

TRUST BOARD ITEM: BRIEFING NOTE

Meeting Details:	4 th December 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>	<ul style="list-style-type: none"> ✓ People who need us feel cared for ✓ People who work with us feel proud ✓ People who live in our communities trust us
Indicate the link to Trust's strategic priorities <i>(please tick)</i>	<ul style="list-style-type: none"> ✓ 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> <p>New Corporate Risk for approval;</p> <ul style="list-style-type: none"> - Sustainability Risk <p>Material change;</p> <ul style="list-style-type: none"> - No material changes to consider <p>Action summary;</p> <ul style="list-style-type: none"> - All action plans and risks have been updated within quarter.



Trust Board Response Required <i>(please tick)</i>	<input checked="checked" type="checkbox"/> For approval <input type="checkbox"/> To note <input type="checkbox"/> Decision
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CORPORATE RISK REGISTER & ASSURANCE FRAMEWORK

BRIEFING NOTE PREPARED FOR TRUST BOARD 4TH DECEMBER 2025

There are 24 risks on the Corporate Risk Register as approved at Trust Board 6th November 2025.

Summary

- Proposed New Risks;
 - Sustainability – summary provided below. New risk form and briefing note 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. Sustainability - The Climate Change Act Northern Ireland (CCA NI) 2022 places duties on all NI public bodies including the Western Trust, to exercise their functions in a manner that is consistent with the objectives of the Act. This includes collectively meeting the carbon reduction targets, building resilience through adaptation to climate change, and enhancing the natural environment and biodiversity.

In addition, the Climate Change Act has set a target on all public bodies including Health, to achieve a 100% reduction in carbon emissions in order to achieve net zero greenhouse gas (GHG) emissions by 2050 (from baseline), with interim targets to be set out by DAERA in the coming months for the years 2030 and 2040.

A briefing paper was considered by CMT in July 2025 which outlined 4 key recommendations all of which were approved this included the development of a sustainability risk that would consider the risk of failing to meet the statutory obligations of achieving Net Zero.

A follow up briefing was considered by CMT in October and included the Trust's mandatory response to the DAERA baseline report on Scopes 1 & 2 (Estates and Infrastructure elements only). Scope 3 (medicines management, staff travel, patient travel, medical equipment, supply chain etc) work needs to start now to prepare for this.

The Trust's new Sustainability Steering Group was established and had its first meeting on 18.11.25 and members agreed to take the Terms of Reference and the commitment to a range of Working Groups away to consider and feedback.

There are a range of risks for the Trust, and all public bodies, in terms of ability to meet this important legislative change and attached is a Draft Risk Template for CMT consideration.

Proposed inclusion on the Corporate Risk Register given the legislative compliance requirement and the Trust-wide commitment required to address gaps.

Responsible Director: Director of Planning, Performance & Corporate Services

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	Risk of disruption to the Trust's contracted out domiciliary care	1. Continue to progress as per the action plan	High	Low (target score between	

	People's Services	services as a result of new procurement exercise			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				
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	Risk of breach of data protection legislation through loss,	1. Keep controls/actions under review	High	Low (target score 1-	

	Corporate Services	mishandling or inaccessibility of personal or sensitive personal information			6) Current target score 6	
1236	Director of Finance	Stabilisation of Financial sustainability	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 1. Risk owner keep risk under review 	High	Low (target score between 1-6) Current target score 6	
1409	Director Unscheduled Care, Medicine, Cancer and Clinical Services	ED Mental Health Patients	<ol style="list-style-type: none"> 1. Risk owner to consider for de-escalation 	Low	Low (target score between 1-6) Current target score 6	

Risk Sub- Category	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 Appitite	Mths since score changed	Change in score since last review			
Regulation & Compliance	1	Director of Performance, Planning and Corporate Services	Fire Risks	20	EXTREM	15	EXTREM	6	MEDIUM	High	1. Complete deep dive in Dec 2025	<div></div> 16	No change	0	Actions listed with future due dates	[10/11/2025] Estates have prepared a mitigation plan to achieve compliance with Fire KPI's despite being unable to recruit fire officers. This will be presented to the PPCS Governance Group.
Quality of Care	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	<div></div> 49	No change	0	Actions listed with future due dates	[17/11/2025] November 2025 - Social Work staffing within frontline teams has stabilised over the last couple of months which in turn has meant that Unallocated Case figures remain at a manageable level. Gateway - 7 (Family Support) Family Intervention - 6. All unallocated cases are closely monitored as per regional guidance and escalated to Assistant Director level if deemed appropriate.
ICT & Physical Infrastructure	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						
Regulation & Compliance	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	<div></div> 19	No change	0	Actions listed with future due dates	[11/11/2025] Staff IG Awareness training at 87%. Month on month improvement in SAR compliance and update provided to ICO. WHSCT staff Privacy Notices for HR and OH reviewed and updated (with TC on updates sent out to all staff).
Regulation & 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.	<div></div> 22	No change	1	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.
Quality of Care	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	<div></div> 38	No change	0	Actions listed with future due dates	[17/11/2025] November Update: Altnagelvin: No change risk continues. SWAH: No change risk continues
Financial	1236	Executive Director of Finance, Contracts & Capital Development	Stabilisation of Trust Financial Position including planning for breakeven in the current financial year.	16	HIGH	16	HIGH	6	MEDIUM	High	1. Review current score 2. Review wording of the risk	<div></div> 21	No change	0	Actions listed with future due dates	[21/11/2025] The Trust has complied with its obligations to provide a Financial Plan and Contingency Savings Plan for 2025/26. The Trust has effectively communicated it's ambition to deliver £38.6m of low and medium impact savings and £0.5m of high impact savings and has identified further opportunities of £11.6m which includes targeted arrangements relating to the management of growth in year. SPPG has provided £15.3m of deficit funding to the Trust leaving a deficit of £2.6m (subject to approval). This position is significantly impacted by the risk in relation to payment of the pay award for 2025/26. While no pay circular has been received, it has been announced that the recommendation of the pay review body for a 3.6% uplift for Agenda for Change is to be honoured. We understand that the Regional cost of the pay award is circa £200m and that DoH are hopeful to receive a contribution of up to £100m towards the total cost. It has not yet been clarified what this means from a Trust forecast deficit position.

