

**TRUST BOARD ITEM: BRIEFING NOTE**

<b>Meeting Details:</b>	6 <sup>th</sup> Nov 2025
<b>Director:</b>	Dr Brendan Lavery
<b>Issue Title:</b>	Corporate Risk Register Summary and Corporate Risk Register Assurance Framework
<b>Indicate the connection with the Trust's Mission and Vision (please tick)</b>	<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
<b>Indicate the link to Trust's strategic priorities (please tick)</b>	<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
<b>Summary of issue to be discussed:</b>	For approval: - Obs & Gynae Consultant Workforce  No Material changes to note  All action plans and risks have been updated within quarter.
<b>Trust Board Response Required (please tick)</b>	<input checked="" type="checkbox"/> For approval <input type="checkbox"/> To note <input type="checkbox"/> Decision

# CORPORATE RISK REGISTER & ASSURANCE FRAMEWORK

BRIEFING NOTE PREPARED FOR TRUST BOARD ON 6<sup>th</sup> NOVEMBER 2025.

There are 22 risks on the Corporate Risk Register as approved at Trust Board 2<sup>nd</sup> 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 <sup>rd</sup> 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

Report

24/10/2025

Risk ID	Lead Director	Risk Title	Initial		Current		Risk Appetite			Current Risk Status		Action Plan Status	Latest Update	
			Score	Grade	Score	Grade	Target Score	Target Grade	Level of Tolerance	Action on Appitite	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/Genetic – 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 through 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.





