the rest of the UK ROI uplift in terms and conditions significantly more attractive Staff numbers have NOT been expanded in recent years in line with increased demand and complexity; particualry compared to other trusts and specialities. This makes advertised posts less attractive on the whole. Poor/Nil response to recent recruitment activity, both substantive and locum Lack of investment in support disciplines; pharmacy, Advance Nurse practitioners limit the availbility of these control measures	Ability to meet access targets for services Monitoring of complaints and compliments Monitoring of relevent datix incidents NIMDTA placement reviews Directorate Governance systems Appraisals and job plans Policies and Protocols Close working with relevant HR	Need to prioritize urgent and emergency care activities including MHO functions Full implementation of relevant policies and protocols Challenges in maintianing urgent, non-clinical activities including SARs Risk of burnout and stress relatedconditions in existing workforce, further diminishing capacity See also risk IDs 1443, 1456, 414, 828 and 1470	[08/08/2025 02:58:38 Colleen Harkin] AMHD Directorate Medical Workforce workstream established, meeting held on 30/07/25. Weekly AMHD Directorate recruitment meetings are held with Medical HR with action plan in place. [08/08/2025 02:53:19 Colleen Harkin] Physical Disability - successfully recruit to vacant Consultant post which had been covered by a Locum. AMH/ LD - there have been no further applicants for the substantive Consultant posts. Posts with the exception of Eating Disorders Consultant post are covered by Locums at present however no Part 2 Drs in Inpatients Omagh which is having a significant impact. Locum cover for Eating Disorders continues to be sought and urgent cover is required. Regional Psychiatry workforce meeting held in July 2025 and further support from other Trusts sought. Risk presented at June 2025 Trust Board and approved as a Corporate Risk. EA 14-22, further EA update submitted to DoH 03/07/25 (attached). Actions taken to support risk mitigation: - AMH Pharmacy support: 1 wte Band 7 Community Pharmacist post funded permanently - post was vacant from September 2024 and was advertised permanently once the post became	Analyse the medical time in relation to .5 addictions post DSD and AD to review current medical structure in southern sector of the Trust Review of AMH Services and Structures DoH and NIMDTA workstreams on Medical Staffing Medical Workforce group established with HR input agreed Part II consultants sought form region for supprt to on call rota Support sought from regional directors for secondment of staff 3 months/trust Recruitment stand booked for RCPsych Congress 2025 Write to local RCPsych Chair and faculty leads highlighting challenges, risks and seeking support Identify and progress recruitment Opportunities - ongoing Complete outstanding Consultant Job Plans Ongoing Monitoring Discharge letter risk positon, whilst exploring solutions and news ways of working	01/09/2017 01/09/2017 31/12/2024 01/09/2025 30/07/2025 11/08/2025 28/07/2025 31/07/2025 31/05/2025 31/12/2025 30/06/2022 31/12/2024	01/08/2019 16/09/2021 24/12/2024 30/07/2025 11/08/2025 28/07/2025 31/07/2025 31/05/2025 31/12/2022 31/12/2024
1183	27/11/19	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 December 2020. By the 2nd December 2019, the Trust is required to have sufficient numbers of staff	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 Assurance that there are timely completion of MCA processes following use of Emergency Provisions community teams staffing issues resulting in anallocated caseloads Timing of progression to the introduction of the second phase of MCA legislation is yet to be confirmed. Review of requirement for DoIS in Special Schools Structures to be developed to ensure relevant identification and completion of STDA processes within Acute settings Review of administration systems and Processes re interaction with NIRT Encompass reporting functionality not developed for MCA resulting in the need to maintain dual Excel system to support regional reporting and escalation processes	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 Updates to Trust Board Corporate Risk Internal Audit Third Line of Assurance MCA Legislation / Code of Practivce Mental Health Order Role of General Attorneys Office Role of Northern Ireland Review Tribunal SPPG Regional monthly activity reporting Role of RQIA MCA Regional Leads Group MCA Miltiagency Group (NIRT, AG, RQIA, DLS, SPPG, MCA Leads MCA Project Board	Systems, Processes & Reporting to be strengthened & formalised - Encompass is the Regional Direction, Western Trust go live is April 25 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 Encompass not in use with key stakeholders - Northern Ireland Review Tribunal and General Attorneys Office, necessitating maintenance of dual Excel system	[04/08/2025 14:20:11 Sean Moynihan] Controls, Assurances and Actions reviewed. Risk updated to reflect requirement to maintain dual systems, following move to Encompass, to support regional reporting, escalation and liaison with NIRT and GA [10/04/2025 15:31:21 Sean Moynihan] Actions updates - timeframe to complete scoping to DoLS in special schools extended to Mar26; recruitment plan for 25/26 updated. 2PA funding provided to support MCA Medic Leads. Action added re plan to support Encompass go Live. [11/12/2024 10:18:09 Sean Moynihan] Risk reviewed. Gap in control - Assurance required that all staff completing MCA forms are suitable qualified to do so - has been closed as process in place to check and take relevant action. [22/10/2024 12:33:11 Sean Moynihan] Updates made against open actions. [27/09/2024 10:43:48 Sean Moynihan] Actions reviewed and updated. 1 action closed. Risk rating remains unchanged. [29/08/2024 13:36:15 Sean Moynihan] Risk reviewed. Progress noted against Actions, however none closed. Risk rating remains unchanged. [28/06/2024 16:22:39 Oonagh ODoherty] Update from Surgery,Paed and Women's Health Gov	Engage with programme board and team Scope potential Mental Capacity/DoLs assessments A Programme Implementation Officer to continue engaging on leading implementation. Trust Lead Directors and Responsible leads in each Sub-Directorate to be identified Quantification of Costs and completion of the IPT bid to ensure fully funded MCA arrangements and minimise financial risk HR & remunerations for staff identified to undertake duties on panels Seek Interest from relevant staff to sit on panels. Ensure sufficient staff attend training to allow them to undertake statutory functions commencing 2nd December 2019 Seek Interest from Nurses at Band 7 and above to sit on panels. Rotas for panel activity and short-term authorisation to be developed. Ongoing communication with the Unions. Communication Plan to be developed - draft to be presentes at Mar21 Project Board Resource appointed from within directorate to support identification, completion of forms and processing of all required Safeguards.nance. Currently engaged with Acute and W&C. Update STDA Escalation Process Develop STDA escalation policy	31/12/2020 31/03/2020 31/03/2020 31/03/2020 31/03/2020 29/10/2021 31/03/2020 31/03/2020 31/03/2020 31/03/2021 30/07/2021 28/06/2024 30/06/2023 31/03/2023 08/05/2025 28/03/2025 30/04/2024 30/11/2022 30/11/2022 31/03/2024 31/03/2026 30/06/2024 30/06/2024 31/12/2025 30/09/2025 30/11/2022	31/08/2019 02/12/2019 31/08/2019 01/11/2019 01/12/2019 25/10/2021 31/03/2020 31/03/2020 02/12/2019 31/01/2020 21/04/2021 21/07/2021 20/06/2024 30/06/2023 26/04/2023 17/06/2025 27/09/2024 16/04/2024 07/12/2022 07/12/2022 28/03/2024 11/06/2024 11/06/2024 07/12/2022

