

TRUST BOARD ITEM: BRIEFING NOTE

Meeting Details:	6 th Nov 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 <i>(please tick)</i>	<input checked="" type="checkbox"/> People who need us feel cared for <input checked="" type="checkbox"/> People who work with us feel proud <input checked="" type="checkbox"/> People who live in our communities trust us
Indicate the link to Trust's strategic priorities <i>(please tick)</i>	<input checked="" type="checkbox"/> Quality and Safety <input type="checkbox"/> Workforce Stabilisation <input type="checkbox"/> Performance and Access to Services <input type="checkbox"/> Delivering Value <input type="checkbox"/> Culture
Summary of issue to be discussed:	<p>For approval:</p> <ul style="list-style-type: none"> - Obs & Gynae Consultant Workforce <p>No Material changes to note</p> <p>All action plans and risks have been updated within quarter.</p>
Trust Board Response Required <i>(please tick)</i>	<p>X For approval</p> <p><input type="checkbox"/> To note</p> <p><input type="checkbox"/> Decision</p>

CORPORATE RISK REGISTER & ASSURANCE FRAMEWORK

BRIEFING NOTE PREPARED FOR TRUST BOARD ON 6th NOVEMBER 2025.

There are 22 risks on the Corporate Risk Register as approved at Trust Board 2nd October 2025.

Summary

- Proposed New Risks;
 - Obs & Gynae Consultant Workforce – new risk form attached for consideration.
- Material changes;
 - No material changes to consider.
- Summary report for action;
 - All risks and action plans have been updated within this reporting quarter.

Proposed New Risk

1. Obs & Gynae Consultant Workforce - Current vulnerabilities within this service;
The Altnagelvin Obs & Gynae consultant team is funded for 10.96 WTE consultants. Current vacancies in Sept 2025 is 4.56 WTE. This is due to unplanned leave and permanent & temporary vacancies.

Two consultants on long term sick leave. One returning in October and potential return date of end of October for the second. Two consultant vacancies (one Gynae Oncology). The trust is funded for two gynae oncology consultants, one recently left and the other is on unplanned leave. Interviews are planned for 23rd October 2025. We anticipate two permanent consultants retiring within the next 6 months. One of these consultants supports one of our high risk pregnancy clinics. This retirement will leave this high risk clinic being delivered by a single consultant.

The Western Trust continues, due to consultant numbers, to operate a single on call rota for obstetrics and Gynae. Many trainees specialise in obstetrics or gynaecology, which means this is a less attractive career option.

The impact financially to run this service with Locum agency staff. We currently have three agency locum consultants covering average 80-100 hours per week this is to cover gaps in labour ward and out of hours.

Responsible Director: Director Surgery, Paediatrics & Women's Healthcare.

Material Changes;

- No material changes to consider.

Summary Report for Action;

- All risks and action plans have been updated within this quarter

Update on Trust Board actions June 2025

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	Approved
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	Complete Sept 2025
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 system will be fully implemented	Low	Low (target score between 1-6) Current target score 6	
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	De-escalated
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	Approved
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 3 rd July 2025. Decision to deescalate risk approved	Low	Low (target score between 1-6) Current Target score 6	Approved
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 and 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 Corporate Services	Risk of breach of data protection legislation through loss, mishandling or inaccessibility of personal or sensitive personal information	1. Keep controls/actions under review	High	Low (target score 1-6) Current 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	ED Mental Health Patients	1. Risk owner to consider for de-escalation	Low	Low (target score between 1-6)	

	Clinical Services				Current target score 6	
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Risk Register

