

CORPORATE RISK REGISTER & ASSURANCE FRAMEWORK

BRIEFING NOTE PREPARED FOR TRUST BOARD
8th JUNE 2023

There are 22 risks on the Corporate Risk Register as approved at Trust Board on 6th April 2023.

Summary

- Material Changes to the Risk Register
 - Proposal to amend Risk ID49 - The potential impact of a Cyber Security incident on the Western Trust
- Proposed New Risks – No New Risks
- Summary report for actions – No outstanding issues

Material Changes

Risk ID49 - The potential impact of a Cyber Security incident on the Western Trust

Proposal to amend risk description and grading based on the outcome of a formal review of the risk to include reference to the Regional Cyber Tactical Recommendations Report and with regard to the Regional Cyber Strategic Outline Case (SOC) not being approved. The detail around controls, gaps in controls, assurances and gaps in assurances have been strengthened based on the ever prevalent risk that suppliers, and supply chain attacks, pose to the organisation and also the lack of funding for the regional Cyber Strategic Outline Case (SOC) resulting in a gap in additional resource to support this risk.

Proposed Risk Description - Information security across the HSC is of critical importance to the delivery of care, protection of information assets and many related business processes. Without effective security and controls; compromises can arise from technology and people which can lead to breaches of Data Protection Act and Network and Information Systems (NIS) regulations. A Cyber incident will directly impact on the delivery of patient/client care.

Current Risk Grading – Outcome Major (4) x Likelihood Likely (4) = **16 HIGH**

Proposed Risk Grading – Outcome Major (4) x Likelihood Almost Certain (5) = **20 EXTREME**

Target Risk Grading (appetite) – Outcome Moderate (3) x Likelihood Unlikely (2) = **6 LOW**

(Please see Risk ID49 briefing papers attached)

Summary report – for action

Risks not reviewed in last quarter

- All risks have been reviewed in the last quarter

Action plans not up to date

- There are no risks with actions outstanding at the time of reporting.

Update on outstanding actions from Trust Board

Please see attached list of outstanding actions as agreed following Trust Board workshop. These actions are being progressed through the normal CMT-Trust Board approval process and an update on progress is being tabled each month.

Risk ID	Lead Director	Risk Title	Workshop Action	Progress	Update
1216	Director of Acute Hospital Services	Risk of patient harm in Trust EDs due to capacity, staffing and patient flow issues	This risk is to be reviewed and redefined to reflect the wider issue of patient flow in both the acute and community settings.		10.03.2023 – A draft risk has been submitted for approval at Acute Directorate Governance.

Meeting Details:	Corporate Management Team Date: 30 May 2023
Briefing Paper	This briefing is intended to inform CMT members in relation to the review of and amendments being made to Corporate Risk 49 and to seek members support and approval for the proposed changes.
Topic:	Review of Corporate Risk 49
	<p>A formal review of Corporate Risk 49 to include reference to the Regional Cyber Tactical Recommendations Report and with regard to the Regional Cyber Strategic Outline Case (SOC) not being approved has taken place. The detail around controls, gaps in controls, assurances and gaps in assurances have been strengthened based on the ever prevalent risk that suppliers, and supply chain attacks, pose to the organisation and also the lack of funding for the regional Cyber Strategic Outline Case (SOC) resulting in a gap in additional resource to support this risk.</p> <p>HSC organisations are required to comply with the Network and Information Systems (NIS) legislation. A Cybersecurity Assessment Framework (CAF) must now be completed by all Trusts and is designed to assist Trusts as an operators of essential services (OES), to achieve and demonstrate an appropriate level of cyber resilience in relation to the essential services delivered by the Trusts. Stage 1 of the CAF return was completed by WHSCT in January 2023.</p> <p>A summary of the CAF assurances against the following principles and objectives of the audit are set out below:</p> <ul style="list-style-type: none"> (A) Managing Security Risk – Limited Assurance (B) Protecting against Cyber Attack – Limited Assurance (C) Detecting Cyber Security Events - Not in scope for Stage 1 CAF Return (D) Minimising the impact of Cyber Security Incidents – No Assurance <p>Recommendations and timescales for remediation have been provided to the Trust by the Competent Authority. The Trust have provided management responses to the recommendations of the Stage 1 audit. The Trust have also challenged some of the findings of the audit, particularly in the area of Emergency Planning and Business Continuity arrangements which received no assurance.</p> <p>Stage 2 of the CAF return is due to be completed by 26th May 2023. This will be an ongoing process with the Competent Authority for Northern Ireland under the NIS legislation.</p> <p>The reviewed risk 49 will now be taken through appropriate approval channels.</p> <ol style="list-style-type: none"> 1. A minor amendment has been made to the Risk Description. 2. A new Risk owner has been identified due to Director of PSI (Teresa Molloy) resuming ownership of this risk.