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	ability to deliver safe, high quality and sustainable services due to workforce supply and disruption	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. Delivery of Clinical Nurse Staffing in Northern Ireland Organisation Development Steering Group Health and Wellbeing Strategy Engagement & Involvement Strategy Workforce Strategy & Trust Workforce Strategy and key actions Policies - Rec & Selection Framework, Attendance at Work, Recruitment, 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	Occupational Health - absence of locums and increasing demands on team without additional resources. Impact of recruitment and also uptake of mandatory training and completed annual appraisal. inability to follow normal policies and procedures during periods of high demand and also during emergency situations such as Pandemic. Lack of co-ordinated information on agency staffing. Due to demand in services. Completion of Working Time Regulations and New Directions People Committee - Workforce Strategy, Recruitment and Shared Services, Shared Working Time, Payroll Committee - Quarterly Reporting of Absence, Appraisal, Mandatory Training, Consultant Job Planning, Temporary Staffing, Agency Staffing, Turnover and Grievance/Disciplinary/Statutory Cases.	Working Together Delivering Value Health check measurements on absence hours lost, understanding required time to fit posts, job planning completion rate. Involvement Committee - Quarterly monitoring of staff engagement on initiatives that contribute to achievement of Trust Great Places ambitions (start life, live well and grow old). Pension Regulator Compliance Junior Doctors Hours monitored twice yearly and returns to the Pensions Regulator. BSO Recruitment Shared Services provides recruitment services for the Trust and there has been an increase in the use of recruitment and dependence on them for related information. Inability of NMFTA to provide required number of junior Doctors for certain specialities and localities. (Risk 694)	BSO Shared Service not meeting statutory or procedural deadlines resulting in, for example, delays in recruitment inability of NMFTA to fill all posts. insufficient number of social work student applications to the University Degree Course in rural areas. insufficient training places being procured by Department of Health to meet the demands of medical and nursing workforce. HMRC Regulations and impact for HSC Pension particularly high agency rates. Impact of McCloud and Sergeant Employment Law cases. Safe staffing model for social workers. 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 Growing for the Future Belonging to the HSC New Ways of Working	31/03/2026 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 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 PSDM of direct risks including water, electrical, asbestos, physical infrastructure. Should a critical issue materialise further funding can be sought from DOH or existing funding available. Estates Strategy 2015/16-2020/21 Annual review of building services infrastructure and creation of prioritised BIM list. 2022/23 Backlog maintenance programme developed and implemented. Capital programme for estates to address backlog and maintenance targets of priority areas as Funding becomes available. Monthly review of Backlog Maintenance capital investment plan. Priority Backlog Maintenance capital investment plan 35% Y5 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 Maintenance of Health and Safety/ Water Safety Groups Reports to Corporate Governance Sub Committee/Governance Committee Address standards Buildings, Land, Plant & Non-Medical Equipment Oakleaf - 6 facet independent survey	Lack of Funding for backlog maintenance.	Review of emerging issue 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 issue and response required Monthly review of Backlog Maintenance capital investment plan Review Ward 50 performance system 30/05/2025 Develop BLM Plan 25/26 BLM and Capital Plan Project Delivery for 21/22 BLM and Capital Plan Delivery 24/25 Develop BLM Plan AM Plan Develop BLM bid 22/23 Devol ownership of BLM	Review of emerging issue 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 issue and response required Monthly review of Backlog Maintenance capital investment plan Review Ward 50 performance system 30/05/2025 Develop BLM Plan 25/26 BLM and Capital Plan Project Delivery for 21/22 BLM and Capital Plan Delivery 24/25 Develop BLM Plan AM Plan Develop BLM bid 22/23 Devol ownership of BLM	30/06/2022 30/09/2022 30/04/2021 30/09/2021 31/08/2021 30/09/2021 30/05/2025 31/05/2025 31/08/2021 30/09/2021 31/03/2023 30/05/2025 31/05/2025 30/09/2023 30/06/2024 31/10/2024 31/04/2025
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 fit into the NISTAR model. 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. When transferring, the patients in the services covering the transfer as well as additional financial cost to the Trust.	Consider stabilising and holding patients 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 / rolls available for ED and Ambulance staff. Guidelines required. This is also replicated in AAH but not as frequently. NISTAR will make ambulance and drama available if AAH is not available. Trust Time Critical Transfer Training tailored to all disciplines i.e. Paediatricians require different training to the adults in the service. Paediatricians 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 available in the area. The equipment for transport in theatre (i.e. trolley with ports etc.) Consultants if called to backfill when a transfer takes place out of hours are remunerated appropriately.	Staff are called away to facilitate transfer. Working with neonatal shortage - non-medically trained staff to backfill and training delivered during core time. No funding for dedicated rota. Difficulty ensuring ongoing professional development to maintain standards of care. Requirement to provide/source Trust Time Critical Transfer Training tailored to all disciplines i.e. Paediatricians require different training to the adults in the service. Paediatricians 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 available in the area. The equipment for transport in theatre (i.e. trolley with ports etc.) Consultants if called to backfill when a transfer takes place out of hours are remunerated appropriately.	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 hubs and RIS. 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 31/01/2025 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 Quality and Experience of Care	Stability 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.	Trust has implemented a sustainable surgical services project to examine surgical services pan-Trust well 18/10/21 Recruitment campaign is continuous at Specialist Dr and Consultant level. Sustained establishment should be 6.5 wte consultant Surgeons. current baseline is 3.0 wte with 3.5 wte Specialty Drs funded for 8.0 wte. 5.0 in place 2 of whom are locums and one acting.	Reluctance from other surgeons across NI to participate in providing locum cover due to the general of surgical cover required.	Continuing support from All-Ireland Surgical Body to provide locum cover for rota gaps.	No gaps in assurances identified	A Proposal for Sustainable Surgical Services will be developed by end January 2022 to address the most pressing issue of emergency surgical services in the Southern Sector of the Trust. Continue with ongoing recruitment of vacant consultant posts. Develop plan for the release of locum surgeons to align with the boarding of new Consultant surgeon appointments 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	