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1216	15/04/20	15	Extreme (Red)	15	Extreme (Red)	6	Medium (Yellow)	McKay, Ms Geraldine	Hamilton, Mrs Colleen	Acute - Emergency Care & Medicine	Public Confidence., Safe & Effective Services.	Risk of patient harm in Trust EDs due to capacity, staffing and patient flow issues	If Emergency Department (ED) Physical capacity and staffing levels are not sufficient to meet the demands of patient numbers and acuity, there will be increased likelihood of significant patient harm, risk to staff wellbeing and damage to Trust reputation as a direct result.	Business case approved dedicated HALO (Hospital Ambulance Liaison Officer NIAS crews waiting to offload in our hospital early warning score Ongoing Trust recruitment focus on Critical posts IE Medical and Nursing Use of Medical locums/ Bank and agency Nurses. Social Media Campaign Escalation protocol within full capacity protocol Nursing KPI and audit (ALAMAC) Ongoing in house Quality improvement work (implementation of SAFER principles) Daily regional huddle meeting with escalation as required IT systems - Symphony Flow board On call managers/medics rota Ongoing MDT patient flow huddles in department/wards Medical team ED reviews Hub flow meetings with lead nurse attendance. 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	[21/07/2025 15:55:17 Oonagh ODoherty] SWAH ED attendances continue to increase. On Monday 30/6/25 the site was fully escalated with weekend activity. A peak of attendances by stroke patients had put the site under pressure and beds required for elective capacity were not available on Monday morning. With DTAs at 25 with very little movement throughout the day – any movement was required to create capacity for Ward 9. Elective and any further stroke capacity. Additional staffing is being sought daily though bank, agency and EPS to manage the high level of DTAs remaining in the Department for long periods of time. Securing this level of cover is not always successful. There is currently high levels of sickness in the Emergency Department and covering the basic rota requirements remains difficult. The Department are working with Nursing Directorate to progress a review of Nurse Staffing to ensure safe staffing levels for the future. Altnagelvin Update Altnagelvin 16/7/25: A new risk has been submitted to for Directorate Governance [21/07/2025 14:29:58 Oonagh ODoherty] Ed risk has been reviewed and proposal to update and	PACE implementation to commence March 2020. Improvement QI work commencing with aim to address communication within department. Full capacity protocol	31/03/2022 30/06/2025 28/02/2022	06/05/2022 15/03/2022
1236	21/08/20	16	High (Amber)	16	High (Amber)	6	Medium (Yellow)	McCauley, Ms Eimear	Nolan, Shauna	Finance	• Ensuring efficient use of resources • Maintaining financial sustainability • Reform and rebuild of services • Workforce stabilisation • Addressing medical workforce challenges	Stabilisation of Trust Financial position	In 2024/25 the Trust has opened with a forecast deficit of £59m as a consequence of a poor budget settlement for HSC in 2024/25, unfunded demographic growth in 2023/24 and 2024/25 and a recurrent reduction to Trust baseline budget in 2023/24 of £24.1m without effective time to enable planning and implementation of recovery actions. The Trust has complied with its obligations to provide a Financial Plan and Contingency Savings Plan for 2024/25. The Trust has effectively communicated it's ambition to deliver £23.1m of low and medium impact savings in 2024/25 which results in a deficit of £35m. SPPG have provided £31.5m of deficit funding to the Trust leaving a deficit of £3.5m. The Trust conducted a review of the financial plan in September and a further review in November. The outcome of the reviews is that we are in a strong position to deliver breakeven in 2024/25.	Chief Executive Assurance meetings to review performance Annual Financial Plan to review risks to financial position and opportunities for savings Trust Board (and Finance & Performance Committee), DVMB and CMT oversight of the financial position monthly Monthly budget reports for all levels in the organisation, with follow-up on movements in variances Monthly Finance focus meetings between Finance and Directors / Senior Directorate Officers Control Totals issued to all Directors		Internal Audit. Assurance obtained by the Chief Executive from his assurance meetings with Directors and regular updates External Audit (NIAO) . DHSSPS/HSCB monthly financial monitoring. Monthly financial performance reporting to CMT and Trust Board Assurances from Director of Finance and ADF to CMT & Trust Board.	Gaps in assurance that budget holders are applying effective budgetary control in the management of their service Gaps in assurance that budget holders are trained to manage their budgets accordingly Gaps in assurance that managers are reviewing their staff in post reports	[21/07/2025 14:31:46 Oonagh ODoherty] The Trust has complied with its obligations to provide a Financial Plan and Contingency Savings Plan for 2025/26. The Trust has effectively communicated it's ambition to deliver £31.5m of low and medium impact savings and has identified further opportunities of £9m which includes targeted arrangements relating to the management of growth in year. SPPG has provided £15.3m of deficit funding to the Trust leaving a deficit of £16.3m. The DoH Regional Financial Plan has targeted a further £100m of savings from Trust baselines from the work undertaken by the System Financial Management Group programme. The Trust share of this target is £16.3m. The Trust assessment of this target is high risk in the 2025/26 financial year, however if achieved this would allow the Trust to report a breakeven position in year. Give the HSC projected deficit position in 2025/26 of £600m and the limited funding available at the Department of Finance (DoF), DoH do not anticipate the potential for additional funding to support Trust deficits. In relation to recurrent recovery, the Trust has limited capacity to deliver the scale of additional low/ medium impact savings to the scale required	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	30/09/2025 30/09/2025 31/12/2024 31/12/2024 30/09/2025	 30/09/2024 29/03/2024
1254	18/01/21	16	High (Amber)	16	High (Amber)	6	Medium (Yellow)	Hargan, Ms Karen	McAleer, Ms Geraldine	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. Single Employer Project Group Review of existing Locum Framework	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) Process improvement required for consultant recruitment in order to ensure process works	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 recommendations provided at least twice per year to internal audit. Professional Guidance - Telford, Royal Colleges, NI Delivering Care (N&M)	BSO Shared Service not meeting statutory or procedural deadlines resulting in, for example, delays in recruitment Inability of NIMTDA to fill all posts. Insufficient number of social work student applications to the University Degree Course in rural areas. (Risk 1109) Insufficient training places being procured by Department of Health to meet the demands of medical and nursing workforce. HMRC Regulations and impact for staff HSC Pension particularly high earners. Impact of McCloud and Sergeant Employment Law cases. Safe staffing model for social work. Lack of regional cap on medical agency rates 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 joined up action plan.	[29/05/2025 13:48:18 Olivia Nicholl] Medical recruitment activity continues with a range of challenging difficult to fill specialities. Alternative solutions to agency staffing are being addressed including Clinical Fellows and an increase in IMTs to address gaps at resident doctor level. Medical and Dental recruitment continues to be hosted largely on Healthdaq with the extended reach for advertising and the applicant tracking facility both supporting extending applicant pools. Proposals to target job fairs and speciality conferences for hard to fill medical specialities are being progressed. Attendance at Royal College of Psychiatry National Congress with Clinicians from Psychiatry confirmed. Application being made to increase RRP for Psychiatry. The International Recruitment Bespoke Recruitment Campaign to Mumbai in September 2024 focused on "hard to fill" consultants and SAS doctors. 33 posts have been accepted (14 Consultant, 18 SAS and 1 Clinical Fellow). To date 28 doctors have commenced employment. ERST continue to develop bespoke recruitment exercises for hard to fill posts. Resources are currently focused on nurse stabilisation. ERST and a number of services, supported by Healthdaq have now established weekly recorded interviews and a 12 month panel member rota agreed to score the	Looking After our People Growing for the Future Belonging to the HSC New Ways of Working	30/09/2025 30/09/2025 30/09/2025 30/09/2025	

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1288	08/04/21	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 reprioritised to address the new critical issue Estates Strategy 2015/16-2020/21 Annual review of building condition (3i) and creation of prioritised BLM list. 2022/23 Backlog maintenance programme developed and implemented Continual bidding for funding to address backlog maintenance Targeting of priority areas as funding becomes available. Monthly review of Backlog Maintenance capital investment plan Priority Backlog Maintenance capital investment plan 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 Oakleaf - 6 facet independent survey	Lack of Funding for backlog maintenance.	[04/08/2025 09:40:56 Gemma Peyton] £2.5 million of BLM schemes are currently in project planning or on site. RLB surveys for 26/27 have commenced in order to inform PAMP return. [03/07/2025 10:09:35 Gemma Peyton] Capital Plan and BLM plan has been approved by CMT. Work has commenced to develop Business Cases to take forward in year. [04/06/2025 09:51:47 Gemma Peyton] Estates have received capital allocation of £5.8m to target high risk Backlog Maintenance. Plan has been prepared with work underway to target funding. [01/05/2025 11:26:37 Gemma Peyton] Work has commenced with an independent specialist to undertake a condition survey of 20% of the Trusts Estate. Results will be used to measure the backlog maintenance liability. [04/04/2025 13:25:59 Gemma Peyton] Delivery of BLM schemes now completed for 24/25. A number of scoping exercises are being undertaken to develop the 25/26 BLM plan. [03/03/2025 10:02:13 Gemma Peyton] Ward 50 Ventilation Improvements approved at CMT, a Design Team has been appointed to scope the project. Risk Assessment - DESU Theatre Plant serving Theatre 17 to be reviewed in light of a failure with a similar aged plant. This plant is approaching 60	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 Develop BLM Plan 25/26 BLM and Capital Plan Project Delivery for 21/22 BLM and Capital Plan Delivery 24/25 Deliver 25/26 BLM Plan Develop BLM bid 22/23 DoH approval of BLM 2022/23. Develop BLM plan for 24/25 Review and Update Condition Surveys of WHSCT Estates Portfolio Review and Prioritise Ventilation Safety Works in conjunction with clinical directorates Paper to be developed and submitted to Governance Committee on the current risk associated with BLM, including current controls measures which have been implemented to mitigate against this risk.	30/06/2022 30/09/2021 30/04/2021 30/04/2021 30/09/2021 30/09/2021 31/03/2022 31/08/2021 30/09/2025 31/03/2022 30/05/2025 31/03/2026 30/06/2022 30/09/2022 30/06/2024 31/10/2024 30/09/2025 30/04/2024	06/06/2022 07/09/2021 03/08/2021 03/08/2021 07/09/2021 07/09/2021 12/04/2022 31/08/2021 04/08/2025 12/04/2022 31/03/2025 06/06/2022 30/09/2022 31/05/2024 07/10/2024 09/04/2024
1307	16/06/21	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 There is on-site training / role play within SWAH ED and paediatrics regularly. This is also replicated in AAH but not as frequently. NISTAR will make ambulance and driver available if local team can do transfer AAH Neo Natal have a contingency means of transport in theatre (i.e. trolley with pod etc.) Consultants if called to backfill when a transfer takes place out of hours are remunerated appropriately.	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. Not always someone available in SWAH for a 2nd On-call Rota due to the small number of Trust Drs living in this area. The equipment for transport needs replaced in both units and is not of an optimal quality. Business case being taken forward to replace same.	NISTAR are implementing call recording so that all requests for transfer will be available if required for evidence	No gaps in assurance identified	[15/07/2025 12:52:18 Jacqui Meenan] Transport trollies (incubator etc.) for both Neo Natal Units are required to be totally replaced with the exception of the Ventilators. A business case in progress to highlight the urgent priority of this risk. In the interim AAH have a trolley with a pod on standby in the theatre setting until such times a transport trolley is available. NISTAR have plans to extend their working day by an extra 3 hours per day for Neo Natal. [03/04/2025 10:09:09 Jacqui Meenan] Whilst the NISTAR rota still has vacancies it has improved from the December/January rota, with most improvements noted in the Neo Natal tier. A second consultant has been called in to cover, while NISTAR were unavailable. We had challenges in getting the transport ventilator attached to the transport incubator in the SWAH. This will be resolved when the works are completed in April. [20/01/2025 13:24:32 Jacqui Meenan] There was a retrospective review of neonatal transfers undertaken to inform the commissioners of the service. Whilst there is no recurrent funding, there is a commitment to support this service so that they can recruit permanently into posts, and an intention to extend this service from 5pm to	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 the fragility of medical staff within Paediatrics,Trust Wide Review of staff training needs in line with possible training opportunities within the region	30/06/2022 31/03/2022 31/03/2022 30/09/2025 30/09/2025	03/02/2022 03/02/2022 03/02/2022
1334	26/10/21	20	Extreme (Red)	15	High (Amber)	6	Medium (Yellow)	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 Mi	Inability to recruit and retain permanent general surgical staff particularly at Consultant and middle tier level in South West Acute. This is threatening the ability to deliver 24/7 emergency service and the range of commissioned elective activity. There has been a high turn-over of locum consultant surgeons who have been appointed to cover gaps, leading to gaps and concerns about continuity of care. It has been highlighted that emergency surgical services are at risk within the next 4 months due to inability to sustain a Surgeon of the Week and On-call emergency rota at consultant level	Trust have authorised a Sustainable Surgical Services project to examine surgical services pan-Trust wef 18/10/21 Recruitment campaign is continuous at Speciality Dr and trainee level. Funded establishment should be 6.5 wte consultant Surgeons - current baseline is 3.0 wte with 3.5 wte gap Specialty Drs funded for 8.0 wte; 5.0 in place 2 of whom are locums and one acting up. Ongoing use of locums from within the Trust to sustain the rota at South West Acute. Newly appointed Consultant taking up post 25/10/21 Ongoing efforts to recruit - Interviews planned for 2.0 wte Consultants late October 2021 (now currently deferred pending Royal College approval)	Reluctance from other surgeons across NI to participate in providing locum cover due to the generality of surgical cover required. Difficulties recruiting and retaining at locum and permanent level as above. Difficulty securing Royal College approval for general surgical posts.	Continuing support from Altnagelvin Surgical body to provide locum cover for rota gaps. Programme Board will have fortnightly oversight of all of the actions within the Review Programme. Senior clinical support to project identified and in place. Project lead has been seconded full time to Project team. Project Lead currently briefs CMT twice weekly This will be taken over by Programme Board with fortnightly oversight from 01/11/2021 CMT will continue to support service and project	No gaps in assurances identified	[19/08/2025 08:47:30 Charlene Grimes] Specialty Doctor – HR had requested amendment to the recruitment request which has been completed and this will be advertised in the coming week. It is anticipated that New Consultant will take up post in the coming weeks and we will review the Outpatient Clinics across SS. We have also had a consultant resignation which has impacted on the 11.25 but we continue to work towards 13. We still remain committed that there will be a consultant on site in SWAH on a Daily Basis [10/06/2025 15:18:28 Charlene Grimes] Recruitment is progressing in relation to Speciality Doctors for SWAH with an envisaged interview date early July 2025. Outpatients are being scheduled to return to 13 clinics across Omagh and SWAH this should be implemented early July 2025. [14/05/2025 14:46:37 Charlene Grimes] The position remains unchanged, the Recruitment at Consultant and Middle grade has now paused at this time as the service is fully resourced at these grades. Job planning is approaching completion	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 30/09/2025 30/09/2025 30/09/2025	13/06/2023