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24/10/2025

Risk ID	Lead Director	Risk Title	Initial		Current		Risk Appetite				Current Risk Status		Mths since last updated	Action Plan Status	Latest Update
			Score	Grade	Score	Grade	Target Score	Target Grade	Level of Tolerance	Action on Appetite	Mths since score changed	Change in score since last review			
1	Director of Performance, Planning and Corporate Services	Fire Risks	20	EXTREM	15	EXTREM	6	MEDIUM	High	1. Complete deep dive in Dec 2025	15	No change	0	Actions listed with future due dates	[16/10/2025] Percentage Fire Training Completed - 85% Percentage Fire Risk Assessments Completed - 73% Nominated Fire Officer Training - 114% Number of Fire Occurrences - 13
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	48	No change	1	Actions listed with future due dates	[02/09/2025] Unallocated Cases Figures as at 31st July 2025: Gateway – 36 families (62 children) FIS/Generic – 28 families (53 children) CLA – 8 16+ – 0 FIS / Family and Childcare While the new staff have begun to take up post there remain some Unallocated cases within the teams although at a reduced number, it is anticipated these will reduce further by the end of September. These cases are monitored as per the Regional Guidelines. Staff Caseloads remain high but it is anticipated these should reduce to a more manageable level when
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						
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	18	No change	0	Actions listed with future due dates	[14/10/2025] Staff IG Awareness training at 87%. Update submitted to ICO on Action plan, showing an improvement in SAR compliance.
1183	Director of Adult Mental Health & Disability Services	Where MCA processes are not being followed, patients may be deprived of their liberty, without having safeguards in place	25	EXTREM	15	HIGH	6	MEDIUM	High	1. Risk lead to review and identify any further controls. Provide wider analysis regularly for TB.	21	No change	0	Actions listed with future due dates	[14/10/2025] Risk updated to reflect MCA team support in the identification and completion of STDAs. Issues identified in relation to TPAs for discharge.
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	37	No change	0	Actions listed with future due dates	[23/10/2025] October Update: Altnagelvin: No change risk continues.SWAH The Emergency department continues to be very busy,the morning report for 22/10/25 shows 50 patients in the ED and 27 DTAs - 25 medical , 1 surgical and 1 Orthopaedic. There are currently 95 DTOCs on site which is severely restricting flow across the full site due to issues within domiciliary care services in the community. Increases in DTOCs daily will continue to 10/11/25 which will hugely impact SWAH and especially physical capacity in ED as flow decreases. 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. The Department are working with Nursing Directorate to progress a review of Nurse Staffing to ensure safe staffing levels for the future.

ID	Opened	Rating (initial)	Risk level (initial)	Rating (current)	Risk level (current)	Rating (Target)	Risk level (Target)	Responsible Director	Corporate Objectives	Title	Description	Controls	Gaps in controls	Assurance	Gaps in assurance	Description (Action Plan Summary)	Due date
1	19/11/2008		20 Extreme (Red)		15 Extreme (Red)		6 Medium (Yellow)	Director of Performance & Service Improvement	Safe & Effective Services.	Fire Risks	As a result of the nature, use and condition of Trust owned, leased, occupied or unoccupied premises there is a risk of fire which could result in injury or death to staff, clients or public, damage to property, financial loss or loss of service.	Fire Safety Policy, procedures and manual. Including: Site specific fire emergency plans for SWAH and ALT. Departmental fire procedures in place for all areas. Staff Training and awareness. Mandatory Fire Safety awareness training. Recording and reporting of Fire Safety Mandatory Training. Nominated Officers appointed and trained. Reporting of all fire incidents, unwanted fire alarms. Regional Fire Managers Group Nominated Officer Fire Safety Log Books. Trust Fire risk assessments. Recommendations from Resulting from inspections of Regulatory bodies e.g. NIFRS and RQIA. Fire Safety Controls Assurance Standard action plan. Regular fire drills and emergency exercises. Fire improvement works. All Trust fire safety objectives are	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 Assessments 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 SMTCs.	Fire Safety Policy, procedures and manual. Including: Site specific fire emergency plans for SWAH and ALT. Departmental fire procedures in place for all areas. These policies are corporate documents that apply to all staff within the Trust. Contractual obligation under the employment contract. Monthly reports provided to Business managers for distribution to HOS/ADs 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 Directorate/Service line.	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. Directorate Action Plans. Directorate Fire Safety Risk currently not reviewed at fire safety group and at SMTCs. Irregular meetings of Task and Finish Group and poor representation at walkarounds. Funding for smoke-free warden retracted.	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 within fire safety log books 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 13/12/2021. Hospital Fire Storage Working Group to be set up. Working Group to be established to Review inappropriate draining of Medical Gas Cylinders. Review a fire safety objective.	31/03/2021 31/03/2021 31/03/2019 30/09/2018 31/03/2018 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 31/03/2024 31/12/2023 31/03/2021 31/10/2025 31/03/2023 30/06/2022 25/04/2022 31/10/2025 30/09/2024 31/12/2023
6	21/09/2009		25 Extreme (Red)		12 High (Amber)		6 Medium (Yellow)	Director of Social Work/Director or Woman & Children's Services	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	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 and SW Managers constantly prioritise workloads.	Hability 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 Enkissilen Delegated Statutory Functions	Reports to SPGP 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.	Plotting 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 Enkissilen increased student placements to work on Family support cases and provide positive practice 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). Fulltime offered in	29/09/2023 12/08/2025 30/09/2020 01/11/2018 31/12/2025 31/12/2025 31/07/2025 31/07/2025 31/07/2025 31/12/2025
49	06/10/2009		16 High (Amber)		20 Extreme (Red)		6 Medium (Yellow)	Director of Performance & Service Improvement	Safe & Effective Services.	The potential impact of a Cyber Security incident on the Western Trust							
284	13/12/2010		16 High (Amber)		12 High (Amber)		6 Medium (Yellow)	Director of Performance & Service Improvement	Governance.	Risk of breach of Data Protection legislation through loss, mishandling or inaccessibility of personal or sensitive personal inf	The Trust faces a 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 DHSFIS Information Governance Advisory Group. Electronic transmission protocol. Investigation of incidents. 2 secondary storage facilities available across NS & SS Trust Protocol for Vacating & Decommissioning of HSC Facilities. Scoping exercise to identify volume and location of	Potential that information may be stored/transferred in breach of Trust policies. Limited uptake of Information Governance and Records Management training. No capacity within the team to take on provision of IG training	Reports to Risk Management Sub Committee 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 SRO/IAO framework.	No gaps in assurance identified	Band 3 OLS post increased to full time. Recruitment of Band 4 Information Governance Development of information leaflet for Support Services Staff to increase awareness of information governance. Review of regional e-learning IG training. Establishment of Regional Records Man Group. Development of IG action plan to be finalised through IGSG. Recruitment of Band 5 IG post to support DPA. Development of IG information leaflet for support staff. Review of Primary (acute) records storage in AAH. Restructure of IAO process. Review of Secondary storage in Maple Villa. Production of Records Storage audit tool for	31/03/2019 31/03/2019 31/03/2019 31/12/2020 30/09/2020 30/09/2020 30/09/2020 31/03/2025 30/12/2025 31/12/2021 31/03/2025 30/12/2025 01/06/2022 30/12/2025 31/03/2023 30/09/2026