1409	01/07/2022	25	Extreme (Red)	16	High (Amber)	9	Medium (Yellow)	Director of Diagnostics, Cancer and Medical Specialties	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 referred to stay in the ED department for prolonged periods, with minimal mental health input. Voluntary and detained patients at high risk of harm due to lack of suitable staffing, and lack of appropriate infrastructure. 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.	•Eriski/MHL will review all patients every 24 hours and liaise with psychiatry as required •ED will complete Karol's – Psych Consultations to 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 review and review all associated incidents via data to further understand risk and mitigations •MAPA training	•Timely access to Mental Health beds •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	Meeting 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 of Women & 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 current contracts between the WHSCT and the HSE and between WHSCT and Cu Chulainn. There was 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 questioned Trust statutory powers and identified 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 or 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 labels for quality •BLS have provided a Draft Transport Agreement •Engagement with BSO PatS. •Engagement with Logistics UK 'Member Advice Centre' - MAC'. •BLS have provided a revised re- appropriate adjustments required for the contract •There has been no SA's regarding the delivery of DEBM. •No 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. •HSE have issued guidance under the Northern Ireland Clinical Excellence (NICE) Guidelines that recommend the use of the Hazard Analysis Critical Control Point principles. •Regular meeting with Blood Bank (Crosses/Reall)	•HSE agreement to the amended contract •There is no express departmental direction nor policy, 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 SLA Units Training of staff Progress transport agreement Progress work required in relation to contract	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 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 / policies resulting in increased social media challenges; and the absence of a Corporate legal remedy; have all contributed to an already high level of aggression against Trust staff. The result is that staff are increasingly subjected to both sporadic and longer consistent patterns of patient/victim's abusive, challenging, aggressive and violent behaviours in our facilities, communities and home environments leading to significant risk of emotional and physical harm.	MOVA Policy - Await implementation of regional guidelines Limited Legal support available for staff from the Trust when seeking prosecutions/non-imprisonment orders against violent individuals. No Acute Lison Psychiatry service in ED No programme of regular education regarding mental health issues in ED and other acute settings in hospital. CAMHS referral pathways not clarified for patients aged 0-18. CAMHS not co-located in hospital. No designated area for intoxicated patients not utilised to consistently violent patients to be treated in ED. Lack of resource to provide safety intervention training following CEC cessation of training programme. Policy for the Use of Restrictive Interventions with Adult Service (RIAS) – BSL Trust Security Working Group Acute Risk Strategy/Management	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 and Health and Safety Inspections	no gaps in assurances identified	Adopt and embed regional MOVA policy in Trust Policy and Procedures Draft business case to engage 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, Paed & 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	The ENT service in the Western Health and Social Care Trust is funded & WTE consultants. 4 consultants in post. 2 vacant post currently filled with Locum. One head and neck consultant who has moved to the BHF. September 2023. This consultant managed both complex cancer and benign head & neck conditions, including thyroids. This consultant has now retired 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 cancer consultant and general ENT consultant posts re-advertised via IMR and global recruitment.	Consultant with head and neck oncology trained consultant working in the Western Trust. At present there is no provision or pathway for patients following validation process undertaken of retired consultant's skills with regard to current clinical needs. 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 outcomes.	Networked approach with regional colleagues with agreed referral pathway for new Head and Neck cancer patients and regional weekly MDT. Weekly service meetings. These meetings have been subjected to validation by a Consultant peer.	Recruitment of head and neck consultant to 2 Potential Service delivery redesigns Formal Pathway to be agreed with Belfast Trust and Western trust Regional transfer of patients Formal lookback to be undertaken in relation to patients undergoing thyroid surgery in Trust and via it provider in relation to patient care and management for the last 2 years	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	<p>The Western Trust is not commissioned, and does not have the workforce resource to manage this 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 the best outcome. This service is not commissioned within the WHSCT resulting in early intervention not being achieved and crisis intervention services being required, with on-going support required within hospital as a result of difficulties in place setting use, 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 primary driver of their behaviour.