3. Scores have been reassessed with the proposal to increase the likelihood score from 4 to 5 as a result of factors such as increased global threat, Increase in number of attacks on the organisation and consistency with other HSC organisations. This would mean that the proposed overall risk will be Extreme (RED).
4. The detail around Controls, Gaps in Controls, Assurances and Gaps in Assurances have been strengthened including applying the integrated governance and assurance mapping model to Risk 49. This is based on the ever prevalent risk that suppliers, and supply chain attacks, pose to the organisation and also the lack of funding for the regional Cyber Strategic Outline Case (SOC) resulting in a gap in additional resource to support this risk across four specific themes:

People – which covers areas such as Training, behaviour of staff and other stakeholders to support the Trust in preventing Cyber-attack;

Governance – which covers areas such as (Local and Regional) Governance committees, Policies & Procedures, Business Continuity Planning, Incident Management;

Technical – which covers areas such as regional and local Infrastructure security, Remote Network Access, Server/System Management, patching and penetration testing, Backups and Tactical recommendations including delay in Security Operation Centre (SOC) being implemented;

Supplier - What our suppliers/third parties have in place to support Trust efforts in minimising the risk of cyber-attack, Data Access Agreements, Trust Assurance Framework, Contract Management review, Supplier security questionnaire, DPIA, Regional supplier framework.

- ICT along with Risk Management colleagues have agreed to prioritise the Cyber Corporate Risk and further develop the assurance framework by incorporating the 3 lines model and introduce RAG rating around control/assurance effectiveness.
- A detailed Action Plan of work has been developed and will be taken forward to strengthen the Controls and assurances outlined within this risk.
- A range of KPI's have been identified that can support the Trust in monitoring this risk. These metrics will be reported to the Governance Committee on a monthly basis.

This review of Risk 49 was approved at the ICT Risk Management Group (RMG) and ICT SMT. PSI Governance SMT approved the review and