Risk Sub- Category	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 Appitite	Mths since score changed	Change in score since last review			
Quality of Care	1254	Director of Human Resources & Organisational Devopement	Inability to deliver safe, high quality and sustainable services due to workforce supply and disruptions	16	HIGH	16	HIGH	6	MEDIUM	High	1. Risk lead to consider actions from Directorate plan against this risk and reference this through action plan 2. Consider updating the assurance map	<div></div> 37	No change	2	Actions listed with future due dates	[18/09/2025] Medical recruitment activity continues with a range of challenging difficult to fill specialities. Alternative solutions to agency staffing are being addressed including Clinical Fellows and an increase in IMTs to address gaps at resident doctor level. Medical and Dental recruitment continues to be hosted largely on Healthdaq with the extended reach for advertising and the applicant tracking facility both supporting extending applicant pools. Proposals to target job fairs and speciality conferences for hard to fill medical specialities are being progressed. Trust attended the Royal College of Psychiatry National Congress and contact is being made with interested individuals. Attendance at the 25th World Congress for Psychiatry on 5-8 October 2025 is in planning stage. Application has been successful to increase the RRP for Psychiatry to 20%. An application has been made for a 10% RRP for Old Age Psychiatry. The International Recruitment Bespoke Recruitment Campaign to Mumbai in September 2024 focused on “hard to fill” consultants and SAS doctors. 27 doctors have commenced employment. ERST continue to develop bespoke recruitment exercises for hard to fill posts. Resources are currently focused on nurse stabilisation and a Band 2/3 Nursing Assistant for Acute, Community and Mental Health. A task and finish group has also been established to focus on the ongoing recruitment challenges and will also be exploring potential employment initiatives for this group of staff.
Regulation & Compliance	1288	Director of Performance, Planning and Corporate Services	Risk of failure to meet regulatory standards and compliance associated with Trust infrastructure and estate.	12	HIGH	12	HIGH	6	MEDIUM	High	1. Risk owner keep risk under review	<div></div> 38	No change	0	Actions listed with future due dates	10/11/2025] Within the last month a number of additional risks have presented including the requirement to undertake urgent remedial works to the CEC roof and the failure of the heating system to the Drumhaw facility. Remediation works are in place for both facilities.
Quality of Care	1307	Director of Surgery, Paediatrics and Women's Health	Clinical Risk regarding Delayed Transfer of Babies, Children and Adults to Other Hospitals	25	EXTREM	25	EXTREM	6	MEDIUM	Low	1. Review risk scoring as there is low tolerance for score remaining as is. 2. Ensure risk update provided	<div></div> 38	No change	1	Actions listed with future due dates	[14/10/2025] Some of the equipment for the new transport trollies has been delivered. The trollies are in production and are planned to arrive before Christmas. Contingency trollies remain in use. Neo Natal NISTAR cover remains sporadic resulting in babies of higher acuity having to remain in Western Trust Neo Natal Units longer and local teams having to undertake emergency transfers.
Quality of care	1334	Director of surgery, Paediatrics and Women's Health	Sustainability of surgical services in Southern Sector of Trust due to recruitment & retention difficulties at Consultant and Mi	20	EXTREM	15	HIGH	6	MEDIUM	Low	1. Continue to manage as per action plan	<div></div> 28	No change	1	Actions listed with future due dates	[20/10/2025] Specialty doctor currently approved for advert to be closed within next two weeks to interview early Nov. Final consultant has taken up post 01.09.2025 and is actively engaging in theater sessions, day case sessions, clinics in southern sector. The service has returned to 11.25 consistent clinics, there is always a minimum of 1 consultant on site daily SWAH.
Quality of Care	1409	Director of unscheduled care, medicine, Cancer and Clinical Services	ED Mental Health Patients	25	EXTREM	16	HIGH	6	MEDIUM	Low	1. Risk owner to consider for de-escalation	<div></div> 33	No change	0	Actions listed with future due dates	[17/11/2025] November Update: SWAH: The risk remains unchanged. Altnagelvin: The risk remains unchanged.
Health & Safety	1469	Medical Director	Health & Safety Risk to Staff as a result of Violence and Aggression	12	HIGH	16	HIGH	4	HIGH	Low	1. Keep risk updated with actions ongoing	<div></div> 6	No change	0	Actions listed with future due dates	[21/11/2025 08:11:42] MOVA group is due to meet again on 25.11.25, the trial of bodyworn cameras is now in place with Alt ED and a mental health facility. Updates will be provided to the group on a regular basis.