947	30/06/2016	16 High (Amber)	20 Extreme (Red)	12 Medium (Yellow)	Director of Adult Mental Health & Disability Services	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.	Ongoing recruitment drives, including international recruitment Use of locums - where available and competent Job plans and appraisals with existing staff to ensure collaborative working Monitoring of Data and learning from SAs A review of workforce and Allied Professionals to support the medical capacity Service review and improvement Medical oncology rota Best practice guidance Links with Regional Fora Contributing to regional workforce review Actively seeking alternatives to support existing staff including pharmacy, ANPs, Physician Assistants 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. CLAs not currently available 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, particularly compared to other trusts and specialities. This makes advertised posts less attractive on the whole. Poor/Nil response to recent recruitment activity, both	Ability to meet access targets for services Monitoring of complaints and compliments Monitoring of relevant data (incentives, processes & reporting) NIMDTA placement reviews Directorate Governance systems Appraisals and job plans Policies and Protocols Close working with relevant HR	Full implementation of relevant policies and protocols Need to prioritize urgent and emergency care activities including MHO functions Challenges in maintaining urgent, non-clinical activities including SAKs Risk of burnout and stress related conditions in existing workforce, further diminishing capacity See also risk IDs 1443, 1456, 414, 828 and 1470	Analyse the medical time in relation to 5 additional posts 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 from region for support 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 action needed	01/09/2017 01/09/2017 31/12/2024 30/11/2025 30/07/2025 11/08/2025 28/07/2025 31/07/2025 31/05/2022 31/12/2025 30/06/2022 31/12/2024
1183	27/11/2019	25 Extreme (Red)	15 High (Amber)	6 Medium (Yellow)	Director of Adult Mental Health & Disability Services	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 careful consideration of	Staff training is available online & classroom, provided by Trust Trainers. Progressing interactive online training via VC. Training videos developed MCA resources are available via MCA HUB on StaffWest 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 Progression of DOLs via Encompass System OCI 25 - MCA supporting Acute	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 unallocated 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 Emergency nomination	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 Practice 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 Mitigancy Group (NIRT, AG, RQIA, DLS, SPSP, 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, PSN & NIAS Encompass not in use with key stakeholders - Northern Ireland Review Tribunal and General Attorneys Office, necessitating maintenance of dual Excel system Identification and completion of STDA lowest in the region	Engage with programme board and team Scope potential Mental Capacity/DoS 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 minimises financial risk HR & remunerations for 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 communication brief	31/12/2020 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 31/12/2025 31/12/2025 30/04/2024 30/11/2022 30/11/2022 31/03/2024 31/03/2026 30/06/2024 31/12/2026
1216	10/10/2025	15 Extreme (Red)	15 Extreme (Red)	6 Medium (Yellow)	Director of Diagnostics, Cancer and Medical Specialities	Improving the Quality and Experience of Care	Risk of Patient Harm in Trust Emergency Department	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.	Workforce Stabilisation 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 roles MOT/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 Tier 4 endorsement	Implementation of SAFER principles challenged due to Medical Job plans and current Medical team models in operation 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	•BATIX, Complaints, Litigation and Risk Register reviewed at Directorate and trust governance meetings •barring from DATIX, Complaints Litigation, SEA's/SA's shared widely were appropriate •barring from the above in other directorates/regionally shared widely were appropriate •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 •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 •Patient pathways in place both	•Operational challenges to implementation of patient pathways due to demand, congestion •Gaps in funded establishment of nursing staff, gaps in medical workforce	PACE implementation to commence March 2020. Improvement QI work commencing with aim to address communication within department. Full capacity protocol Reform Plan Scoping Exercise Assessment Regional Work Engagement	31/03/2022 30/06/2025 28/02/2022 30/03/2026 31/12/2025 31/12/2025 31/03/2026 31/03/2026	
1236	21/08/2020	16 High (Amber)	16 High (Amber)	6 Medium (Yellow)	Director of Finance, Contracts & Capital Development	Ensuring Stability of Our Services	Stabilisation of Trust Financial Position including planning for breakeven in the current financial year.	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 minimum 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-recurring 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 lack of resources	Chief Executive Assurance meetings to review performance Annual Financial Plan to review risks to financial position and opportunities for savings Trusts Board (and Finance & Performance Committee), DMB and CMT oversight of the financial position monthly Monthly budget reports for all levels in the organisation, with follow-up on movements in variances Monthly finance focus meetings between Finance and Directors / Senior Directorate Officers	Internal Audit Assurance obtained by the Chief Executive from his assurance meetings with Directors and regular updates External Audit (NIAO) - DHSSPS/HSCB monthly financial monitoring Monthly financial performance reporting to CMT and Trust Board Assurances from Director of Finance and ADF to CMT & Trust Board.	Gaps in assurance that budget holders are applying effective budgetary control in the management of their service Gaps in assurance that budget holders are trained to manage their budgets accordingly Gaps in assurance that managers are reviewing their staff in post reports	Ongoing financial management and monitoring Operation of DMB (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		