	amendments on 13 th March 2023. The next stage of the approval process is to seek approval at CMT/Trust Board so that the Datix Risk Register can be formally updated.
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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	Score	Level of Tolerance	Action on appetite	Mths since score changed	Change in score since last review			
Quality of Care	6	Director of Women & Children's Services	Children awaiting allocation of Social Worker may experience harm or abuse	25	EXTREM	12	HIGH	8	HIGH	Review risk in terms of demand capacity. Tolerance will be Reviewed at Trust Board workshop in April 2023	66	No change	0	Actions listed with future due dates	22/05/2023 - Looked After Children continue to report unallocated cases at 30 April 2023 which is directly linked to vacancies within the teams. Family & Childcare Team in Enniskillen are experiencing significant social work staff shortages with 7/22 available social work staff. SPPG have indicated that they plan to further monitor unallocated cases through the monthly service delivery targets. They have proposed a target of 25% reduction in cases by March 2024. This has not yet been finalised. Unallocated figures are reported monthly to SPPG and reviewed regularly by Senior Managers within Family & Childcare.
ICT & Physical Infrastructure	49	Director of Performance & Service Improvement	The potential impact of a Cyber Security incident on the Western Trust	16	HIGH	16	HIGH	6	High	Tolerance will be reviewed at Trust Board Workshop in April 2023	70	No change	0	Actions listed with future due dates	17/05/2023 - The Risk has been reviewed and updated to reflect the learnings from the recommendations of the Network and Information Systems (NIS) Stage 1 Cybersecurity Assessment Framework (CAF). Stage 1 dealt with Managing Security Risk; Protecting against Cyber Attack; and Minimising the impact of Cyber Security Incidents. Management responses to Stage 1 assessment have been agreed and returned to the Competent Authority. All Trusts have written to organisation seeking reassurances regarding data
Regulation & Compliance	284	Director of Performance & Service Improvement	Risk of breach of Data Protection legislation through loss, mishandling or inaccessibility of personal or sensitive personal inf	16	HIGH	16	HIGH	6	HIGH	Tolerance will be reviewed at Trust Board Workshop in April 2023	77	No change	0	Actions listed with future due dates	15/05/2023 - Information Governance Awareness training has risen to 80% as of 30 April 2023. Targeted IG training sessions were provided for the acute directorate in March and April and Information Asset Owner Training will be scheduled for later this year. Regional work has commenced on reviewing the IG e-learning module
Financial	779	Director of Human Resources	Service impacts arising from performance issues within BSO Shared Services	9	MEDIUM	20	EXTREM	6	TBC	Tolerance will be considered at Trust Board Workshop in April 2023	3	No change	0	Actions listed with future due dates	15/05/2023 - The current contract for Healthdaq is in place until the end of July 2023. A review is underway of the benefits of Healthdaq and consideration of extension of the contract or to bring it to an end. A Regional Recruitment Project Board has been established to oversee the implementation of recommendations from the regional Recruitment Review. The Trust is represented on the Project Board.
Regulation & Compliance	955	Director of Finance	Failure to comply with procurement legislation re social care procurement	12	MEDIUM	12	MEDIUM	9	HIGH	Tolerance will be reviewed at Trust Board Workshop in April 2023.	80	No change	3	Actions listed with future due dates	Reviewed 09/03/2023 - No further update
Quality of Care	1133	Director of Nursing, Primary Care & Older People's Services	Risk to safe patient care relating to inappropriate use of medical air	15	EXTREM	25	EXTREM	5	LOW	All actions to be completed within 12 months with a view to reducing the risk to appetite level within 12 months and de-escalating risk	35	No change	0	Actions listed with future due dates	24/05/2023 - Risk will be reviewed following an audit which will take place in June.
Regulation & Compliance	1183	Director of Adult Mental Health & Learning Disability	Where MCA processes are not being followed, patients may be deprived of their liberty, without having safeguards in place	25	EXTREM	9	MEDIUM	6	LOW	Actions should be completed within 12 months with a view to de-escalation for management at directorate level.	10	No change	1	Actions listed with future due dates	26/04/2023 - Actions updated. Legacy cases completed end March (Action closed); Escalation protocol drafted, reviewed by MCA Operations group and MCA Project Board and to be discussed with Directors at MCA review meeting on 24 May 2023.
Quality of Care	1216	Acute Hospital Services	Risk of patient harm in Trust EDs due to capacity, staffing and patient flow issues	15	EXTREM	15	EXTREM	6	High	This risk is to be reviewed and redefined to reflect the wider issue of patient flow in both the acute and community settings.	38	No change	0	Actions listed with future due dates	17/05/2023 - AAH – Risk reviewed, no change to this risk and comments from AAH remain the same as reported on 28/03/23. SWAH – 17/05/23 - Risk reviewed, no change to this risk, update remains the same for SWAH. FCP continues to be activated on a regular basis for prolonged periods of time due to reduced flow on SWAH Hospital site. Delayed discharges across the site continue to grow.