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				Score	Grade	Score	Grade	Target Score	Target Grade	Level of Tolerance	Action on Appitite	Mths since score changed	Change in score since last review			
Quality of Care	1601	Director of surgery, Paediatrics and Women's Health	Inability to retain ENT Head & Neck Service Provision	16	High	16	high	6	MEDIUM	Low	1. Amalgamate risk with ID1649 and include mitigations re BHSCT	 16	No change	0	Actions listed with future due dates	[21/11/2025] {11/11/2025} : This risk was amalgamated with 1694 in August. Interim arrangements for H&N service provision continues to remain in place locally as the risk remains unchanged. The Trust had shortlisted and offered international doctors following with one consultant confirmed and commenced post in August 2025 while 2 who had initially accepted the offer have retracted. The 1:7 ENT rota remains fragile, applying pressure to existing Consultants. There is a reliance on temporary solutions (e.g. Locums) and this does not provide long-term stability. Currently the ENT Department is funded for 6 whole time equivalent (wte) Consultant Surgeons. As of Nov 2025, only 4wte Consultants are in post, including: <ul style="list-style-type: none"> • 1 wte Substantive Consultants (plus 1.00 on employment break for 18 months) • 1 wte Trust Locum Consultant • 1 wte Agency Locum Consultant • 1 IMR Consultant Joined 1st August'25 The ENT service is unable to recruit a Head and Neck Consultant which is proving difficult in the context of patient demand. Given previous attempts at recruitment, it is unlikely that this position will change in the medium to long-term. This has had significant impacts on the review and management of relevant patients, cancer surveillance and complex benign conditions. The team, as an interim measure will see H+N patients alongside oncology colleagues on the 1st and 3rd Wednesday. The following control measures are in place to support the management of this risk: <ol style="list-style-type: none"> 1. Locum Consultant Cover – Temporary locum and agency consultants engaged to fill gaps. 2. International Medical Recruits – Recently recruited international candidate, out of which only 1 has joined. 3. Triage and Prioritization – Clinicians prioritizing urgent and cancer patients to manage demand. 4. Mutual Aid Support – Engaging with regional networks for cross-cover support.
Quality of Care	1629	Director of Adult Mental Health & Disability Services	Alcohol Related Brain Disease: Non Commissioned service within WHSCT	9	MEDIUM	9	MEDIUM	6	MEDIUM	High	1. Review/update description 2. Review grading of the risk 3. Subject to a Deep Dive in Sept 2025	 12	No change	1	Actions listed with future due dates	[30/10/2025] Deep Dive also presented within Governance Committee on 24 September 2025
Financial	1656	Director of Nursing	Risk of Roster- Pro System Failure	9	MEDIUM	9	MEDIUM	6	LOW	Low	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	 10	No change	0	Actions listed with future due dates	[21/11/2025] From 1st December 2025 all nursing rosters that was on Roster Pro will be live on the Allocate roster system. Residential and Support services remain on Roster Pro with transition scheduled June 2026 following roster builds and training.
Quality of care	1647	Director for Primary Care and Older People	Risk of disruption to the Trust’s contracted out domiciliary care services as result of new procurement exercise	20	Extreme	20	Extreme	6	MEDIUM	High	1. Continue to progress as per the action plan	 9	No change	1	Actions listed with future due dates	[10/10/2025] Due to unforeseen circumstances, this tender will not now be awarded until January 2026. This is impacting on Domiciliary Care service delivery, particularly in Fermanagh, where we are down to 2 contract providers given Northwest Care's withdrawal
Regulation & Compliance	1423	Executive Director of Social Work/Director of Women & Children Services	Human Milk Bank - Does not meet Governance and Information requirements	12	MEDIUM	12	MEDIUM	1	LOW	High	1. Continue to progress as per the action plan	 9	NO change	0	Actions listed with future due dates	[18/11/2025] There is quite significant interest in the milk bank as it appears to be the only one sitting within/outside the EU. There is a risk of increased audit and governance expectations. SOHO (Substance of Human Origin) implications for milk banks include new EU regulations that extend quality and safety standards to human milk, mandating a framework for donor protection, donor compensation rules, and improved tracking of milk quality. It also means that milk banks must implement more rigorous screening protocols to prevent infectious disease transmission, such as a required deferral for donors exposed to mpox. Furthermore, milk banks need to adapt to potential financial neutrality rules for donors, while ensuring comprehensive donor protection and safety standards.

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				Score	Grade	Score	Grade	Target Score	Target Grade	Level of Tolerance	Action on Appitite	Mths since score changed	Change in score since last review			
Quality of care	1653	Director of unscheduled care, medicine, Cancer and Clinical Services	NSTEMI IN ED	20	Extreme	20	Extreme	6	MEDIUM	Low	1. Review risk and action plan and consider this risk for de-escalation	<div><div></div></div> 9	No change	0	Actions listed with future due dates	[17/11/2025] November Update: This risk was de-escalated to a Directorate risk as approved at the CMT Workshop in January 25. The risk remains unchanged. Demand exceeds capacity for cardiology beds.The consultants continue to pick up each morning in ED and allocate beds in cardiology ward based on clinical indication. We also try to utilise the ward 22 beds as far as possible whilst managing general flow bed pressure. A discussion occurs each day between the NIC of both areas and the patient flow team [05/11/2025] Cardiology consultants identify patients suitable to outlie to ward 22 following the ward round each day. the NIC of both cardiology and ward 22 discuss potential suitable transfers and discuss the need for beds depending on demand for cardiology and also taking the entire site pressures into consideration. In addition the Cardiology Consultants complete a pick up round in ED 7 days per week and beds are allocated in cardiology on a clinically based requirement
quality of care	1692	Director of surgery, Paediatrics and Women's Health	Paediatric Consultant Workforce SWAH	16	High	16	High	6	LOW	High	1. Complete Assurance Map 2. Continue to manage as per action plan	<div><div></div></div> 5	No change	1	Actions listed with future due dates	[14/10/2025] There has been RCPCH approval of Job Descriptions and a recruitment processes is currently ongoing for two consultant posts (x1 Community/Acute x1 Acute). One consultant remains off the out of hours rota and one consultant remains on long term sick leave. Continued reliance on consultant locum cover
Health & Safety	1717	Executive Director of Social Work/Director of Women & Children Services	Risk of Fire in accomodation provided to CLA	12	High	12	High	4	HIGH	TBC	TBC	<div><div></div></div> 4	No change	3	Actions listed with future due dates	[20/08/2025] New Corporate Risk agreed by Trust Board - work ongoing
Quality of Care	947	Director of Adult Mental Health & Disability Services	Lack of Senior Medical staff in the AMHD Directorate	16	High	20	high	12	Medium	TBC	TBC	<div><div></div></div> 3	No change	1	Actions listed with future due dates	[21/10/2025] There have been no applicants to the recruitment exercises to date for substantive Consultant posts. The current recruitment open is open until end of October 2025. AMH Services including Alcohol & Drugs Service have Consultant cover through a combination of Substantive and Locum Consultants. A locum has been secured for the vacant part-time Eating Disorder Service/ RTN service post. HR have continued to support psychiatry with recruitment campaigns to promote and attract interest in the substantive medical vacancies through International recruitment and hosted a stall at the recent 25th World Congress of Psychiatry event taking which place in Prague in October 2025 - interest from the event is being followed up. Meetings are arranged with all Locum Consultants to discuss potential for Trust contracts.
Quality of Care	1770	Director for Primary Care and Older People	Risk of Service Disruption to Service Users in Reciept of Domiciliary Care in areas of Fermanagh	20	high	20	high	9	Medium	TBC	TBC	<div><div></div></div> 0	No change	1	Actions listed with future due dates	[10/10/2025] Lot 4 Lisnaskea transitioned to other current providers on 15th September. While this transition was successful in that all current service users safely transitioned to their new provider, this is having a detrimental impact on the providers ability to accept new referrals. As of 9 October, there were 95 clients in the community awaiting 813.75 hours of care in Lisnaskea, 128 clients and 130 hours in Irvinestown, 127 clients, 1216 hours in Enniskillen. In addition to this, there were 27 patients delayed in SWAH waiting on a package of care.
Quality of Care	1809	Director of Surgery, Paediatrics and Women's Health	Obs & Gynae Consultant Workforce AAH	16	High	16	High	9	Medium	TBC	TBC	<div><div></div></div> 0	No change	0	Actions listed with future due dates	21/11/25 New Corporate Risk as approved at TB Nov 2025