1254	18/01/2021	16 High (Amber)	16 High (Amber)	6 Medium (Yellow)	Director of Adult Mental Health & Disability Services	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 Policy DDH 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, 10/5) Pension information sessions Joint Forum, Joint LNC and Consultation Group	Occupational Health - absence of locums and increasing demands on team without additional resources. Low uptake of mandatory training and completed annual appraisal. Inability to follow normal policies and procedures during periods of industrial action and also during emergency situations such as Pandemic. Lack of co-ordinated information on agency staffing. Due to demand in services compliance with Working Time Regulations and New Deal. BSO Recruitment Shared Service provides recruitment services for the Trust and there has been an increased delay in recruitment and dependence on them for related information. Inability of NIMDTA to provide required number of Junior Doctors for certain specialities and localities. (Risk 6/94)	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.	BSO Shared Service not meeting statutory or procedural deadlines resulting in, for example, delays in recruitment. Inability of NIMDTA to fill all posts. Insufficient number of social work student applications to the University Degree Course in rural areas. (Risk 1/09) 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.	Looking After our People Belonging to the Future New Ways of Working	31/03/2026 31/03/2026 31/03/2026
1288	08/04/2021	12 High (Amber)	12 High (Amber)	6 Medium (Yellow)	Director of Performance & Service Improvement	Ensuring Stability of Our Services, Improving the Quality and Experience of Care	Risk of failure to meet regulatory standards and compliance associated with Trust infrastructure and estate.	There is a risk of deterioration in the Trust Estate due to ageing and lack of capital investment in the maintenance of building services infrastructure and physical environment which could lead to loss of service and non-compliance with regulatory and statutory standards (e.g. water, electrical, asbestos and physical infrastructure).	Monitoring and review by PSI SMT of directorate risks including water, electrical, fire safety, vacant estate asbestos and physical infrastructure. Should a critical issue materialise further funding can be sought from DOH or existing funding re-prioritised to address the new critical issue Estates Strategy 2015/16-2020/21 Annual review of building condition (3) and creation of prioritised BLM list. 2022/23 backlog maintenance programme developed and implemented Continual bidding for funding to address backlog maintenance Targeting of priority areas as funding becomes available. Monthly review of Backlog Maintenance capital investment plan Priority Backlog Maintenance capital investment plan 2018/19 Backlog maintenance	Ageing infrastructure resulting in deterioration of buildings Insufficient funding to carry out full remedial works identified.	Back-log Maintenance list Health & Safety audits Environmental Cleanliness audits Authorising Engineer audits Annual inspections carried out Membership at Health and Safety/ Water Safety Groups Reports to Corporate Governance Sub Committee/ Governance Committee Assurance standards Buildings, Land, Plant & Non-Medical Equipment Oakleaf - 6 facet independent survey	Lack of Funding for backlog maintenance.	Review of emerging issues and response required Development of business cases for 2021/22 backlog maintenance agreed action plan CMT approval of BLM 2021/22 for submission. Development of 2021/22 BLM bid Completion of six facet condition survey Monthly 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	30/06/2022 30/09/2021 30/04/2021 30/04/2021 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 31/10/2025 30/04/2024
1307	16/06/2021	25 Extreme (Red)	25 Extreme (Red)	6 Medium (Yellow)	Director of Surgery, Paed & Women's Health	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 A&E but not as frequently. NISTAR will make ambulance and driver available if local team can do transfer A&E 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.	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 have moved to EPIC for booking and recording NISTAR transfers. NISTAR are implementing call recording so that all requests for transfer will be available if required for evidence	No gaps in assurance identified	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 BRG 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 30/11/2025
1334	26/10/2021	20 Extreme (Red)	15 High (Amber)	6 Medium (Yellow)	Director of Surgery, Paed & Women's Health	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 MR	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 Specialty 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 of 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 Abnaghavin 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	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 30/11/2025 30/11/2025 30/11/2025