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Regulation & Compliance	1219	Acute Hospital Services	Lack of endoscopy capacity for endoscopy to meet the demand which impacts on Patient outcomes	20	EXTREM	20	EXTREM	6	LOW	This risk should be reduced to the appetite level set by April 2023.	● 27	No change	0	Actions listed with future due dates	17/05/2023 -The Endoscopy service has lost 14 sessions per week due to vacancies, flexible working arrangements, resignation and maternity leave since January 2023. This loss of capacity is equivalent 256 patients less per month and 3328 patients per year. The reduction in workforce is impacting on the Trust's ability to deliver pre-covid activity as set out by SPPG. Since the change in emergency general surgery at SWAH patients are now being transferred and treated in Altnagelvin, some may require endoscopy procedures which previously would have been completed at SWAH prior a temporary surgical change. Furthermore the demand for in inpatient endoscopy has significantly increased at Altnagelvin hospital due to the temporary move of the emergency general surgery from SWAH to Altnagelvin, due to the transfer of patents including those who have GI bleeds. To mitigate the reduction in activity the service will utilise regional endoscopy sessions at Lagan Valley hospital commencing June 2023. There is a capacity of 156 points allocated to the WHSCT every fortnight. This would be equivalent to 52 patients if double procedure or 78 patients if colonoscopy procedures. Insourcing is being progressed and will deliver 450 patients will be scoped starting 5th June 2023. Two nurse endoscopy trainees have been appointed, their training will commence September 2023. The surgical services is actively recruiting surgeons with possible start dates of August 2024. Three GI consultant posts will be advertised soon, August 2023 subject to approval by the Royal College. The service will also continue waiting list initiatives supported by Nurse Endoscopists.
Financial	1236	Finance and Contracting	Ability to achieve financial stability, due to both reductions in Income and increased expenditure.	16	HIGH	16	HIGH	6	HIGH	Risk tolerance will be reviewed at Trust Board Workshop in April 2023	● 33	No change	3	Actions listed with future due dates	09/03/2023 Risk has been reviewed and there is no change
Quality of Care	1254	Director of Human Resources	Inability to deliver safe, high quality and sustainable services due to workforce supply and disruptions	16	HIGH	16	HIGH	8	HIGH	Risk tolerance will be reviewed at Trust Board Workshop in April 2023	● 28	No change	0	Actions listed with future due dates	15/05/2023 - A Trust Workforce Stabilisation Steering Group established with 3 workstreams (i) Agency Reduction Programme (ii) Medical Workforce Stabilisation and Retention and (iii) Workforce Stabilisation and Retention. Terms of Reference have been developed for the Steering Group and workstreams. An early alert has been submitted to the Department of Health on 10 May 2023 in relation to the impact on palliative care services due to upcoming medical retirements or reduced working hours requests. There is also a potential that the on-call rota will become unsustainable.
Regulation & Compliance	1288	Director of Performance & Service Improvement	Risk of failure to meet regulatory standards and compliance associated with Trust infrastructure and estate.	12	HIGH	12	HIGH	6	HIGH	Tolerance will be reviewed at Trust Board Workshop in April 2023	● 26	No change	1	Actions listed with future due dates	03/05/2023 - Fire occurred in Melrose Day Centre, cause of fire has been identified as a deliberate act. BLM bids for 22/23 are currently being developed in preparation for funding being identified by the DoH. Lift failed within the MDEC. The lift is currently beyond the state of repair. Business Case developed and approved for replacement.
Quality of Care	1306	Acute Hospital Services	Vacant Paediatric Ophthalmology consultant post resulting in no Paediatric Ophthalmology clinics	16	HIGH	16	HIGH	8	LOW	This risk tolerance will be reviewed In 6 – 12 months with the expectation that the level of risk is reduced and de-escalated for management at directorate level.	● 23	No change	0	Actions listed with future due dates	17/05/2023 - Risk still remains for review patients. A speciality doctor from BHST has offered to do a face to face Saturday clinic for review patients but we are finding it difficult to get nursing cover. Mr Collins has validated the review waiting list. Dr Abualshar has also been doing telephone triage for these patients. At the regional paediatric meeting on 21st April 2023 we did raise again regarding the review patients but the BHST advised that they do not have capacity to take on these patients at present. The new Paediatric clinic should commence in August 2023 in Mid-Ulster. We have been given additional funding to utilise Blackrock clinic in Dublin for paediatric squint surgery
Quality of Care	1307	Director of Women & Children's Services	Clinical Risk regarding Delayed Transfer of Babies, Children and Adults to Other Hospitals	25	EXTREM	25	EXTREM	6	HIGH	Risk to be kept under review and re-examined within 3 months with deep dive.	● 20	No change	0	Actions listed with future due dates	24/05/2023 - As a result of the work ongoing around the Neo Natal service it has been agreed to look at bringing ARNI training to the Trust. This will equip medical staff to resuscitate, stabilise and transfer sick babies. This risk will be discussed at today's Directorate Governance Meeting with a view to de-escalation to Directorate risk register.