		Initial Risk		Current Risk		Target Risk		Responsible Director	Corporate Objectives	Title	Description	Controls	Gaps in controls	Assurance	Gaps in assurance	Description (Action Plan Summary)	Due date	Done date
ID	Opened	Rating (initial)	Risk level (initial)	Rating (current)	Risk level (current)	Rating (Target)	Risk level (Target)											
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	Not all staff are trained in mandatory fire safety awareness training. Potential exists for Premises to be operational without a Nominated Fire Officer in the Department Regional Group meetings are infrequent Not all Fire Risk Assessment are completed within designated Timeframe. Target is 100% Infrequent Drills due to competing Pressures. Financial Constraints Competing priorities Ageing Estate and deterioration of physical infrastructure Working with service to ensure service delivery/care is not impacted. Not all Directorates have included fire on their directorate risk register. Current risks not aligned to the corporate risk ID01. Systems are currently not in place for annual attendance at Directorate SMT's. Space limitations within Trust footprint. Stock control management at a service level. Limited opportunities for management walkarounds Firestopping defects still present on SWAH site.	Fire Safety Policy, procedures and manual. Including: Site specific fire emergency plans for SWAH and ALT. Departmental fire procedures in place for all areas. Monthly reports provided to Business managers for distribution to HOS/AD's to identify staff compliance. Fire risk assessment audits. Fire Safety Working Group. Monthly drilldown of nominated fire officers throughout the Trust. Incidents are investigated by the Trust incident management process. Learning is cascaded both locally and regionally. Oversight over regional learning and good practice To ensure that nominated fire officer are aware of their fire safety responsibilities in each department/premises. Monitored through Fire risk assessment audits. Fire risk assessments are completed by Trust Fire safety advisors Frequency is dependent on criticality of premises. Inspections by external bodies	Accuracy of Learn HSCNI reporting of mandatory training compliance Potential Exists for Premises to be operational without a Nominated Fire Officer in the Department None adherence to Learning Incomplete Documentation within fire safety log books Failure to sustain recommendations on a long term basis Failure to Update Fire Safety Controls assurance Action Plan. No scheduled intrusive surveys programmed. Directorates Fire Safety Risk currently not reviewed at fire safety group and at SMT's. Irregular meetings of Task and 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 review for 16/17 Fire Safety Report 15/16 Priority list of firecode works to be prepared Fire Improvement Works 14/15. Implementation of Directorate Action Plans. Fire Improvement Works 15/16 Hospital Fire Storage Working Group to be set up Working Group to be established to Review Inappropriate draining of Medical Gas Cylinders leading to a Fire/Explosion risk Review storage under Ward 31/ 32 stairwell Implement elearning fire safety training Head of SS and Fire Manager to attend all Directorate SMTs	31/03/2021 31/03/2021 31/03/2019 30/09/2018 31/03/2018 30/06/2016 30/06/2016 31/07/2016 31/03/2015 31/12/2015 31/03/2016 31/03/2024 30/04/2024 30/06/2024 30/09/2017 30/06/2025 31/03/2024 31/03/2017 03/01/2024 31/12/2023 31/03/2021 30/11/2025 31/03/2023 30/06/2022 25/04/2022 30/09/2024 21/12/2022 30/06/2023 30/06/2023 30/06/2023 30/09/2024 31/12/2025	31/03/2021 31/03/2021 31/03/2019 30/09/2018 31/03/2018 31/03/2018 31/05/2016 31/05/2016 30/06/2016 31/03/2015 31/12/2015 31/03/2016 22/02/2024 16/04/2024 30/04/2024 30/09/2017 04/06/2025 22/02/2024 31/03/2017 03/01/2024 31/12/2023 31/03/2021 10/11/2025 02/06/2023 06/09/2022 06/09/2022 07/10/2024 02/06/2023 16/02/2024 16/02/2024 16/02/2024 07/10/2024
6	21/09/2009	25	Extreme (Red)	12	High (Amber)	6	Medium (Yellow)	Director of Women & 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	Ongoing action to secure recurring funding. Update meetings between F&CC ADs and Director. Performance Management Review is being undertaken by HSCB with all 5 Trusts focusing on Unallocated cases and timescales Early Help staff returned to their substantive posts within gateway to increase the ability to allocate Principal Social Work redeployed will monitor Action Plan and progress to stabilise team Service Managers and Social Work Managers monitor and review unallocated cases on a weekly basis. Service and SW Managers constantly prioritise workloads.	Inability to get sick leave covered inability to recruit and retain social workers Principal Social Workers review unallocated cases regularly HSCB have drafted a regional paper to secure additional funding for Unallocated Cases. Delays in recruitment	Feedback given to Performance & Service Improvement for accountability meetings with HSCB. Quarterly governance reports to Governance Committee. Up-dates by Director to CMT and Trust. Action Plan to review and Address Risks within FIS Enniskillen Delegated Statutory Functions	Reports to SPPG only detail numbers of families. There is no assurance of the mitigations put in place to ensure safeguarding of children awaiting allocation. DSF reporting is bi-annually and taken at a point in time. It does not demonstrate trends over the full reporting periods.	Piloting a generic model of practice FIS Early Help Team established to help address unallocated cases. Principal SW temporarily redeployed to review all unallocated cases in FIS and then SW caseloads in FIS Action Plan Developed to address and Monitor Risks in FIS Enniskillen increased student placements to work on Family support casess and provide positive practise experience to encourage students to take up posts Retirees working alongside family support workers and social workers assistants providing assessments, support and interventions to those cases on the waiting list (unallocated) Overtime offered in Enniskillen to allocate cases for interventions to work towards closure Principal practitioner allocated cases to complete work and close interventions were ongoing support is no	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	12/08/2025 12/08/2025 12/08/2025 12/08/2025 12/08/2025 12/08/2025 12/08/2025 12/08/2025 12/08/2025