1409	01/07/2022	25	Extreme (Red)	16	High (Amber)	9	Medium (Yellow)	Director of Diagnostics, Cancer and Medical Specialities	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.	<ul style="list-style-type: none">-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 Grangeview 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	<ul style="list-style-type: none">-timely access to Mental Health-Several 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	Meetings Workforce Improvement Meetings Consider for de-escalation	03/07/2023 31/12/2024 31/12/2024 31/10/2025
1423	17/08/2022	12	Medium (Yellow)	12	Medium (Yellow)	1	Low (Green)	Director of Social Work/Director or Woman & Children's Services	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 Rol.	<ul style="list-style-type: none">DLS assisting with adjustments to current WHSCT contract with HSE and SLA with Cu Chulainn.	<ul style="list-style-type: none">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.	<ul style="list-style-type: none">Recent audit completed of all returned track back labels for qualityBLS have provided a Draft Transport AgreementEngagement with ISO PaLS.Engagement with Logistics UK 'Member Advice Centre - MAC'.BLS support and advice re appropriate adjustments required for the contract.There has been no SA's regarding the delivery of DEBMNo reported incidents regarding service delivery in the last 5 years.BLS have not identified any clinical governance risks in relation to the operational delivery of the service.WHSCOT 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 (BBI).	<ul style="list-style-type: none">HSE agreement to the amended contractThere 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.	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 31/12/2025 31/12/2025
1469	06/01/2023	12	High (Amber)	16	High (Amber)	4	High (Amber)	Medical Director	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.	<ul style="list-style-type: none">Management of Violence and Aggression (MOVA) group in placeZero Tolerance & Security policyTrust adherence to The Management of Health and Safety at Work Regulations NI (2000), Health and Safety at Work NI Order 1978Lone Working GuidanceStaff support through Occupational HealthSafety 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 placeRODOOR reporting of staff absence and further scrutinyPolicy for the Use of Restrictive Interventions with Adult Service Users - May 2017Trust Security Working Group	<ul style="list-style-type: none">MOVA Policy - Await implementation of regional guidanceLimited Legal support available for staff from the Trust when seeking prosecutions/non-molestation orders against violent individuals.No Acute Liaison Psychiatry service in EDNo 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.	<ul style="list-style-type: none">AuditTrust controls assurance standards reportingRisk assessment compliance reporting on corporate risk register, directorate governanceIncident reporting to MOVA Steering GroupRegional Benchmarking and DOH return on violence against staffHealth and Safety inspections	no gaps in assurances identified	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 31/12/2025 31/12/2025 31/10/2025
1601	11/06/2024	16	High (Amber)	16	High (Amber)	6	Medium (Yellow)	Director of Surgery, Head & Women's Health	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	<ul style="list-style-type: none">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 LocumOne head and neck consultant who has retired on the 6th September 2023. This consultant managed both complex cancer and benign head & neck conditions, including thyroiditis.This Consultant returned following retirement for a short period (September to December) on a bank contract. Moving forward this surgeon is no longer availableThe 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	<ul style="list-style-type: none">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 benign 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 be delivered to the ENT	<ul style="list-style-type: none">Currently no ENT Head and Neck oncology trained consultant re-advertised 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.Min currently have 2 NIMDTA	<ul style="list-style-type: none">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 (ISA) for ENT.Networked approach with regional colleagues to include regional waiting lists, reach in/out activity.Monthly consideration of Trust position at BPOG in relation to the Trust Performance meeting with the SPPG.Monthly Business Unit meeting with Clinical lead, Service Manager, Assistant Director of operations and Director of the	No gaps identified	Recruitment of head and neck consultants x 2 Potential Service delivery redesigns Formal Pathway to be agreed with Belfast Trust and Western Trust regarding transfer of patients Formal feedback 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	31/12/2025 31/12/2025 31/12/2025 31/12/2025