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1409	01/07/22	25	Extreme (Red)	16	High (Amber)	9	Medium (Yellow)	McKay, Ms Geraldine	Hamilton, Mrs Colleen	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's – Psych Consultants will be available for advice if needed -Additional staffing support when available from Mental Health Grangewood to ED when a threshold of three or more has been reached. -Weekly meetings planned for ED and Mental Health to work collaboratively to improve the safety and experience for patients (commenced 16th June 2022). -Continue to report and review all associated incidents via datix to further understand risk and mitigations -MAPA training	-Timely access to Mental Health beds continue -Overall congestion and capacity issues within ED compounds the challenge in managing this group of patients	Daily engagement with MH and ED to manage risk Newly established weekly meetings between ED and mental health teams	No gaps in assurances identified	[21/07/2025 15:57:19 Oonagh ODoherty] SWAH Current mitigations are in place for use of Rathview and are working well. Mental Health staff attended to these patients in ED. Altnagelvin 20/05/2025 - No change to current risk and action plan, Current mitigations are in place and effective however due to capacity in the ED still /remains a high risk. [20/05/2025 15:32:25 Colleen Hamilton] 20/05/2025 - no change to current risk and action plan, Current mitigations are in place and effective however due to capacity in the ED still remains a high risk. [20/05/2025 09:12:16 Deborah Donnelly] SWAH - The risk was reviewed for SWAH and comments from previous updates remain valid. Mental Health services provide cover in the Emergency Department if there are 3 or more mental health patients requiring admission. If they cannot provide cover they have agreed to pay for additional staff in ED to provide that cover. [10/04/2025 09:33:02 Deborah Donnelly] 07/04/2025 - commencement of the side by side project in ED SWAH from 28/05/2024 and ED ALT from March 2025- additional beds in Rathview	Meetings Workforce Improvement Meetings Consider for de-escalation	03/07/2023 31/12/2024 31/12/2024 31/10/2025	18/09/2023 05/12/2024 05/12/2024
1423	17/08/22	12	Medium (Yellow)	12	Medium (Yellow)	1	Low (Green)	Cassidy, Mr Tom	Campbell, Ms Hilary	Childrens Health & Disability	Ensuring Stability of Our Services, Improving the Quality and Experience of Care	Human Milk Bank - Does not meet Governance and Information requirements	A review was undertaken of the current contracts between the WHSCT and the HSE and between WHSCT and Cu Chulainn Blood Bike Group due to a change in the delivery and collection of DEBM. During the review, a number of contractual issues were identified by DLS (see-attached report) which questions the Trusts statutory powers and functions and current corporate governance arrangements regarding provision of service to RoI.	DLS assisting with adjustments to current WHSCT contract with HSE and SLA with Cu Chulainn.	Need for further negotiations and buy in from HSE. Currently no Departmental oversight. There is no express departmental direction nor policy, nor any cross border governmental agreement, which would provide policy and governance cover for the Trusts provision of this all Ireland service.	Recent audit completed of all returned track back labels for quality •DLS have provided a Draft Transport Agreement •Engagement with BSO PaLS. •Engagement with Logistics UK 'Member Advice Centre - MAC'. •DLS support and advice re appropriate adjustments required for the contract. •There has been no SAI's regarding the delivery of DEBM •No reported incidents regarding service delivery in the last 5 years. •DLS have not identified any clinical governance risks in relation to the operational delivery of the service. •WHSCT Milk Bank works under the Northern Ireland Clinical Excellence (NICE) Guidelines that recommend the use of the Hazard Analysis Critical Control Point principles. •Regular meeting with Blood Bike Groups (RoI). •Yearly audits by Environmental Health, Omagh & Fermanagh Council.	•HSE agreement to the amended contract •There is no express departmental direction nor policy, nor any cross border governmental agreement, which would provide policy and governance cover for the Trusts provision of this all Ireland service.	[12/08/2025 10:37:21 Clare Clarke] The Chief Executive has written to the North/South Ministerial Council requesting that this issue is tabled at the next meeting of the North/South Council. We await the outcome. [16/06/2025 11:03:34 Oonagh ODoherty] Ongoing meeting with BSO, customs and logistics. DLS, 3rd May next meeting, to review the transport agreement. 24th April meeting with Sothern Ireland blood bikes. In relation to contract, responsibility remains with WT, awaiting transport agreement conclusion, for consideration and progression with DLS. Third line assurance - overall amber risk rating - work will continue to progress relating to policy, contracts etc. [18/04/2025 12:23:45 Oonagh ODoherty] Ongoing meeting with BSO, customs and logistics. DLS, 3rd May next meeting, to review the transport agreement. 24th April meeting with Sothern Ireland blood bikes. In relation to contract, responsibility remains with WT, awaiting transport agreement conclusion, for consideration and progression with DLS. However, DLS remain consistent in advice regarding Ultravires - Trust requires legal authority for this service, but it is currently without it.	Develop Business Case Secure Funding ROI Units Training of staff progress transport agreement Progress work required in relation to contract	31/12/2022 30/06/2023 31/12/2022 30/06/2023 01/09/2025 01/09/2025	
1469	06/01/23	12	High (Amber)	16	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 increased social media challenges; and the absence of a Corporate legal remedy; have all contributed to an already high level of abuse, violence and aggression against Trust staff. The result is that staff are increasingly subjected to both sporadic and longer consistent patterns of patients/client/visitors displaying abusive, challenging, aggressive and violent behaviours in our facilities, communities and home environments leading to significant risk of emotional and physical harm.	Management of Violence and Aggression (MOVA) group in place. Zero Tolerance & Security policy Trust adherence to The Management of Health and Safety at Work Regulations NI (2000). Health and Safety at Work NI Order 1978 Lone Working Guidance Staff support through Occupational Health Safety Intervention training - available to relevant staff. V&A risk assessment. Usage of Trust General Risk Assessment form for document of specific risks. Incident reporting on DATIX – identification of trends. Risk Register process in place RIDDOR reporting of staff absence and further scrutiny Policy for the Use of Restrictive Interventions with Adult Service Users – May 2017 Trust Security Working Group Ad hoc Risk Strategy Meetings Trust Health and Safety Policy	MOVA Policy - Await implementation of regional guidance Limited Legal support available for staff from the Trust when seeking prosecutions/non-molestation orders against violent individuals. No Acute Liaison Psychiatry service in ED No programme of regular education regarding mental health presentations in ED and other acute settings of risk. CAMHS referral pathways not clarified for patients aged 0-18. CAMHS not co-located in hospital. No dedicated area for intoxicated or consistently violent patients to be treated in ED. Lack of resource to provide safety intervention training following CEC cessation of training provision. Paris alert system not utilised in all areas to warn staff regarding patients with a history of violence Non-completion of Annual H&S risk assessment/associated risk assessments Incorrect completion or lack of understanding of what is necessary to assess and how assessment should be completed.	Audit Trust controls assurance standards reporting Risk assessment compliance reporting on corporate risk register, directorate governance Incident reporting to MOVA Steering Group Audit Regional Benchmarking and DOH return on violence against staff Health and Safety Inspections	no gaps in assurances identified	[21/07/2025 16:20:40 Oonagh ODoherty] Next MOVA group meeting will be held in August 2025. Working group streams in relation to governance, training and communication have now been established, TOR in place and action plans being taken forward. [23/05/2025 08:07:15 Oonagh ODoherty] The most recent MOVA group met on 20.05.25, and an update from the work group streams relating to TOR and action plans were received. Updates were provided to the group in relation to the security proposal. [10/04/2025 11:09:36 Oonagh ODoherty] Risk rating has increased as agreed in March 2025, from Major (4) x Possible (3) = 12 to Major (4) x likely (4) = 16. This proposed increase is based on the level of incident reporting throughout the Trust, and current lack of security currently provided within our ED departments to help mitigate the risk. The risk rating has increased also due to incidents of homelessness on our site and antisocial behavior resulting in increased security risk. New actions have been added to the action section of this risk to help implement the current proposal approved by CMT on 4th March 2025. [19/03/2025 11:58:54 Oonagh ODoherty] The proposal for material change to this risk following	Adopt and imbed regional MOVA policy in Trust Policy and Procedures Draft business case to expand resources for Safety Intervention Training Increase security within ED Implement "Powers to remove from HSC premises"	30/11/2025 31/08/2025 31/10/2025 31/10/2025	