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Quality of Care	1320	Director of Women & Children's Services	Delayed/inappropriate placement of children assessed as requiring inpatient mental health care.	12	HIGH	20	EXTREM	8	HIGH	It was agreed that this risk should remain on the corporate risk register to provide corporate oversight. The tolerance will be reviewed at Trust Board Workshop in April 2023	● 11	No change	0	Actions listed with future due dates	23/05/2023 - Update: HOS advises that the risk remains live due to the Regional Facility remaining at maximum capacity. Recent interagency meeting advised that facility was not open to new admissions. This remains a regional issue which is beyond the ability of the WHSCT to address
Ensuring Stability of Our Services	1334	Director of Acute Hospital Services	Sustainability of surgical services in Southern Sector of Trust due to recruitment & retention difficulties at Consultant and Mi	20	EXTREM	20	EXTREM	8	LOW	Low tolerance for risk remaining at this level and aim to be deescalated by April 2023.	● 20	No change	0	Actions listed with future due dates	18/05/2023 -The public consultation on the temporary suspension of emergency general surgery at the SWAH site closed on 10th April 2023. The outcome will be brought to Trust Board for consideration over the summer period. In the interim, due to the temporary suspension, the change in risk rating proposed in February 2023 still applies.
Ensuring Stability of Our Services	1338	Director of Women & Children's Services	Risk to Provision of Neonatal Care in SWAH due to staffing shortages particularly staff qualified in specialty.	20	EXTREM	16	HIGH	6	HIGH	Tolerance will be reviewed quarterly at Trust Board	● 2	No change	0	Actions listed with future due dates	24/05/2023 - As a result of the Neo Natal project work that has been undertaken the nursing position has improved. Although retirees are still being used it is at a much less rate. One staff member is finishing QIS training in June 23 and another is due to begin the course in the Autumn. This item will be discussed at today's Directorate Governance Meeting with a view to de-escalation to Directorate Risk Register.
Ensuring Stability of Our Services	1375	Director of Acute Hospital Services	Consultants Cover in Cardiology	16	HIGH	16	HIGH	6	LOW	This risk will be reviewed within 6 months with view to de-escalating in 12 months.	● 14	No change	0	Actions listed with future due dates	17/05/2023 - The cardiology team remain reliant on locum consultants x 2 in the SS and x 3 NS. The Consultant on unplanned leave has returned to the NS. A visiting consultant from NHSCT remains on sick leave, leaving an additional gap in the rota. However, a locum is currently being explored. Staffing models are being reviewed currently with finance to look at suitable alternatives.
Quality of Care	1409	Director of Acute Hospital Services	ED Mental Health Patients	25	EXTREM	16	HIGH	9	TBC	Tolerance level will be considered at Trust Board Workshop in April 2023.	● 3	No change	0	Actions listed with future due dates	17/05/2023 - AAH Assessment space available in ED for Assessment only. Still does not provide continuous mental health presence in ED 24/7. Issues relating to prolonged stays in ED awaiting admission to mental health facilities continues. Continue to work with mental health team to improve this pathway. SWAH – 17/05/23 Risk reviewed, no change to this risk at present, 30/3/23 comments remain valid.
Health & Safety	1469	Medical Director	Health & Safety Risk to Staff as a result of Violence and Aggression	12	HIGH	12	HIGH	4	TBC	Tolerance level will be considered at Trust Board Workshop in April 2023.	● 4	No change	0	Actions listed with future due dates	24/05/2023 - HSE - NHS Chief Executive letter and report on Violence and Abuse interventions to be shared at MOVA group. From 1st April 2022 - 30th April 2023 there was 7810 incidents of violence and abuse reported. 1875 involved violence and abuse against staff, 171 were security related.
Quality of Care	1472	Director of Performance & Service Improvement	Risk of the Trust not achieving the Rebuild Targets as set out by SPPG.	12	HIGH	12	HIGH	8	TBC	Tolerance level will be considered at Trust Board Workshop in April 2023.	● 3	No change	0	Actions listed with future due dates	16/05/2023 - Revised targets have been drafted by SPPG for 2023/24 with most areas increasing to 110% against the 19/20 baseline. The Trust has written to SPPG indicating that a number of these will be challenging to achieve as such individual improvement plans/trajectories are being developed against workforce gaps. Monthly meetings will continue with service managers, however quarterly returns will be submitted to PTEB.
Quality of Care	1487	Director of Human Resources	Impact on services as a result of Industrial Action in relation to outstanding Agenda for Change (AFC) Pay, safe staffing and tr	12	HIGH	12	HIGH	8	TBC	Tolerance level will be considered at Trust Board Workshop in April 2023.	● 1	No change	0	Actions listed with future due dates	15/05/2023 - All Trades Unions paused Industrial Action in light of ongoing discussions with the Secretary of State. Another meeting is planned in the coming weeks. It is hoped by the end of May 2023 we should know if these meetings will have made any progress on the pay offer in Northern Ireland or whether Trades Unions will seek to renew their mandate for further Industrial Action.