1629	19/09/2024	9 Medium (Yellow)	9 Medium (Yellow)	6 Medium (Yellow)	Director of Adult Mental Health & Disability Services	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 is not commissioned, and does 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, increased care home placements, increased community care and domiciliary packages and increased need for care management. Overall cost to services is significant to support individuals with a formal or suspected diagnosis of ARBD and individuals whose addiction is the predominant presenting problem.	•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/ SAs •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 group	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 31/12/2025 31/12/2025 31/12/2025
1647	21/11/2024	20 Extreme (Red)	20 Extreme (Red)	6 Medium (Yellow)	Director of Community & Older People's Services	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 proposed contract expiration.	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.	Implementation plan to be developed once tender outcomes are known Dedicated tender transition team to be identified	31/10/2025 31/10/2025
1653	09/12/2024	20 Extreme (Red)	20 Extreme (Red)	6 Medium (Yellow)	Director of Diagnostics, Cancer and Medical Specialities	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	Action Required Action Required Consider for de-escalation	01/01/2025 09/12/2025 30/04/2025 31/10/2025
1656	12/12/2024	9 Medium (Yellow)	9 Medium (Yellow)	6 Low (Green)	Director of Nursing, Midwifery and A&Ps	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 license	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 Rosterling 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 by 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.	Full Implementation of e-roster software	31/10/2025

1692	07/05/2025	16 High (Amber)	16 High (Amber)	6 Low (Green)	Director of Surgery, Paed & Women's Health	Ensuring Stability of Our Services	Paediatric Consultant Workforce SWAH	<p>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. One consultant currently on long term sick. One requires DORG involvement having returned from long term sick leave. This consultant is not covering the out of hours rota, resulting in two consultants unable to provide out of hours cover. Anticipation of one permanent consultant retiring within the next 12 months. Effect The impact financially to run this</p>	<p>•Swite locum Consultants in place covering current gaps. •Recruited Swite Specialty Dr (IMR) to middle tier. Will review skill set in one years' time, query possibility CESR to progress to Consultant tier. •Swite temp 2 year fixed term contract advertised. •R&B Description sent to Royal College for approval to recruit to a further permanent consultant. •Use of IMR</p>	<p>•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.</p>	<p>•Ability to maintain a full rota. •Feedback from the Clinical Lead •Feedback from members (MDT) Nursing and Management within the Sub-Directorate.</p>	No gaps identified	Escalate workforce challenges at the Child Health Partnership. Undertake a financial assessment to recruit a perm Consultant to reduce locum spend	31/12/2025 31/12/2025
1717	25/07/2025	12 High (Amber)	8 High (Amber)	4 High (Amber)	Director of Social Work/Director of Woman & Children's Services		Risk of Fire in accommodation provided to CLA	<p>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.</p>					Further discussions with Planning Performance and Corporate Services and on an ongoing basis on how best to support each other to reduce the risk. To ensure that newly developed Accommodation Agreement is given to and signed off by all young people residing in Trust Owned Accommodation/Markin & Tarasis Accommodation and AirB&B accommodation. Increase electrical sockets in Trust Owned Properties. Currently insufficient sockets which can result in the extensive use of extension leads thereby increasing the risk of overloading circuits. Staff to continue to visit young people under 18 years home	31/12/2025 31/12/2025 31/12/2025 31/12/2025