		Initial Risk		Current Risk		Target Risk												
49	06/10/2009	16	High (Amber)	20	Extreme (Red)	6	Medium (Yellow)											
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 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	Subject Access and Data Access agreement procedures. Information Governance/Records Management induction/awareness training. Regional code of practice. Information Governance Steering Group. Records held securely/restricted access. ICT security policies. Raised staff awareness via Trust Communications/Share to Learn. Fair processing leaflets/posters. Investigation of incidents. Data Guardians role. Regional DHSSPS Information Governance Advisory Group. Electronic transmission protocol. Investigation of incidents. 2 secondary storafe facilities available across NS & SS Trust Protocol for Vacating & Decommissioning of HSC	Potential that information may be stored/transferred in breach of Trust policies. Limited uptake of Information Governance and Records Management training. No capacity within the team to take on provision of IG training	Reports to Risk Management Sub-Committee/Governance Committee BSO Audit of ICT and Information Management Standards. BSO Internal Audit of Information Governance. Revised composition and terms of reference of the Information Governance Steering Group as a result of the new SIRO/IAO framework.	No gaps in assurance identified	Band 3 0.5 post inceased to full time Recruitment of Band 4 Information Governance Development of information leaflet for Support Services Staff to increase awareness of information governance Review of regional e-learning IG training Establishment of Regional Records Man Group Development of IG action plan to be finalised through IGSG Recruitment of band 5 IG post to support DPA Development of IG information leaflet for support staff Review of Primary (acute) records storage in AAH Restructure of IAO process Review of Secondary storage in Maple Villa Production of Records Storage guidance for home working staff working from home New secondary storage facility in the southern sector Reporting on the ICO pilot tabled at the IGSG	31/03/2019 31/03/2019 31/03/2019 31/12/2020 30/09/2020 30/09/2020 31/12/2020 30/09/2020 30/09/2025 31/03/2025 30/12/2025 31/12/2021 31/03/2025 30/12/2025 01/06/2022 30/12/2025 31/03/2023 30/09/2026	31/03/2019 28/02/2019 01/03/2019 25/11/2020 30/09/2020 30/09/2020 31/12/2020 30/09/2020 16/09/2025 03/03/2025 09/09/2021 03/03/2025 01/06/2022 08/03/2023
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	Ongoing recruitment drives, including international recruitment Use of locums - where availbalbe and competent Job plans and appraisals with existing staff to ensure collaborative working Monitoring of Datix and learning from SAls A review of workforce and Allied Professionals to support the medical capacity Service review and improvement Medical oncall rota Best practice guidance Links with Regional Fora 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. CEAs not currently availble in NI, but are throughout the rest of the UK ROI uplift in terms and conditions significantly more attractive Staff numbers have NOT been expanded in recent years in line with increased demand and complexity; particulary compared to other trusts and specialities. This makes advertised posts less attractive on the whole. Poor/Nil response to recent recruitment activity, both substantive and locum Lack of investment in support disciplines; pharmacy, Advance Nurse practitioners limit the availblity of these control measures	Ability to meet access targets for services Monitoring of complaints and compliments Monitoring of relevent datix incidents NIMDTA placement reviews Directorate Governance systems Appraisals and job plans Policies and Protocols Close working with relevant HR	Full implementation of relevant policies and protocols Need to prioritize urgent and emergency care activities including MHO functions Challenges in maintianing urgent, non-clinical activities including SARS Risk of burnout and stress relatedconditions in existing workforce, further diminishing capacity See also risk IDs 1443, 1456, 414, 828 and 1470	Analyse the medical time in relation to .5 addictions post DSD and AD to review current medical structure in southern sector of the Trust Review of AMH Services and Structures DoH and NIMDTA workstreams on Medical Staffing Medical Workforce group established with HR input agreed Part II consultants sought from region for supprt to on call rota Support sought from regional directors for secondment of staff 3 months/trust Recruitment stand booked for RCPsych Congress 2025 Write to local RCPsych Chair and faculty leads highlighting challenges, risks and seeking support Identify and progress recruitment Opportunities - ongoing Complete outstanding Consultant Job Plans Ongoing Monitoring Discharge letter risk positon, whilst exploring solutions and	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 30/01/2026	01/08/2019 16/09/2021 24/12/2024 30/07/2025 30/07/2025 11/08/2025 28/07/2025 31/07/2025 31/05/2025 30/10/2025 31/12/2022 31/12/2024

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		Initial Risk		Current Risk		Target Risk												
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 maximum of 2.6%, a net increase of £200m over 2024/25 levels. Studies indicate that the Needs Assessment for Northern Ireland Health & Social Care is a factor up to 17%. For 2025/26, the funding provided delivers only 1.5% towards this. Trusts have never been more challenged and this comes in addition to having grown a significant dependency in recent years across the system on the availability of non-recurring funding to	Chief Executive Assurance meetings to review performance Annual Financial Plan to review risks to financial position and opportunities for savings Trust Board (and Finance & Performance Committee), DVMB and CMT oversight of the financial position monthly Monthly budget reports for all levels in the organisation, with follow-up on movements in variances Monthly Finance focus meetings between Finance and Directors / Senior Directorate Officers		Internal Audit. Assurance obtained by the Chief Executive from his assurance meetings with Directors and regular updates External Audit (NIAO) . DHSSPS/HSCB monthly financial monitoring. Monthly financial performance reporting to CMT and Trust Board Assurances from Director of Finance and ADF to CMT & Trust Board.	Gaps in assurance that budget holders are applying effective budgetary control in the management of their service Gaps in assurance that budget holders are trained to manage their budgets accordingly Gaps in assurance that managers are reviewing their staff in post reports	Ongoing financial management and monitoring Operation of DVMB (Delivering Value Management Board) Monitoring and reporting of management attendances at Budgetary Control training Support to managers in accessing and using CP to support budgetary management Performance of Managers against SIP reviews	31/01/2026 31/01/2026 31/12/2024 31/12/2024 31/01/2026	30/09/2024 29/03/2024
1254	18/01/2021	16	High (Amber)	16	High (Amber)	6	Medium (Yellow)	Director of Human Resources & Organisational Development	Ensuring Stability of Our Services, Improving the Quality and Experience of Care, Supporting and Empowering Staff	Inability to deliver safe, high quality and sustainable services due to workforce supply and disruptions	Due to an inability to attract, recruit and retain staff throughout the Trust, services may not be able to maintain sufficient staffing levels to sustain high quality safe services which may result in a reduction in service provision.	Trust Business Continuity Plans with full HR support on hospital / community workforce groups. Delivering Care: Nurse Staffing in Northern Ireland Organisation Development Steering Group Health and Wellbeing Strategy Engagement & Involvement Strategy DOH Workforce Strategy & Trust Workforce Strategy and key actions Policies - Rec & Selection Framework, Attendance at Work, Flexible Working, Redundancy and Redeployment, etc. HR Strategic Business Partner identified for each Directorate - targeted interventions in relation to absence, agency usage, temporary staffing and other identified Directorate priorities. (Risk 6, 1075) Pension information sessions Joint Forum, Joint LNC and Consultation Group	Occupational Health - absence of locums and increasing demands on team without additional resources. Low uptake of mandatory training and completed annual appraisal. Inability to follow normal policies and procedures during periods of Industrial Action and also during emergency situations such as Pandemic. Lack of co-ordinated information on agency staffing Due to demand in services compliance with Working Time Regulations and New Deal. BSO Recruitment Shared Service provides recruitment services for the Trust and there has been an increased delay in recruitment and dependence on them for related information. Inability of NIMDTA to provide required number of Junior Doctors for certain specialities and localities. (Risk 694) Difficulty in recruiting in rural areas and accessing cover when needed in those areas i.e. Domiciliary Care Workers. (Risk 547) Insufficient applicants for medical, nursing and social work posts. (Risks 6,1109) Process improvement required for	Working Together Delivering Value Health check measurements on absence hours lost, mandatory training, appraisal, time to fill posts, job planning completion rate. Involvement Committee - Quarterly monitoring of staff engagement on initiatives that contribute to achievement of Trust Great Place ambitions (start life, live well and grow old). Pension Regulator Compliance Junior Doctors Hours monitored twice yearly and returns submitted to DOH. People Committee - Workforce Strategy, Recruitment and NIMDTA Allocation Updates twice per year. People Committee - Quarterly monitoring of Absence, Appraisal, Mandatory Training, Consultant Job Planning, Temporary Staffing, Agency Staffing, Turnover and Grievance/Disciplinary/Statutory Cases. RQIA Inspections of services which link to employment matters UK Border Agency Inspections on ad hoc basis. Audit assurance and progress reports in relation to Audit recommendations provided at least twice per year to internal audit.	BSO Shared Service not meeting statutory or procedural deadlines resulting in, for example, delays in recruitment Inability of NIMTDA to fill all posts. Insufficient number of social work student applications to the University Degree Course in rural areas. (Risk 1109) Insufficient training places being procured by Department of Health to meet the demands of medical and nursing workforce. HMRC Regulations and impact for staff HSC Pension particularly high earners. Impact of McCloud and Sergeant Employment Law cases. Safe staffing model for social work. Lack of regional cap on medical agency rates Legal challenges to Terms and Conditions arising from changing employment law e.g. PSNI and Allocate Cases. Impact of Pay Strategy across all staff groups. Pay discussions are led by Department of Health Absence of alternative career pathways for social work and some specialist nursing roles. HSC Workforce Planning - lack of	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	