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1601	11/06/24	16	High (Amber)	16	High (Amber)	6	Medium (Yellow)	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	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 6th September 2023. This consultant managed both complex cancer and benign head & neck conditions, including thyroids. This Consultant returned following retirement for a short period (September to December) on a bank contract. Moving forward this surgeon is no longer available. The Trust has previously tried to recruit a 2nd Head and Neck cancer consultant 4 times nationally and 3 times internationally with no success since 2019. Currently 2 benign Head and Neck with interest in thyroid surgery consultant and general ENT consultant posts re advertised via IMR and global recruitment Closing date 30th April 24. 3 applicants awaiting shortlisting. There are immediate concerns about the sustainability of the ENT Head and Neck service. Cause Inability to recruit H&N consultants x 2 posts. Replacement will be challenging given the current position of service and recruitment	Recruitment for replacement head and neck consultant re-advertised, including IMR and global options explored. Validation process undertaken of retired consultant's lists with oversight by clinical Lead. Look back review for patients in the last 2 years that underwent thyroid surgery in Trust and via Independent Sector providers to include patients care and management. ENT locum consultant with experience in benign head and neck is managing a cohort of identified patients on theatre waiting list for begin disease until her contract ends on the 22/5/24. There will remain an active waiting list for benign head and neck surgery. The current ENT team does not have the skill set to operate on this cohort of patients. A red flag diagnostic service will continue to be delivered for investigation of patients presenting with new symptoms, and within the NICAN guidance, across the whole ENT clinical team as is current practice. Temporary informal arrangement in place for surgical pathway and discussion at regional head and neck MDM. Ongoing discussion with regional colleagues including Belfast Trust, Southern Trust and	Currently no ENT Head and Neck oncology trained consultant working in the Western Trust. At present there is no provision or pathway for patients following oncology treatment and surgical surveillance follow up. Those patient post 2 years are currently reviewed by speciality doctor. Those patients in first 2 years post treatment have been validated by Belfast Trust Head and Neck consultant and temporary clinics x 3 in place to review identified patients. Ongoing discussion via ENT regional meeting for this cohort of patients. Any retraction in funding will see the collapse of On Call rota. Current rota agreed at 1:7. Resulting in impact for wider hospital service to manage airway emergencies. Direct impact on training programme for registrars, as number of consultants reduced. We currently have 2 NIMDTA allocated registrars with job plans in line with national specialty training requirements which will not be met with only 3 permanent consultants. This will inevitably lead to the loss of a registrar and effect day time emergency cover for the WHSCT. Any mitigations outlined are short term solutions to deal with a number of patients	Networked approach with regional colleagues with agreed referral pathway for new Head and Neck cancer patients and regional weekly MDT. Weekly service meetings. All waiting lists have been subjected to validation by a Consultant peer. Plan to continue focus on the recruitment and retention of consultant's surgeons for service delivery and sustainability with the Western Trust to provide the commissioned levels (SBA) for ENT. Networked approach with regional colleagues to include regional waiting lists, reach in/out activity. Monthly consideration of Trust position at RPOG in relation to the Trust Performance meeting with the SPPG. Monthly Business Unit meeting with Clinical lead, Service Manager, Assistant Director of operations and Nursing, and the Director. Monthly Acute Governance. These issues are formally discussed at the Trust performance meeting with SPPG.	No gaps identified	[17/06/2025 16:41:12 Oonagh ODoherty] (16/06/2025) Interim arrangements for H&N service provision continue to remain in place locally. Waiting for the commencements of the new consultants to address these issue long term. [09/04/2025 19:22:58 Charlene Grimes] [07/04/2025] Following a recent recruitment campaign, one candidate has been shortlisted for interview on 11 April 2025 for a Consultant H&N Surgeon post. While this represents progress, there remains no substantive Consultant in post at present. The anticipated appointment of a Locum Consultant earlier this year has not materialised. Interim arrangements for H&N service provision continue to remain in place. The Trust is also progressing with recruitment of a substantive OMFS Consultant post; however this does not address the H&N workforce gap locally or at a regional level. [25/02/2025 10:28:27 Charlene Grimes] The anticipated appointment of a Locum Consultant was not realised and therefore there remains a gap at Consultant level. H&N interim arrangements remain in place. The WHSCT are currently moving to substantive recruitment of a OMFS consultant however this will not address the H&N position locally or on a regional basis. [14/01/2025 12:25:06 Charlene Grimes] No	Recruitment of head and neck consultant x 2 Potential Service delivery redesigns Formal Pathway to be agreed with Belfast Trust and Western trust regarding transfer of patients Formal lookback to be undertaken in relation to patients underwent thyroid surgery in trust and via IS provider in relation to patient care and management for the last 2 years	30/06/2025 30/06/2025 30/06/2025 30/06/2025	
1629	19/09/24	9	Medium (Yellow)	9	Medium (Yellow)	6	Medium (Yellow)	OBrien, Ms Karen	Harkin, Mrs Colleen	AMHDS - Adult Mental Health	Ensuring Stability of Our Services, Improving the Health of Our People, Improving the Quality and Experience of Care, Supporting and Empowering Staff	Alcohol Related Brain Disease: Non Commissioned service within WHSCT	The Western Trust do not have the workforce resource to manage this service user group. Typically this service user group require a multi-professional approach, i.e. GP, Psychiatry, psychology, addiction support, nursing, OT, social work, to achieve good outcomes. This service is not commissioned within the WHSCT resulting in early intervention not being achieved and crisis intervention sometimes being required, with on-going delayed discharges within hospital as a result of difficulties in placing service user. . Overall cost to services to support individuals with a formal or suspected diagnosis of ARBD and individuals whose addiction is the significant presenting problem= Total cost pressure is approx. £5.3 million YTD as at 01.07.24. Other patients may be negatively impacted due to staff not having the time to care manage these individuals as per standards due to the additional work created by this service user group.	•Task and Finish and oversight group set up to scope current pressures and map potential solutions. •Business case as a result of work above to be submitted to commissioners •Review of delayed discharges •On-going review if incidents/SEAs/ SAIs •MDT discussion in regards to individual cases with escalation if case remains unallocated to Head of Service, Assistant Director and Director	•Commissioned Pathway for this Service User group	Review of Incidents Oversight of Delayed Discharges Case Conferencing Review of Complaints	•Commissioned pathway for this client goup	[08/08/2025 07:29:49 Colleen Harkin] Work is ongoing to finalise the business case by 29/08/25 for finance to cost. [29/07/2025 20:10:29 Jamie Wallace] current in year scoping completed. estates engaged with re costs of potential option. business case currently with business colleagues for completion of finance piece [10/06/2025 18:21:53 Jamie Wallace] Services re-scoping ARBD patients/service users within core services to complete business case narrative, and to further understand demand/capacity. This will further inform financial element. Deadline for same Friday 13th June. [09/05/2025 18:22:29 Jamie Wallace] ARBD demand/capacity exercise out for consultation- due to encompass colleagues have requested extension to this. Deadline for response= Wednesday 14th May 2025. Business case currently with Aine Meehan, Estates and Finance for final amendment- this will then be shared with colleagues for consultation before going to CMT for final sign off [03/04/2025 20:45:29 Jamie Wallace] Mairead Quinn and Jamie Wallace presented to CMT on 25.3.25 (please see documents for presentation outline). Within same, challenges and risks with current pathways outlined. Follow up with CMT	SCOPING EXERCISE TO BE COMPLETED COMPLETE ARBD RESEARCH CREATE REFERRAL CRITERIA REGIONAL WORK- LEAD TASK AND FINISH/OVERSIGHT GROUP BUSINESS CASE	29/08/2024 31/12/2024 23/10/2024 30/09/2025 30/09/2025 30/09/2025	01/08/2024 22/10/2024 27/09/2024
1647	21/11/24	20	Extreme (Red)	20	Extreme (Red)	6	Medium (Yellow)	ONeill, Ms Maura	McCafferty, Ms Bernie	COP - Intermediate Care & Rehabilitation	Ensuring Stability of Our Services, Improving the Quality and Experience of Care	Risk of disruption to the Trust's contracted out domiciliary care services as result of new procurement exercise	The Western Trust has advertised its tender for the provision of contracted out domiciliary care services. It is intended that this new tender will be awarded during early 2025 and when the outcomes are known this could potentially lead to a level of disruption and change for both the service providers and service users Should a current provider not win in the new tender; TUPE will apply and their workforce and clients will transfer to one of the successful providers. Whilst TUPE will help mitigate the change there will still be a level of associated disruption during the transition. Current clients will experience a change in provider should their current provider not be successful in this new tender exercise. The new contract arrangements will not be in place prior to the current contract extension expiring on 30 November 24. The requirement for a further interim extension to allow for the transition to the new contract will also present additional risks to service continuity particularly as the tender outcome will be known and may deter an unsuccessful provider from cooperating with transition arrangements.	Project Management & Implementation Plan DLS & BSO PaLS support Contract monitoring & management Meetings with providers Close links with social work staff who are the key workers for our clients	No gaps identified.	Regulated service with RQIA and subject to regular inspection. Internal audit inspections. Contract management	No gaps identified.	[18/06/2025 15:44:20 Jacqueline Rouse] Still awaiting outcomes of CAG process. [29/04/2025 09:48:55 Lorna Stevenson] The tender has now closed. The Trust has received submissions from 11 bidders. The CAG has now commenced the assessment process. Outcomes will be known in June/July 2025 [estimated]. [19/03/2025 12:00:15 Oonagh ODoherty] The tender is set to close on Tuesday 25 March 2025. Once closed, the CAG will be given 6 - 8 weeks to undertake their individual and consensus scoring. Once outcomes are known [and we do not receive a legal challenge against our intention to award contracts from an aggrieved unsuccessful bidder] the Trust will establish a dedicated transition team to transfer business from losers to winners on a lot by lot basis. This team will provide regular updates on progress to the Domiciliary Care Oversight Group. The transition team will establish regular linkage with the community social work teams and put a communication plan in place. Martin & Bernie will ensure the establishment of the transition team. [15/01/2025 15:51:50 Lorna Stevenson] Actions re implementation plan and transition team updated from end of January 2025 to mid-February 2025 following extension of the tender	Implementation plan to be developed once tender outcomes are known Dedicated tender transition team to be identified	30/06/2025 30/06/2025	