ID	Opened date	Initial Risk		Current Risk		Target Risk		Responsible Director	Directorate	Corporate Objectives	Title	Description	Controls Assurance	Gaps in controls Assurance	Assurance	Gaps in assurance	Action Plan	Due date for Action Plan	Done date for Action Plan
		Rating (initial)	Risk level (initial)	Rating (current) (Consq x Likli)	Risk level (current)	Rating (Target)	Risk level (Target)												
6	21/09/2009	25	EXTREM	12	HIGH	8	HIGH	Director of Women & Children's Services	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 be allocated a Social Worker in a timely manner to provide appropriate support. Children may experience harm as a result and the Trust may not meets its associated professional and organisational requirements.	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 Service Managers and Social Work Managers monitor and review unallocated cases on a weekly basis. Principal Social Work redeployed will monitor Action Plan and progress to stabilise team Early Help staff returned to their substantive posts within gateway to increase the ability to allocate 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	Quarterly governance reports to Governance Committee. Feedback given to Performance & Service Improvement for accountability meetings with HSCB. Up-dates by Director to CMT and Trust. Delegated Statutory Functions Action Plan to review and Address Risks within FIS Enniskillen		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	29/09/2023 30/09/2020 01/11/2018	31/12/2019 30/09/2020 06/03/2019
49	06/10/2009	16	HIGH	16	HIGH	6	MEDIUM	Director of Performance & Service Improvement	Trust-wide (Risk Register Use Only)	Safe & Effective Services.	The potential impact of a Cyber Security incident on the Western Trust	Information security across the HSC is of critical importance to the delivery of care, protection of information assets and many related business processes. Without effective security and controls; compromises can arise from technology and people which can lead to breaches of Data Protection Act and Network and Information Systems (NIS) regulations □ Compromises can arise from; • NON Managed Trust ICT Equipment (e.g. Radiology modalities, cameras, door access, medical devices etc) in areas such as Radiology, Labs, PFI, HSDU, Estates, GP's etc are operating un-supported operating systems, e.g. Windows XP, and/or do not have the most up to date software updates (patching) which can lead to Ransomware attacks, introduction of malware or hacking incidents □ • Lack of Cyber Security awareness or training among Trust staff □ The outcomes of a compromise, due to a cyber attack/equipment or network failure/damage/theft or erroneous mistake(s), could result in; □ • unparalleled HSC-Wide disruption of services due to lack of/unavailability of systems that facilitate HSC services	Data & System backups 3rd Secure Remote Access Server / Client patching HSC security software (threat detection, antivirus, email and webfiltering) HSC security hardware (eg firewalls) 3rd Party Contracts / Data access agreements Contract of employment HR Disciplinary Policy Mandatory training policies Induction policy Regional and local Incident Management & reporting policies & procedures Corporate Risk Management framework, Processes & monitoring Emergency planning & Service business continuity plans Disaster recovery plan Ussr account management processes Change control processes Data protection Act Regional & Local ICT info security policies Trust and Regional Cyber Project Boards Band 7 & band 6 recruited to support Cyber security ICT Security Assessment	Insufficient User Awareness of impact of personal behaviours in relation to cyber threat Full extent of gaps are not understood at this point - Gap analysis regionally and locally required by HSC to capture a considered extent of vulnerabilities Insufficient corporate recognition and ownership of cyber security threat as a service delivery risk Current inability to obtain 100% coverage on patch updates due to a combination of user behaviours and service needs	Internal audit / IT Dept self-assessment against 10 Steps towards NCSC Technical risks assessments and penetration tests HSC SIRO Forum for shared learning and collaborative action planning and delivery ICT Security Review meetings regularly reviews and assesses service submitted ICT Security Questionnaire	There is a resource issue regarding Cyber Staff in the Trust. The Business Case that was approved should address this pressure however experience from other Government Organisations would suggest that is difficult to attract and retain specialist skills in this area. Unable to have consistent patching of critical/core serves due to service disruption. Limited testing of Data and Systems restores.	Implementa- tion of cyber security work plan which has been agreed with the Region. Recruitment of Band 7 Cyber Security Manager. Recruitment of Band 6 to support implementat ion of Cyber Security Action Plan. Full implementat ion for Metacompli ance across the Trust with regular course updates being issued thereafter. Introduce	30/09/2023 31/03/2019 31/03/2019 31/03/2020 31/08/2018	28/02/2019 31/03/2019 31/08/2019 31/08/2018