		Initial Risk		Current Risk		Target Risk												
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 reprioritised to address the new critical issue Estates Strategy 2015/16-2020/21 Annual review of building condition (3i) and creation of prioritised BLM list. 2022/23 Backlog maintenance programme developed and implemented Continual bidding for funding to address backlog maintenance Targeting of priority areas as funding becomes available. Monthly review of Backlog Maintenance capital investment plan Priority Backlog Maintenance capital investment plan	Ageing infrastructure resulting in deterioration of buildings Insufficient funding to carry out full remedial works identified.	Back-log Maintenance list Health & Safety audits Environmental Cleanliness audits Authorising Engineer audits Annual inspections carried out Membership at Health and Safety/ Water Safety Groups Reports to Corporate Governance Sub Committee/Governance Committee Assurance standards Buildings, Land, Plant & Non-Medical Equipment Oakleaf - 6 facet independent survey	Lack of Funding for backlog maintenance.	Review of emerging issues and response required Development of business cases for 2021/22 backlog maintenance agreed action plan. CMT approval of BLM 2021/22 for submission. Development of 2021/22 BLM bid Completion of six facet condition survey Review of emerging issues and response required Monthly review of Backlog Maintenance capital investment plan Review Ward 50 ventilation system performance Develop BLM Plan 25/26 BLM and Capital Plan Project Delivery for 21/22 BLM and Capital Plan Delivery 24/25 Deliver 25/26 BLM Plan Develop BLM bid 22/23 DoH approval of BLM 2022/23. Develop BLM plan for 24/25 Review and Update Condition Surveys of WHSCT Estates Portfolio Review and Prioritise	30/06/2022 30/09/2021 30/04/2021 30/04/2021 30/09/2021 30/09/2021 31/03/2022 31/08/2021 30/09/2025 31/03/2022 30/05/2025 31/03/2026 30/06/2022 30/09/2022 30/06/2024 31/10/2024 31/10/2025 30/04/2024	06/06/2022 07/09/2021 03/08/2021 03/08/2021 07/09/2021 07/09/2021 12/04/2022 31/08/2021 04/08/2025 12/04/2022 31/03/2025 06/06/2022 30/09/2022 31/05/2024 07/10/2024 10/11/2025 09/04/2024
1307	16/06/2021	25	Extreme (Red)	25	Extreme (Red)	6	Medium (Yellow)	Director of Surgery, Paediatrics & 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 AAH but not as frequently. NISTAR will make ambulance and driver available if local team can do transfer AAH Neo Natal have a contingency means of transport in theatre (i.e. trolley with pod etc.) Consultants if called to backfill when a transfer takes place out of hours are remunerated appropriately.	Impact on Services when Trust Staff are called away to facilitate transfer Working with neonatal shortage - no adequately trained staff to backfill and training delivered during core time No funding for dedicated rota Difficulty ensuring ongoing professional development to maintain skills. Requirement to provide/source Trust Time Critical Transfer Training tailored to all disciplines i.e. Paediatricians require different training to anaesthetists, and nurses also require different training as they all have separate roles. Not always someone available in SWAH for a 2nd On-call Rota due to the small number of Trust Drs living in this area. The equipment for transport needs replaced in both units and is not of an optimal quality. Business case being taken forward to replace same.	NISTAR 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 RRG Escalate through child health partnership. Review the fragility of medical staff within Paediatrics,Trust Wide Review of staff training needs in line with possible training opportunities within the region	30/06/2022 31/03/2022 31/03/2022 30/11/2025 30/11/2025	03/02/2022 03/02/2022 03/02/2022