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
1653	09/12/24	20	Extreme (Red)	20	Extreme (Red)	6	Medium (Yellow)	McKay, Ms Geraldine	Miller, Ms Trudy	Acute - Emergency Care & Medicine	Ensuring Stability of Our Services	NSTEMI IN ED	Demand on cardiology beds exceeds the capacity. Patients admitted with NSTEMI presentations should be monitored in a cardiology ward. In the past number of months it is a common occurrence to find on average 4 cardiology patients in ED with no identified bed in the cardiology ward.These patients are at greater risk of arrhythmia/ instability and are not receiving optimised care. Beds in ward 22 are not available due to site pressure demands. We have 10 beds which should be for Cardiology patients in ward 22 and on average we have only 2-3 patients there at any one time.	Patients are identified by the Cardiology Consultants each day who are suitable to outlay to our step down beds in ward 22. The Cardiology Consultants attend ED each morning to identify and prioritise patients who need to come to the ward.	Beds in ward 22 are not available due to site pressure demands. We have 10 beds which should be for Cardiology patients in ward 22 and on average we have only 2-3 patients there at any one time.	Patient flow aware of priority list for admission.	Cardiology patients admitted following the morning post take will not be reviewed by a Consultant Cardiologist until the next morning due to staffing pressures	[21/07/2025 15:58:25 Oonagh ODoherty] Update 9.7.25 The actions have now been updated on the risk register and the status of the risk is unchanged. [17/06/2025 16:12:01 Ann Gibson] No Change to the risk status, we continue to identify patients suitable to outlie and each patient in ED is triaged in priority order for moving to the wards. [12/05/2025 10:46:25 Deborah Donnelly] No change to risk status. We continue to liaise with ward 22 for access to the 8 funded cardiology beds. The consultants continue to complete morning pick up rounds in ED to triage the cardiology patients for admission and ensure the most unstable is transferred to the first available bed. [10/04/2025 09:34:10 Deborah Donnelly] 07/04/2025 - There are no new updates for NSTEMI ED We review the discharges daily from ward 22 with the aim of having 8 Cardiology patients in ward 22 to allow Cardiology flow from ED. Given site pressures and the considerable number of DTOC this is not always possible. [20/03/2025 21:22:00 Deborah Donnelly] The risk has been reviewed and remains, no change to	Action Required Action Required Action Plan Consider for de-escalation	01/01/2025 09/12/2025 30/04/2025 31/10/2025	04/07/2025 04/07/2025 10/04/2025
1656	12/12/24	9	Medium (Yellow)	9	Medium (Yellow)	6	Low (Green)	Keenan, Ms Donna	McGrath, Mr Brendan		Supporting and Empowering Staff	Risk of Roster - Pro System Failure	From 30 Sept 2023 the Roster-Pro system has no software support in place. In the event that the Roster-pro System fails the following risks impact. •Loss of electronic rostering function until system function restored if possible. •Loss of ability to use electronic shift data to inform payroll for a large number of staff •Loss of management data on workforce utilisation. •Additional workload for Roster Managers to revert to manual rostering processes as outlined in the contingency arrangements and to process payment for unsocial hours and enhanced rate shifts using ETM02. This may delay staff receiving payment for specialist duty payments. Note: System failed on 28 May 2024 due to expired Licence Code. System function re-established on 30 May 2024.	WHSCT has procured a replacement E-Roster System. Implementation commencing March 2024 expected to be completed by September 2025 (18months). The Digital Services Team process a system back-up on a bi-monthly basis. This would maintain the data integrity up to the last update. Section 11 of the WHSCT Nursing and Midwifery Rostering Policy outlines the contingency arrangements in the event of roster system failure. Contingency measures tested during the Roster-Pro system outage 28 – 30 May 2024. Updated to reflect learning and need for more process directed instruction to Roster Managers. Updated Contingency measure communicated to all Roster Managers June 2024.	•No software maintenance support available from 30 Sept 2023. •No alternative electronic option to manage processing data on special duties enhancements to payroll.	•Roster-pro system functionality tested daily be E-Roster Team. •System back-up processed by Digital Services Team. •Nurse Bank Office produce weekly report on shifts bookings as back-up •Roster preparation will revert to paper based option. •ETM02 available for staff to record special duty enhancements to inform payroll	•Additional workload for line managers to approve numerous ETM02 claims for special duty enhancements.	[20/08/2025 23:25:59 Oonagh ODoherty] The update for August 2025. Implementation to Cohort 5 was completed in July 2025 with a Go-live on the 1 August 2025. The equates to 72% of the nursing and midwifery workforce now having successfully transferred from Roster Pro to Allocate Health Roster Optima system. Planning for Cohorts 6 and 7 will commence in September 2025 and the plan for Go-live is early December 2025. This will conclude the transition of the nursing and midwifery teams to Allocate Health Roster Optima. January 2026. Planning will commence with Cohorts 8 and 9 which includes Residential Care Services and Support Services Staff. The Go-live proposal is between April and May 2026. [10/04/2025 13:02:37 Oonagh ODoherty] [23/01/2025 10:50:52 Oonagh ODoherty] 21/01/2025 - Allocate Health Roster Optima implemented with 2681 nursing and midwifery users (51%). Implementation to Cohort 4 users	Full Implementation of e-rooster software	31/10/2025	
1692	07/05/25	16	High (Amber)	16	High (Amber)	6	Low (Green)	Gillespie, Mr Mark	McKenna, Ms Mary	Women & Childrens - Health Division	Ensuring Stability of Our Services	Paediatric Consultant Workforce SWAH	Current vulnerabilities within this service; Cause We currently have gaps at consultant level with only 2 out of 6 substantive consultants working on the Out of Hours Rota (OOH rota). Events We have one consultant recently returned from long term sick but not working on the OOH rota. One consultant heavily weighted to community. Two consultants currently on long term sick. One requires DDRG involvement regarding continuation to work at Consultant level and one with no return to work date. Anticipation of one permanent consultant retiring within the next 12 months. Effect The impact financially to run this service with Locum agency staff.	•Swte locum Consultants in place covering current gaps. •Recruited 1wte Speciality Dr (IMR) to middle tier. Will review skill set in one years' time, query possibility CESR to progress to Consultant tier. •Swte temp 2 year fixed term contract advertised. •Job Description sent to Royal College for approval to recruit to a further permanent consultant. •Use of IMR	•Unable to offer Agency Drs sufficient hours between 9 – 5, Monday to Friday, due to the nature of the service, resulting in dissatisfaction with Agency Drs, impacting our ability to retain same. •Some IMR Drs require significant support and investment however are unable to practice independently on the OOH rota. •There continues to be a shortage of eligible candidates within the local area. Senior paediatric trainee Drs are not allocated to the SWAH, therefore there is less staff exposed to this unit, who may return for a consultant post.	•Ability to maintain a full rota. •Feedback from the Clinical Lead •Feedback from members (MDT) Nursing and Management within the Sub-Directorate.	No gaps identified	[19/06/2025 10:58:04 Jacqui Meenan] Gaps remain at consultant level. There continues to be a financial impact to run this service with Locum agency staff. [07/05/2025 10:59:25 Oonagh ODoherty] New Corporate Risk approved at Trust Board on 01.05.25	Escalate workforce challenges at the Child Health Partnership. Undertake a financial assessment to recruit a perm Consultant to reduce locum spend	30/09/2025 30/09/2025	