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		Rating (initial)	Risk level (initial)	Rating (current) (Conseq x Likli)	Risk level (current)	Rating (Target)	Risk level (Target)												
284	13/12/2010	16	HIGH	16	HIGH	6	MEDIUM	Director of Performance & Service Improvement	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: <ul style="list-style-type: none"> •Insecurely sharing or accessing the personal data of clients, patients and staff without a legislative basis under UKGDPR or supporting legislation •The unavailability of records for provision of patient and client care or for legal or public interest purposes •Concerns on the adherence to records management responsibilities – notably the storage, categorisation and disposal/PRONI transfer of patient, client and staff records 	Subject Access and Data Access agreement procedures. Information Governance/Records Management induction/awareness training. ICT security policies. Raised staff awareness via Trust Communications/Share to Learn. Regional code of practice. Information Governance Steering Group. Records held securely/restricted access. Fair processing leaflets/posters. Investigation of incidents. Data Guardians role. Regional DHSSPS Information Governance Advisory Group. Electronic transmission protocol. Investigation of incidents. 2 secondary storage facilities available across NS & SS Trust Protocol for Vacating & Decommissioning of HSC Facilities. Scoping exercise to identify volume and location of secondary close records completed in December 2010. band 3 post in place Review of regional IG training available on HSC Learning completed and updated to provide more robust training fro staff.	Potential that information may be stored/transferred in breach of Trust policies. Limited uptake of Information Governance and Records Management training. No capacity within the team to take on provision of IG training	Reports to Risk Management Sub-Committee/Governance Committee BSO Audit of ICT and Information Management Standards. BSO Internal Audit of Information Governance. Revised composition and terms of reference of the Information Governance Steering Group as a result of the new SIRO/IAO framework.		Band 3 0.5 post increased to full time Recruitment of Band 4 Information Governance Development of information leaflet for Support Services Staff to increase awareness of information governance Review of regional e-learning IG training Establishment of Regional Records Man Group Development of IG action plan to be	31/03/2019 31/03/2019 31/03/2019 31/12/2020 30/09/2020 30/09/2020 31/12/2020 30/09/2020 29/03/2024 30/09/2023 29/03/2024 31/12/2021 31/03/2024 01/06/2022 31/03/2023	31/03/2019 28/02/2019 01/03/2019 25/11/2020 30/09/2020 30/09/2020 31/12/2020 30/09/2020 09/09/2021 01/06/2022 08/03/2023
779	24/07/2014	9	MEDIUM	20	EXTREM	6	MEDIUM	Director of Human Resources	Trust-wide (Risk Register Use Only)	Workforce.	Service impacts arising from performance issues within BSO Shared Services	The Recruitment Shared Services Centre (RSSC) is experiencing significant operational and staffing challenges which are adversely impacting the service being provided to the Trust and resulting in major delays in appointing staff. <ul style="list-style-type: none"> □ This is also further impacted by the implementation of Amiqus (new platform for pre-employment checks). □ BSO Shared Services Centre not meeting deadlines in a timely manner for which the Trust as the employing authority has overall responsibility. □ Issues reported by managers in relation to the delivery of services which delays filling vacancies. □ Trust managers not complying with payroll and recruitment processes which may also lead to delays. 	3 meeting per week to monitor RSSC Performance. Amiqus updates - 3 reports per week on progress. Retained recruitment supporting escalations. Healthdaq - processing high volume requisitions by this system internally. Operational meetings with Trust and RSSC. Updates to Corporate Management Team. Trust Communications to Managers and Staff. Shared Services Payroll & Recruitment KPIs & monthly monitoring reports. Daily contact with BSO Payroll & Recruitment staff. BSO RSSC has set up clinics for managers to raise recruitment issues. Query Management System in place for managers to raise issues. Escalation and hardship processes in place.	Amiqus system reporting tool is not yet available – gap in data being shared with the Trust. There are concerns about accuracy of the information in RSSC Reports. Dependence on BSO for Trust Payroll and Recruitment information to respond to MLA queries, FOIs, etc. in a timely manner.	Establishment of a Task and Finish Group led by the Interim Director of Operations, BSO. Additional meetings with Recruitment Shared Services and Trust. BSO Business Contingency Plan in place. Customer Forum for Payroll and Recruitment.	Verification of information on pay and recruitment exercises. System issues which require work arounds.	Greater focus by the Trust on emerging issues. Monitoring of RSS reports and data and the duration of time to fill posts across staff groups. Establishment of database to capture complaints relating to recruitment issues encountered by Trust recruiting managers via web based form. Working closely retained recruitment and Trust	30/09/2023 30/09/2023 30/09/2023	