</p>	<ul style="list-style-type: none"> <li>Task and Finish and oversight group set up to scope current pressures and map potential solutions.</li> <li>Business case as a result of work above to be submitted to commissioners.</li> <li>Review of delayed discharges</li> <li>Review if relevant/SEAS.</li> <li>MOST discussion in regards to individual cases with escalation if case remains unallocated to Head of Service, Assistant Director and Director</li> </ul>	<ul style="list-style-type: none"> <li>Commissioned Pathway for this Service User group</li> </ul>	<ul style="list-style-type: none"> <li>Review of Incidents</li> <li>Oversight of Delayed Discharges</li> <li>Case Conferencing</li> <li>Review of Complaints</li> </ul>	<ul style="list-style-type: none"> <li>Commissioned pathway for this client group</li> </ul>	<ul style="list-style-type: none"> <li>SCOPING EXERCISE TO BE COMPLETED</li> <li>COMPLETE ARBD</li> <li>RESC</li> <li>CREATE REFERRAL CRITERIA</li> <li>REGIONAL WORK- LEAD</li> <li>TASK AND FINISH/OVERSIGHT GROUP</li> <li>BUSINESS CASE</li> </ul>	29/08/2024 31/12/2024 23/10/2024 31/12/2024 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 domiciliary care services as result of new procurement exercise	<p>The Western Trust has advertised its tender for the provision of commissioned 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 significant change in the delivery for both the service providers and service users. Should a current provider not win in the new tender, TUPE will apply and the workforce will change with respect to one of the successful providers. Whilst TUPE will help mitigate the change there will still be a level of anticipated disruption during the transition period.</p> <p>Current clients will experience a change in provider should their current provider not be successful in this new tender exercise.</p> <p>The new contract arrangements will not be in place prior to the current contract award.</p>	<p>Project Management &amp; Implementation Plan</p> <p>DLS &amp; BSO PaLS support</p> <p>Contract monitoring &amp; management</p> <p>Close links with providers who are the key workers for our clients</p>	No gaps identified.	<p>Regulated service with RQIA and subject to regular inspection.</p> <p>Internal audit inspections.</p> <p>Contract management</p>	No gaps identified.	<p>Implementation plan to be developed once tender outcomes are known.</p> <p>Dedicated tender transition team to be identified</p>	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	<p>Demand on cardiology beds exceeds the capacity. Patients admitted with NSTEMI present a high workload and are 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 ward. This is a concern as patients are at greater risk of arrhythmia/ instability and are not receiving optimised care.</p> <p>Beds in ward 22 are 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.</p>	<p>Patients are identified by the Cardiology Consultants each day who are suitable to outlay to out stay down beds in ward 22. The Cardiology Consultants attend ED each morning to identify and prioritise patients who need to come to the ward.</p>	<p>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.</p>	<p>Patient flow aware of priority list for admission.</p>	<p>Cardiology patients admitted following the morning post take will not be reviewed by a Consultant Cardiologist until the next morning due to staffing pressures</p>	<p>Action Required</p> <p>Action Required</p> <p>Action Plan</p> <p>Consider for de-escalation</p>	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 AHPs	Supporting and Empowering Staff	Risk of Roster - Pro System Failure	<p>From 30 Sept 2023 the Roster-pro system has no software support in place.</p> <p>In the event that the Roster-pro System fails the following risk mitigation plan will be outlined:</p> <ul style="list-style-type: none"> <li>Loss of electronic rostering function until system function restored if possible.</li> <li>Loss of ability to use electronic shift data to inform payroll for a shift.</li> <li>Loss of management data on workforce utilisation.</li> <li>Additional workload for Roster Managers to revert to manual rostering if system fails.</li> <li>Loss of ability to manage 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.</li> </ul> <p>Note: System failed on 28 May 2024 due to an expired licence.</p>	<p>WHSCT has procured a replacement E-Roster System. Implementation commencing March 2024 and to be completed by September 2025 (38months). The Digital Services Team process a system back-up on a bi-monthly basis. This would mitigate the data integrity up to the last back-up. The lead manager of the WHSCT Nursing and Midwifery Rostering Function outlines the contingency arrangements in the event of roster system failure.</p> <p>Emergency plan has been tested during the October 2024 system upgrade 28 - 30 May 2024.</p> <p>Updated to reflect learning and need for more process directed instruction to Roster Managers. Updated Contingency measure communicated to all Roster Managers June 2024.</p>	<ul style="list-style-type: none"> <li>No software maintenance support available from 30 Sept 2023.</li> <li>No alternative electronic option to manage processing data on special duties enhancements to payroll.</li> </ul>	<ul style="list-style-type: none"> <li>Roster-pro system functionality tested daily by E-Roster Team.</li> <li>System back-up processed by Digital Services Team.</li> <li>Bank Office produce weekly report on shifts bookings as back up.</li> <li>Roster preparation will revert to paper based option.</li> <li>ETM02 available for staff to record special duty enhancements to inform payroll</li> </ul>	<ul style="list-style-type: none"> <li>Additional workload for line managers to approve numerous ETM02 claims for special duty enhancements.</li> </ul>	<p>Full Implementation of e-rooster software</p>	31/10/2025