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
1694	07/05/25	12	High (Amber)	12	High (Amber)	6	Medium (Yellow)	Gillespie, Mr Mark	Doherty, Mr Paul	Surgical Services	Ensuring Stability of Our Services	ENT Consultant Workforce	Cause: Gaps in ENT consultant workforce due to resignations, sabbatical, and reliance on locums. Event: Insufficient consultant cover for service demand and On Call provision. Effect: Increased patient waiting times, reduced on call cover, and service instability.	1. Locum Consultant Cover – Temporary locum and agency consultants engaged to fill gaps. 2. International Medical Recruits – Recently recruited international candidates with interviews scheduled for April 2025. 3. Triage and Prioritization – Clinicians prioritizing urgent and cancer patients to manage demand. 4. Mutual Aid Support – Engaging with regional networks for cross-cover support. 5. Waiting List Validation – Ensuring capacity is used effectively by removing patients no longer requiring treatment. 6. Ongoing Recruitment Efforts – Active recruitment campaigns for substantive consultant posts. 7. Escalation – Highlighting risks to senior regional counterparts (i.e. SPPG, PHA) to explore strategic solutions.	1. Reliance on Locums – Temporary cover is costly, unsustainable, and does not provide long-term service stability. 2. Substantive Recruitment Challenges – Difficulty attracting permanent consultants due to workforce shortages and regional competition. 3. Limited Rota Resilience – A 1:7 rota with gaps increases pressure on existing Consultants, impacting service sustainability. 4. Future Workforce Planning – No immediate succession planning for Consultant retirements or departures. 5. Impact of Sabbatical and Resignation – Further reduces capacity, worsening waiting times and emergency cover risks. 6. Cross-Cover Limitations – Limited availability of regional support due to similar pressures across Trusts. 7. Impact on Airway Management – potential implications for Hospital Airway Management due to the lack of medical cover.	1. Weekly Service Meetings 2. Emphasis on recruitment and retention of existing staff and identification of possible 3. Regional Support – engagement with SPPG, PHA and partner Trusts on existing issues	No gaps currently identified	[17/06/2025 17:07:10 Oonagh ODoherty] (16/06/2025) We currently have two vacant consultant posts, one post is vacant and the other due to resignation from 31/7/25 who is currently on sick leave which have been interviewed and appointed to. MrMcCis going on a sabbatical w.e.f 11/9/25. 2 Consultants joining are : - 23/06/2025 & RT - 14/08/2025. These are through IMR as no one applied locally to the advertisement. We currently have 1 Locum agency post and another commencing w.e.f 23rd June'25 (Mr C) to cover the vacant post until IMR's commence posts. Within the Middle grade tier there will be two registrar's vacancies from August 2025 due to the withdrawal by NIMDTA. We also have a Middle grade who is going part-time from August 2025 therefore we expecet three vacant speciality/middle grade posts. We will interview locally and then IMR to appoint to the three posts. With 4 NIMDTA trainees coming in August 2025 we will have a gap of two SHO level posts. We have two trust doctors that we will extend for	Permanent Consultant Recruitment IMR Recruitment of x3 Consultant Potential Service Delivery Redesign Liaison with Regional Trusts for Support	30/05/2025 30/05/2025 31/08/2025 30/06/2025	
1717	25/07/25	12	High (Amber)	8	High (Amber)	4	High (Amber)	(Historical Deleted User)	Duddy, Ms Natasha			Risk of Fire in accommodation provided to CLA	Children Looked After residing in accommodation provided by the Trust without 24/7 staff supervision presents an increased risk of accidental fire. Fire Safety Officers completed Fire Risk Assessment Action Plans on Trust properties. The Risk Assessments record a high likelihood of fire and moderate harm consequences of fire. Given young people are unsupervised without a 24/7 staffing model, there is a significantly high corporate risk to life. Please refer to Datix incident numbers... for past incidents.					[20/08/2025 14:45:28 Oonagh ODoherty] New Corporate Risk agreed by Trust Board - work ongoing			

CMT : BRIEFING NOTE

Meeting Details:	29th July 2025
Director:	Director of Unscheduled Care, Medicine, Cancer & Clinical Services
Issue Title:	Risk ID 1216
Indicate the connection with the Trust's Mission and Vision *(please tick)*	People who need us feel cared for People who work with us feel proud People who live in our communities trust us
Indicate the link to Trust's strategic priorities *(please tick)*	Quality and Safety □ Workforce Stabilisation □ Performance and Access to Services □ Delivering Value □ Culture
Summary of issue to be discussed:	This Corporate Risk was subject to a Deep Dive and 3 line of assurance review. As a result and as agreed at Governance Committee on 25th June 2025, the following amendments have been made to the risk form attached. • Title of risk has been amended • KPI's have been updated • Risk description has changed • Updated list of controls • Updated gaps in controls • Additional assurances provided (3line of assurance model) • Additional gaps in assurances noted • New action plan created The updates to this risk reflect the current status of our Emergency Departments, and the mitigations in place to help manage this risk. Work will now commence with our COP colleagues to review a new "flow risk", which will be brought through this forum in the coming months.

CMT/TRUST BOARD Response Required *(please tick)*	For approval □ To note **x** Decision

Western Health and Social Care Trust

Appendix 5 of Risk Management Policy

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%2019.pdf#search=Risk%20Management%20Policy

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

No	Datix Field Name	Data to be included in this Field		
1.	**Title of Risk *** **(please keep this brief e.g. "Risk of Fire in Trust Premises" –)**	Risk of Patient Harm in Trust Emergency Department		
2.	**Facility** **(only necessary if risk relates to one specific facility)**	Trust Wide		
3.	**Directorate *** **If risk affects 2 or more Directorates, please list relevant Directorates.**	Directorate Unscheduled Care, Medicine, Cancer and Clinical Services		
4.	**Sub-Directorate *** **If risk affects two or more Sub-Directorates, please list.**	Unscheduled & Emergency Care		
5.	**Specialty** **Please list most relevant Specialty this risk relates to.**	Unscheduled Care		
6.	**Ward/Department** **(necessary only if risk relates to one specific Ward/Dept)**	Emergency Department (Altnagelvin and SWAH)		
7.	**Risk Type*** **Please indicate which organisational level you are of the opinion this risk should be escalated to (please tick)** **NB: This is subject to approval by relevant Senior Manager/Director/CMT – refer to Appendix 3 of Risk Management Strategy (see web-link above) :-**		Corporate	X
			Directorate	
			Sub- Directorate/Divisional	
			Ward Level	
8.	**Risk Category*** Please tick most appropriate category:	• 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		
	C03	Ensuring the Stability of our Services		
	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)**	• ED Waits (bed and patient to be seen) Triage 15mins (cat 1 immediate, cat 2, 10mins, cat 3 hour. Seen admitted or discharged within 4 hours • NIAS handover (times) delays – turnaround 30mins and escalate in 2 hours • ED incidents and congestion (DTA's) plus emerging trend increasing incident for medicine management (care received) Quality care increase DATIX category and number incidents • Complaints – number (care/treatment and wait times) • HAI's (Hospital acquired infections on Patient with delayed discharge from hospital) Community – medical well – waiting nursing home • Delayed transfer of care (DTC)- DTA's waiting four days • SAI's – number SAI's within department • DATIX
11.	**Lead Officer* with responsibility for managing this risk (Name, Job Title, and Contact Details.** **(i.e. manager with operational responsibility)**	Nursing Assistant Director for Unscheduled Care & Medicine
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).**	Director of unscheduled care, Medicine and Cancer Services
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	A combination of rising attendances, higher patient acuity, and increased levels of medically optimised patients in an acute setting alongside an older, frailer population has resulted in increasing pressure in the Emergency Department. System wide flow challenges, higher patient acuity, an older, frailer population with increased complex needs alongside an increase in ED attendances have resulted in a significant risk of patient harm, risk to staff health and wellbeing, public confidence and Trust reputational damage.