			Initial Risk		Current Risk		Target Risk											
1334	26/10/2021	20	Extreme (Red)	15	High (Amber)	6	Medium (Yellow)	Director of Surgery, Paediatrics & 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 Mi	Inability to recruit and retain permanent general surgical staff particularly at Consultant and middle tier level in South West Acute. This is threatening the ability to deliver 24/7 emergency service and the range of commissioned elective activity. There has been a high turn-over of locum consultant surgeons who have been appointed to cover gaps, leading to gaps and concerns about continuity of care. It has been highlighted that emergency surgical services are at risk within the next 4 months due to inability to sustain a	Trust have authorised a Sustainable Surgical Services project to examine surgical services pan-Trust wef 18/10/21 Recruitment campaign is continuous at Speciality Dr and trainee level. Funded establishment should be 6.5 wte consultant Surgeons - current baseline is 3.0 wte with 3.5 wte gap Specialty Drs funded for 8.0 wte; 5.0 in place 2 of whom are locums and one acting up. Ongoing use of locums from within the Trust to sustain the rota at South West Acute. Newly appointed Consultant taking up post 25/10/21 Ongoing efforts to recruit - Interviews planned for 2.0 wte Consultants late October 2021 (now currently deferred pending Royal College approval)	Reluctance from other surgeons across NI to participate in providing locum cover due to the generality of surgical cover required. Difficulties recruiting and retaining at locum and permanent level as above. Difficulty securing Royal College approval for general surgical posts.	Continuing support from Altnagelvin Surgical body to provide locum cover for rota gaps. Programme Board will have fortnightly oversight of all of the actions within the Review Programme. Senior clinical support to project identified and in place. Project lead has been seconded full time to Project team. Project Lead currently briefs CMT twice weekly This will be taken over by Programme Board with fortnightly oversight from 01/11/2021 CMT will continue to support service and project	No gaps in assurances identified	A Proposal for Sustainable Surgical Services will be developed by end January 2022 to address the most emergent issue eg emergency surgical services in the Southern Sector of the Trust. Continue with ongoing recruitment to fill vacant consultant posts Develop plan for the release of locum surgeons to align with on boarding of recent consultant surgeon appointees, when start dates confirmed Ongoing monitoring of the temporary suspension of emergency surgery and contingency arrangements in place, through the Project Team	01/09/2023 31/12/2025 31/12/2025	13/06/2023
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.	-Crisis/MHL will review all patients every 24 hours and liaise with psychiatry as required -ED will complete Kardex's – Psych Consultants will be available for advice if needed -Additional staffing support when available from Mental Health Grangewood to ED when a threshold of three or more has been reached. -Weekly meetings planned for ED and Mental Health to work collaboratively to improve the safety and experience for patients (commenced 16th June 2022). -Continue to report and review all associated incidents via datix to further understand risk and mitigations -MAPA training	-Timely access to Mental Health beds continue -Overall congestion and capacity issues within ED compounds the challenge in managing this group of patients	Daily engagement with MH and ED to manage risk Newly established weekly meetings between ED and mental health teams	No gaps in assurances identified	Meetings Workforce Improvement Meetings Consider for de-escalation	03/07/2023 31/12/2024 31/12/2024 31/12/2025	18/09/2023 05/12/2024 05/12/2024

		Initial Risk	Current Risk	Target Risk											
1423	17/08/2022	12 Medium (Yellow)	12 Medium (Yellow)	1 Low (Green)	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 the current contracts between the WHSCT and the HSE and between WHSCT and Cu Chulainn Blood Bike Group due to a change in the delivery and collection of DEBM. During the review, a number of contractual issues were identified by DLS (see-attached report) which questions the Trusts statutory powers and functions and current corporate governance arrangements regarding provision of service to RoI.	DLS assisting with adjustments to current WHSCT contract with HSE and SLA with Cu Chulainn.	Need for further negotiations and buy in from HSE. Currently no Departmental oversight. There is no express departmental direction nor policy, nor any cross border governmental agreement, which would provide policy and governance cover for the Trusts provision of this all Ireland service.	Recent audit completed of all returned track back labels for quality •DLS have provided a Draft Transport Agreement •Engagement with BSO PaLS. •Engagement with Logistics UK 'Member Advice Centre - MAC'. •DLS support and advice re appropriate adjustments required for the contract. •There has been no SAI's regarding the delivery of DEBM •No reported incidents regarding service delivery in the last 5 years. •DLS have not identified any clinical governance risks in relation to the operational delivery of the service. •WHSCT Milk Bank works under the Northern Ireland Clinical Excellence (NICE) Guidelines that recommend the use of the Hazard Analysis Critical Control Point principles. •Regular meeting with Blood Bike Groups (RoI). •Yearly audits by Environmental Health, Omagh & Fermanagh Council.	•HSE agreement to the amended contract •There is no express departmental direction nor policy, nor any cross border governmental agreement, which would provide policy and governance cover for the Trusts provision of this all Ireland service.	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	Management of Violence and Aggression (MOVA) group in place. Zero Tolerance & Security policy Trust adherence to The Management of Health and Safety at Work Regulations NI (2000). Health and Safety at Work NI Order 1978 Lone Working Guidance Staff support through Occupational Health Safety Intervention training - available to relevant staff. V&A risk assessment. Usage of Trust General Risk Assessment form for document of specific risks. Incident reporting on DATIX – identification of trends. Risk Register process in place RIDDOR reporting of staff absence and further scrutiny Policy for the Use of Restrictive Interventions with Adult Service Users – May 2017	MOVA Policy - Await implementation of regional guidance Limited Legal support available for staff from the Trust when seeking prosecutions/non-molestation orders against violent individuals. No Acute Liaison Psychiatry service in ED No programme of regular education regarding mental health presentations in ED and other acute settings of risk. CAMHS referral pathways not clarified for patients aged 0-18. CAMHS not co-located in hospital. No dedicated area for intoxicated or consistently violent patients to be treated in ED. Lack of resource to provide safety intervention training following CEC cessation of training provision. Paris alert system not utilised in all areas to warn staff regarding patients with a history of violence Non-completion of Annual H&S risk assessment/associated risk assessments Incorrect completion or lack of understanding of what is necessary to assess and how assessment should be completed.	Audit Trust controls assurance standards reporting Risk assessment compliance reporting on corporate risk register, directorate governance Incident reporting to MOVA Steering Group Audit Regional Benchmarking and DOH return on violence against staff Health and Safety Inspections	no gaps in assurances identified	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"	31/12/2025 31/12/2025 31/12/2025 31/12/2025	