1692	07/05/2025	16	High (Amber)	16	High (Amber)	6	Low (Green)	Director of Surgery, Pead & Women's Health	Ensuring Stability of Our Services	Paediatric Consultant Workforce SWAH	<p>Current vulnerabilities within this service:</p> <p>Consultant:</p> <p>We currently have gaps at consultant level with only 2 out of 6 substantive consultants working on the Out of Hours Rota (OOH rota).</p> <p>Effect:</p> <p>We have one consultant recently returned from long term sick but not working on the OOH rota. One consultant heavily weighted to community.</p> <p>One consultant currently on long term sick. One requires OOHG 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.</p> <p>Anticipation of one permanent consultant retiring within the next 12 months.</p> <p>Effect:</p> <p><small>*This impact financially to run this service</small></p>	<ul style="list-style-type: none"> <li>▪ Able to offer Agency Drs sufficient hours between 9 – 5, Monday to Friday, due to the high cost of the service, resulting in dissatisfaction with Agency Drs, impacting our ability to retain same.</li> <li>▪ Able to recruit locum Consultants in place covering the current gaps.</li> <li>▪ Able to recruit and have Locally Dr (MDT) to middle tier. Will review skill set in one years' time, query possibility CERS to progress to Consultant tier.</li> <li>▪ Able to extend 1 year fixed term contract advanced.</li> <li>▪ <small>*b6b Description sent to Royal College for approval to recruit to a further permanent consultant.</small></li> <li>▪ Use of IMR</li> </ul>	<ul style="list-style-type: none"> <li>▪ Able to offer Agency Drs sufficient hours between 9 – 5, Monday to Friday, due to the high cost of the service, resulting in dissatisfaction with Agency Drs, impacting our ability to retain same.</li> <li>▪ Some IMR Drs require significant support and investment however are unable to practice independently on the OOH rota.</li> <li>▪ There continues to be a shortage of eligible candidates within the middle tier. 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.</li> </ul>			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
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.</p> <p>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.</p> <p>Given young people are unsupervised without a 24/7 staffing model, there is a significantly high corporate risk to life.</p> <p>Please refer to Datix incident numbers... for past incidents.</p>				<p>Further discussions with Police, Fire and Corporate Services and on an ongoing basis on how best to support each other to reduce the risk.</p> <p>To ensure that newly developed Accommodation Agreement is given to and signed off by all young people residing in Trust Owned Accommodation/Harkin &amp; Tiersis Accommodation and AirBnB accommodation.</p> <p>Increase electrical sockets in Trust Owned Properties. Current multiple power sockets which can result in the extensive use of extension leads thereby increasing the risk of overloading circuits.</p> <p>Staff will continue to visit young people under <small>*b6b</small></p>	<p>Accommodation Agreement is given to and signed off by all young people residing in Trust Owned Accommodation/Harkin &amp; Tiersis Accommodation and AirBnB accommodation.</p> <p>Increase electrical sockets in Trust Owned Properties. Current multiple power sockets which can result in the extensive use of extension leads thereby increasing the risk of overloading circuits.</p> <p>Staff will continue to visit young people under <small>*b6b</small></p>	31/12/2025	