14.	**Please list all current control measures in place to manage this risk*** (e.g. policies, procedures, training)	• Rota Management • Workforce Stabilisation • Social Media Campaign • Governance structures • Audit and Nursing KPI's • Site co-ordination (7days per week) model in place with regional RCC escalation and a key focus on ED Safety metrics • Encompass – heat map • On call managers/consultant rotas • MDT/Discharge planning • Patient ambulatory pathways • Minor Injuries Unit • Post take consultant reviews in ED • Intentional rounding for patients in ED • Patient flow teams & Night Service Manager • Full capacity & escalation protocol as approved by CMT, Business Continuity Plans and Major Incident Protocol • Dedicated HALO • Tier 4 restructure • Mandatory training & ED specific training
15.	**Please list all identified gaps in Controls.***	• Implementation of SAFER principles challenged due to Medical Job plans and current Medical team models in operation • Workforce Challenges • Challenges releasing staff for training • Nursing KPI's (temporarily due to Encompass there is limited information on NEWS 2 available) • ED environment no longer meets the needs of the service and patients

16.	**Please list all Assurances currently in place to test adequacy of Controls.** (i.e. Audit (Interna/External), inspections by independent organisations, e.g. RQIA, HSENI).	1. Internal – DATIX, Complaints, Litigation, Risk Register • DATIX, Complaints, Litigation and Risk Register reviewed at directorate and trust governance meetings • Learning from DATIX, Complaints Litigation, SEA's/SAI's shared widely were appropriate • Learning from the above in other directorates/regionally shared widely were appropriate 2. Internal - Patient flow teams, Night service manager, SPOC, Hub • Site Co-ordination in place 7 days per week with focus on ED safety metrics and actions to address critical issues in real time • Patient flow/Night Service Management teams in place 24/7 • On call Manager Rota in place OOH 3. External – Regional huddle • Engagement with RCC model, regional meetings up to twice daily with RCC chairs and all other Trusts, escalation and regional support were appropriate • Engagement with RCC affiliates to develop and implements reform plans 4. Internal – established patient pathways • Patient pathways in place both via inpatient pathways and ambulatory pathways 5. ED activity reports • Trends in attendances, key ED metrics monitored through business meetings, identifying areas for improvement as well as resource planning for predicted surges
17.	**Please list all identified gaps in Assurances.**	• Operational challenges to implementation of patient pathways due to demand, congestion • Gaps in funded establishment of nursing staff, gaps in medical workforce

18.	**Current level of Risk*** **(Please tick appropriate box for Impact/Consequence/Severity and Likelihood – refer to Risk Rating Matrix & Impact Assessment Table (Appendix 3 of Risk Management Strategy - see web-link above).**			
	Impact/Consequence /Severity		**Likelihood**	
	Insignificant/none		Rare	
	Minor		Unlikely	
	Moderate		Possible	X
	Major		Likely	
	Catastrophic	X	Very Likely/ Almost Certain	
19.	**Target/Acceptable level of Risk*** **(Please tick appropriate box for Impact/Consequence/Severity and Likelihood – refer to Risk Rating Matrix and Impact Assessment Table (Appendix 2 of Risk Management Strategy - see web-link above).**			
	Impact/Consequence /Severity		**Likelihood**	
	Insignificant/none		Rare	
	Minor		Unlikely	X
	Moderate	X	Possible	
	Major		Likely	
	Catastrophic		Very Likely/ Almost Certain	

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

20. Action Plan to reduce Level of Risk

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

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

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

Question	Response
1. Does the proposed action plan actively manage this risk to ensure that the level of risk can be reduced to the target level?	Action plan now updated
2. Does the proposed action plan take account of any opportunities that could be exploited whilst managing this risk?	Yes
3. Has the target level of risk, and how this will be achieved, been communicated to those staff responsible for the operational management of this risk?	Yes
4. How will the proposed actions be monitored to ensure they are completed within identified timescales?	Actions will be reviewed monthly and reported to Directorate Governance meetings. It will also be reported on monthly to CMT and Trust Board
5. At what point should the decision regarding the management of this risk be escalated to a higher level?	Currently Corporate Risk – no further escalation required

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
Implement QI work commencing with aim to address communication within department	Ongoing	March 2026	Lead Nurse/AD
As part of the Reform Plan, review and implement SAFER flow principles, which will now be undertaken with RCC affiliate support to embed model	Ongoing	March 2026	AD/Lead Nurse

in a pilot of key areas with a view to scale and spread in as many areas as possible			
Ed workforce stabilisation scoping exercise underway	Ongoing	Dec 2025	AD
Ongoing assessment by senior nursing staff to identify gaps in training and prioritise accordingly. Increase the use of cascade training	Ongoing	Dec 2025	AD/Lead Nurse
Ongoing regional work to complete Encompass build to produce audits supported by our professional nursing team	Ongoing	Ongoing	AD
Progress ongoing engagement with DOH, SPPG regarding new ED, preliminary discussions/plans underway to develop a robust business case	Ongoing	Ongoing	AD/Director

Once the new risk has been approved, these key actions should be recorded within the "Actions" section of Datix.
Once each action has been completed, the date of completion should be recorded.
Each completed action should then be listed within the "Controls" section of Datix.

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

Meeting where risk was approved: **Date of Meeting:**	**For use by BSO/BSM only**	**Risk ID No:** (automatically generated by Datix)

Western Health and Social Care Trust

Appendix 5 of Risk Management Policy

New Risk Form

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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" –)**	ENT Consultant Workforce *including inability to retain Head and Neck service*		
2.	**Facility** **(only necessary if risk relates to one specific facility)**	Trustwide		
3.	**Directorate *** **If risk affects 2 or more Directorates, please list relevant Directorates.**	Surgery, Paediatrics and Women's Health		
4.	**Sub-Directorate *** **If risk affects two or more Sub-Directorates, please list.**	Surgery & Anaesthetics Division		
5.	**Specialty** **Please list most relevant Specialty this risk relates to.**	Ears, Nose and Throat (ENT) Department		
6.	**Ward/Department** **(necessary only if risk relates to one specific Ward/Dept)**			
7.	**Risk Type*** **Please indicate which organisational level you are of the opinion this risk should be escalated to (please tick)** **NB: This is subject to approval by relevant Senior Manager/Director/CMT – refer to Appendix 3 of Risk Management Strategy (see web-link above) :-**		Corporate	X
			Directorate	
			Sub-Directorate/Divisional	
			Ward Level	
8.	**Risk Category*** Please tick most appropriate category:	• Finance and Efficiency • Health and Safety • Quality of Care • ICT and Physical Infrastructure • People and Resource • Public Confidence • Regulation & Compliance (Statutory, Professional, Quality Legislation)		
9.	**Corporate Objective(s) affected by this risk*** ***(Please tick appropriate box(es) below)***			
	C01	Improving the Health of our People		X
	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)**	Early Alert to Department of Health (SPPG) on 27 March 2025. Permanent recruitment interviews scheduled for 11/04/2025 were unsuccessful, therefore IMR Locum interviews scheduled for 11/04/2025 with three Consultant vacancies filled. One is currently in post with both others starting in September/October. Waiting List Validation has been undertaken for this service. Interim Red Flag pathway for weekly discussion of new Head and Neck cancers at regional Head and Neck MDT. Temporary change in service management of new surgical Head and Neck cancers with Belfast Health & Social Care Trust. SPPG Performance Monitoring
11.	**Lead Officer* with responsibility for managing this risk (Name, Job Title, and Contact Details.** **(i.e. manager with operational responsibility)**	Mr Paul Doherty Assistant Director of Operations and Service Improvement PaulD.Doherty@westerntrust.hscni.net
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).**	Mr Mark Gillespie
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	**Cause**: Gaps in ENT consultant workforce due to resignations, sabbatical, and reliance on locums. **Event**: Insufficient consultant cover for service demand and On Call provision. **Effect:** Increased patient waiting times, reduced on call cover capability and service instability.

14.	**Please list all current control measures in place to manage this risk*** (e.g. policies, procedures, training)	Critical workforce challenges within the Western Health and Social Care Trust's (WHSCT) Ears, Nose and Throat Department are ongoing. The current and increasing consultant workforce constraints pose a significant risk to service delivery, patient care, and the Trust's ability to maintain a safe and sustainable consultant on-call rota. The ENT Department is funded for 6 whole time equivalent (wte) Consultant Surgeons. As of March 2025, only 5wte Consultants are in post, including: ▪ 3wte Substantive Consultants ▪ 1wte acting-up Specialty Doctor (NHS Locum Consultant) ▪ 1wte Agency Locum Consultant (extended to August 2025) Despite being funded for 6wte, the service has historically operated a 1:7 on-call rota, which has remained unchanged due to ongoing service pressures and workforce instability. In addition, the ENT service is unable to recruit a Head and Neck Consultant which is proving difficult in the context of patient demand. Given previous attempts at recruitment, it is unlikely that this position will change in the medium to long-term. A successful recruitment campaign was undertaken and deemed three IMR candidates appointable. Of the three candidates, one has commenced employment with the Trust on 24 July 2025. Two others are due to join the organisation on 30 September 2025 and 1 October 2025 respectively. This has had significant impacts on the service, which has lost its cancer specialist Head and Neck – having a direct impact on the review and management of relevant patients, cancer surveillance and complex benign conditions. The following control measures are in place to support the management of this risk: **1. Locum Consultant Cover** – Temporary locum and agency consultants engaged to fill gaps. **2. International Medical Recruits** – Recently recruited international candidates with interviews scheduled for April 2025. **3. Triage and Prioritization** – Clinicians prioritizing urgent and cancer patients to manage demand. **4. Mutual Aid Support** – Engaging with regional networks for cross-cover support. **5. Waiting List Validation** – Ensuring capacity is used effectively by removing patients no longer requiring treatment.