		Initial Risk	Current Risk	Target Risk											
1601	11/06/2024	16 High (Amber)	16 High (Amber)	6 Medium (Yellow)	Director of Surgery, Paediatrics & 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 6 WTE consultants. 4 consultants in post. 2 vacant post currently filled with Locum. One head and neck consultant who has retired on the 6th September 2023. This consultant managed both complex cancer and benign head & neck conditions, including thyroids. This Consultant returned following retirement for a short period (September to December) on a bank contract. Moving forward this surgeon is no longer available. The Trust has previously tried to recruit a 2nd Head and Neck cancer	Recruitment for replacement head and neck consultant re-advertised, including IMR and global options explored. Validation process undertaken of retired consultant's lists with oversight by clinical Lead. Look back review for patients in the last 2 years that underwent thyroid surgery in Trust and via Independent Sector providers to include patients care and management. ENT locum consultant with experience in benign head and neck is managing a cohort of identified patients on theatre waiting list for begin disease until her contract ends on the 22/5/24. There will remain an active waiting list for benign head and neck surgery. The current ENT team does not have the skill set to operate on this cohort of patients.	Currently no ENT Head and Neck oncology trained consultant working in the Western Trust. At present there is no provision or pathway for patients following oncology treatment and surgical surveillance follow up. Those patient post 2 years are currently reviewed by speciality doctor. Those patients in first 2 years post treatment have been validated by Belfast Trust Head and Neck consultant and temporary clinics x 3 in place to review identified patients. Ongoing discussion via ENT regional meeting for this cohort of patients. Any retraction in funding will see the collapse of On Call rota. Current rota agreed at 1:7. Resulting in impact for wider hospital service to manage airway emergencies. Direct impact on training programme for registrars, as number of consultants reduced. We currently have 2 NIMDTA allocated registrars with job plans in line with national specialty training requirements which will not be met with only 3 permanent consultants. This will inevitably lead to the loss of a registrar and effect day time emergency cover for the WHSCT.	Networked approach with regional colleagues with agreed referral pathway for new Head and Neck cancer patients and regional weekly MDT. Weekly service meetings. All waiting lists have been subjected to validation by a Consultant peer. Plan to continue focus on the recruitment and retention of consultant's surgeons for service delivery and sustainability with the Western Trust to provide the commissioned levels (SBA) for ENT. Networked approach with regional colleagues to include regional waiting lists, reach in/out activity. Monthly consideration of Trust position at RPOG in relation to the Trust Performance meeting with the SPPG. Monthly Business Unit meeting with Clinical lead, Service Manager, Assistant Director of operations and Nursing, and the Director. Monthly Acute Governance. These issues are formally discussed at the Trust performance meeting with SPPG.	No gaps identified	Recruitment of head and neck consultant x 2 Potential Service delivery redesigns Formal Pathway to be agreed with Belfast Trust and Western trust regarding transfer of patients Formal lookback to be undertaken in relation to patients underwent thyroid surgery in trust and via IS provider in relation to patient care and management for the last 2 years	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,	•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/ SAls •MDT discussion in regards to individual cases with escalation if case remains unallocated to Head of Service, Assistant Director and Director	•Commissioned Pathway for this Service User group	Review of Incidents Oversight of Delayed Discharges Case Conferencing Review of Complaints	•Commissioned pathway for this client goup	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	01/08/2024 22/10/2024 27/09/2024 30/10/2025

		Initial Risk	Current Risk	Target Risk														
1647	21/11/2024	20	Extreme (Red)	20	Extreme (Red)	6	Medium (Yellow)	Director of Community and 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	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	01/12/2025 01/12/2025	
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	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 Action Plan Consider for de-escalation	01/01/2025 09/12/2025 30/04/2025 31/12/2025	04/07/2025 04/07/2025 10/04/2025	

		Initial Risk	Current Risk	Target Risk												
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	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	WHsCT has procured a replacement E-Roster System. Implementation commencing March 2024 expected to be completed by September 2025 (18months). The Digital Services Team process a system back-up on a bi-monthly basis. This would maintain the data integrity up to the last update. Section 11 of the WHsCT Nursing and Midwifery Rostering Policy outlines the contingency arrangements in the event of roster system failure. Contingency measures tested during the Roster-Pro system outage 28 – 30 May 2024. Updated to reflect learning and need for more process directed instruction to Roster Managers. Updated Contingency measure communicated to all Roster Managers June 2024.	•No software maintenance support available from 30 Sept 2023. •No alternative electronic option to manage processing data on special duties enhancements to payroll.	•Roster-pro system functionality tested daily 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-rooster software	01/06/2026		
1692	07/05/2025	16 High (Amber)	16 High (Amber)	6 Low (Green)	Director of Surgery, Paediatrics & Women's Health	Ensuring Stability of Our Services	Paediatric Consultant Workforce SWAH	Current vulnerabilities within this service; Cause We currently have gaps at consultant level with only 2 out of 6 substantive consultants working on the Out of Hours Rota (OOH rota). Events We have one consultant recently returned from long term sick but not working on the OOH rota. One consultant heavily weighted to community. One consultant currently on long term sick. One requires DDRG 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	•3wte locum Consultants in place covering current gaps. •Recruited 1wte Speciality Dr (IMR) to middle tier. Will review skill set in one years' time, query possibility CESR to progress to Consultant tier. •1wte temp 2 year fixed term contract advertised. •Job Description sent to Royal College for approval to recruit to a further permanent consultant. •Use of IMR	•Unable to offer Agency Drs sufficient hours between 9 – 5, Monday to Friday, due to the nature of the service, resulting in dissatisfaction with Agency Drs, impacting our ability to retain same. •Some IMR Drs require significant support and investment however are unable to practice independently on the OOH rota. •There continues to be a shortage of eligible candidates within the local area. Senior paediatric trainee Drs are not allocated to the SWAH, therefore there is less staff exposed to this unit, who may return for a consultant post.	•Ability to maintain a full rota. •Feedback from the Clinical Lead •Feedback from members (MDT) Nursing and Management within the Sub-Directorate.	No gaps identified	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		

		Initial Risk		Current Risk		Target Risk											
1717	25/07/2025	12	High (Amber)	8	High (Amber)	4	High (Amber)	Director of Women & Children's Services		Risk of Fire in accommodation provided to CLA 							

		Initial Risk		Current Risk		Target Risk													
1809	21/11/2025	16	High (Amber)	16	High (Amber)	9	Medium (Yellow)	Director of Surgery, Paediatrics & Women's Health		Obs & Gynae Consultant Workforce AAH	Current vulnerabilities within this service; Cause 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. Events We have two consultants on long term sick leave. One returning 16th October. Potential return date of end of October for the second. We have two consultant vacancies (one Gynae Oncology). The trust is funded for two gynae oncology consultants, one recently left and the								