		6. Ongoing Recruitment Efforts – Active recruitment campaigns for substantive consultant posts. **7. Escalation** – Highlighting risks to senior regional counterparts (i.e. SPPG, PHA) to explore strategic solutions.
15.	**Please list all identified gaps in Controls.***	**1. Reliance on Locums** – Temporary cover is costly, unsustainable, and does not provide long-term service stability. This is not the best clinical model of care that we can offer our patients/clients. **2. Substantive Recruitment Challenges** – Difficulty attracting permanent consultants due to workforce shortages and regional competition. **3. Limited Rota Resilience –** A 1:7 rota with gaps increases pressure on existing Consultants, impacting service sustainability. **4. Future Workforce Planning** – No immediate succession planning for Consultant retirements or departures. **5. Impact of Sabbatical and Resignation** – Further reduces capacity, worsening waiting times and emergency cover risks. **6. Cross-Cover Limitations** – Limited availability of regional support due to similar workforce pressures in other Trusts across the region. **7. Impact on Airway Management** – potential implications for Hospital Airway Management due to the lack of medical cover.
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).	**1.** Weekly Service Meetings **2.** Emphasis on recruitment and retention of existing staff and identification of possible **3.** Regional Support – engagement with SPPG, PHA and partner Trusts on existing issues with a view of
17.	**Please list all identified gaps in Assurances.**	

18.	**Current level of Risk*** **(Please tick appropriate box for Impact/Consequence/Severity and Likelihood – refer to Risk Rating Matrix & Impact Assessment Table (Appendix 3 of Risk Management Strategy - see web-link above).**			
	Impact/Consequence /Severity		**Likelihood**	
	Insignificant/none		Rare	
	Minor		Unlikely	
	Moderate		Possible	X
	Major	X	Likely	
	Catastrophic		Very Likely/ Almost Certain	
19.	**Target/Acceptable level of Risk*** **(Please tick appropriate box for Impact/Consequence/Severity and Likelihood – refer to Risk Rating Matrix and Impact Assessment Table (Appendix 2 of Risk Management Strategy - see web-link above).**			
	Impact/Consequence /Severity		**Likelihood**	
	Insignificant/none		Rare	
	Minor		Unlikely	
	Moderate	X	Possible	X

	Major		Likely	
	Catastrophic		Very Likely/ Almost Certain	

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

20. Action Plan to reduce Level of Risk

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

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

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

Question	Response
1. Does the proposed action plan actively manage this risk to ensure that the level of risk can be reduced to the target level?	The proposed action plan partially manages the risk but does not fully ensure that the level of risk can be reduced to the target level. The 1:7 rota remains fragile, applying pressure to existing Consultants. There is a reliance on temporary solutions (e.g. Locums) and this does not provide long-term stability. While the proposed actions help contain the immediate risk, they are not yet sufficient to reduce the risk to the target level. Additional long-term workforce planning, rota redesign and alternative service models may be required.
2. Does the proposed action plan take account of any opportunities that could be exploited whilst managing this risk?	The current action plan captures some key opportunities, but further strategic workforce development and innovative service models could be explored to both manage the risk and enhance service delivery.
3. Has the target level of risk, and how this will be achieved, been communicated to those staff responsible for the operational management of this risk?	Yes

4. How will the proposed actions be monitored to ensure they are completed within identified timescales?	The proposed actions will be monitored through a structured governance and reporting framework to ensure completion within identified timescales. Namely, this will occur at Weekly Service Meetings, Directorate Governance and regional support meetings with SPPG, PHA and DoH.
5. At what point should the decision regarding the management of this risk be escalated to a higher level?	This risk has already been escalated to Department of Health and SPPG via an Early Alert. In addition, a briefing paper was provided to the Trust's Corporate Management Team appraising them of same.

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
Permanent Consultant Recruitment	March 2025	April 2025	Mark Gillespie Paul Doherty
IMR Recruitment of x3 Consultant	March 2025	April 2025	Paul Doherty
Potential Service Delivery Redesign	March 2025	August 2025	Mark Gillespie Paul Doherty
Liaison with Regional Trusts for Support	March 2025	June 2025	Paul Doherty
Formal pathway to be agreed with BHSCT regarding transfer of patients	April 2024	June 2024	Mark Gillespie
Formal lookback exercise to be undertaken in relation to patients who underwent thyroid surgery in the Trust and via ISP within the last 2 years	May 2024	July 2024	Mark Gillespie

Once the new risk has been approved, these key actions should be recorded within the "Actions" section of Datix.
Once each action has been completed, the date of completion should be recorded.
Each completed action should then be listed within the "Controls" section of Datix.

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

Meeting where risk was approved: **Date of Meeting:**		**For use by BSO/BSM only**	**Risk ID No:** (automatically generated by Datix)

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Risk ID	Lead Director	Risk Title	Workshop action	Agreed Tolerance	Agreed Risk Appetite	Progress
1423	Director Social Work/Director of Children and Families	Human Milk Bank – does not meet the Governance and Information Requirements	1. Continue to progress as per the action plan	High	Low (target score between 1-6) Current Target score 1	
1601	Director of Surgery, Paediatrics and Women's Health	Inability to retain ENT Head and Neck service provision	1. Amalgamate risk with ID1649 and include mitigations re BHSCT	Low	Low (target score between 1-6) Current target score 6	
1629	Director of Adult Mental Health and Disability Services	Alcohol Related Brain Disease: Non Commissioned service within WHSCT	1. Review/update description 2. Review grading of the risk 3. Subject to a Deep Dive in Sept 2025	High	Low (target score between 1 – 6) Current target score 6	
1647	Director Community and Older People's Services	Risk of disruption to the Trust's contracted out domiciliary care services as a result of new procurement exercise	1. Continue to progress as per the action plan	High	Low (target score between 1-6) Current target score 6	
1653	Director of Unscheduled Care, Medicine, Cancer and Clinical Services	NSTEMI In ED	1. Review risk and action plan and consider this risk for de-escalation	Low	Low (target score between 1-6) Current target score 6	
1656	Director Professional Nursing, AHP Services	Risk of Roster – Pro System Failure	1. Continue with action plan to manage this risk 2. Proposal to remove this risk possibly in October 25 as	Low	Low (target score between 1-6) Current target score 6	

			system will be fully implemented			
1657	Director Adult Mental Health and Disability Services	Medium Secure Placement deficit for patients with highly complex needs	1. To be considered at Trust Board on 03.07.25 for de-escalation back to Directorate Risk Register. Update – approved for de-escalation	High	Risk to de-escalate	
1692	Director Surgery, Paediatrics and Women's Health	Paediatric Consultant Workforce in SWAH	1. Complete Assurance Map 2. Continue to manage as per action plan	High	Low (target score between 1-6) Current target score 6	
1694	Director of Surgery, Paediatrics and Women's Health	ENT Consultant Workforce	1. Progress to amalgamate with ID1601 and update action plan and risk grading	Low	Low (target score between 1-6) Current score 6	
1	Director Planning, Performance and Corporate Services	Fire Risks	1. Complete deep dive in Dec 2025	High	Low (target score between 1-6) Current Target score 6	
1183	Director of Adult Mental Health and Disability Services	Were MCA processes are not being followed patients may be deprived of their liberty, without having safeguards in place	1. Risk lead to review and identify any further controls. Provide wider analysis regularly for TB.	High	Low (target score between 1-6) Current Target score 6	
1219	Director of unscheduled care, Medicine, Cancer and Clinical Services	Lack of endoscopy to meet the demand which impacts on patients	1. Risk tabled for de-escalation at Trust Board on 3rd July 2025. Decision to deescalate risk approved	Low	Low (target score between 1-6) Current	

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					Target score 6	
1334	Director of Surgery, Paediatrics and Women's Health	Sustainability of surgical services in Southern Sector of Trust due to recruitment & retention difficulties	1. Continue to manage as per action plan	Low	Low (target score between 1-6 Current target score 6	
1469	Director of Nursing, AHP Services	Health & Safety Risk to staff as a result of Violence & aggression	1. Keep risk updated with actions ongoing	Low	Low (target score 1-6) Current target score 6	
49	Director of Performance, Planning and Corporate Services	The potential impact of a Cyber Security incident on Western Trust	1. Keep risk updated with actions ongoing 2. Consider risk further at Directorate Risk Workshop in September 2025	High	Low (target score 1-6) Current target score 6	
1216	Director of Unscheduled Care, Medicine, Cancer and Clinical Services	Risk of patient harm in Trust EDs due to capacity, staffing an patient flow issues	1. Progress Deep Dive amendments through CMT and TB. 2. Create new hospital flow risk	High	Low (target score 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	1. Review risk scoring as there is low tolerance for score remaining as is. 2. Ensure risk update provided	Low	Low (target score 1-6) Current target score 6	
6	Director of Social Work/Children and Families	Children awaiting allocation of Social Work may experience harm or abuse	1. Review the risk detail for possible de-escalation	High	Low (target score 1-6) Current target score 6	
284	Director Performance, Planning and	Risk of breach of data protection legislation through loss, mishandling or	1. Keep controls/actions under review	High	Low (target score 1-6) Current	

	Corporate Services	inaccessibility of personal or sensitive personal information			target score 6	
1236	Director of Finance	Stabilisation of Financial sustainability	1. Review current score 2. Review wording of the risk	High	Low (target score between 1-6) Current target score 6	
1254	Director of Human Resources & Organisational Development	Ensuring Stability of our services, Improving and Quality and Experience of Care, Supporting and Empowering staff	1. Risk lead to consider actions from Directorate plan against this risk and reference this through action plan 2. Consider updating the assurance map	High	Low (target score between 1-6) Current target score 6	
1288	Director of Planning, Performance and Corporate Services	Ensuring efficient use of resources	1. Risk owner keep risk under review	High	Low (target score between 1-6) Current target score 6	
1409	Director Unscheduled Care, Medicine, Cancer and Clinical Services	ED Mental Health Patients	1. Risk owner to consider for de-escalation	Low	Low (target score between 1-6) Current target score 6	

AOB:

1. Consider possibility of AI reflected within Cyber Risk ID49
2. Corporate Objectives – alignment to each Corporate Risk to be agreed at CMT

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Deep Dive for Governance committee

Risk ID	Risk Title	Governance Committee
ID1629	Alcohol Related Brain Disease: non Commissioned service within WHSCT	September 2025
ID1	Fire Risk	Dec 2025
TBC	TBC	March 2026
TBC	TBC	June 2026