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		Rating (initial)	Risk level (initial)	Rating (current) (Conseq x Likli)	Risk level (current)	Rating (Target)	Risk level (Target)												
955	11/08/2016	12	MEDIUM	12	MEDIUM	9	MEDIUM	Director of Finance	Trust-wide (Risk Register Use Only)	Financial Management & Performance. Modernisation. Public Confidence.	Failure to comply with procurement legislation re social care procurement	The risk that the Trust will breach UK procurement legislation rules in awarding contracts for the provision of social care services. The legislation outlines that a formal tender process must be followed when awarding contracts that are expected to be above a specified threshold. This is to be managed by BSO PaLS on behalf of all Trusts but the current proposed work programme means that Trusts will not be fully compliant with the legislation for a period of 5 years ending on 31 March 2022.	The issue has been discussed at the Trust's Procurement Board and Social Care Procurement Group. The Trust's Director of Finance & Contracting has highlighted this issue to the Regional Procurement Board.	The Trust does not have the resource or infrastructure required to manage this risk internally. DOH has determined that the issue should be managed regionally.			The 5 year implementation plan will continue to be monitored - via Regional Procurement Board, Trust Procurement Board and Social Care Procurement Group.	30/06/2023	
1133	23/05/2019	15	EXTREM	25	EXTREM	5	HIGH	Director of Primary Care & Older Peoples Services	Trust-wide (Risk Register Use Only)	Safe & Effective Services.	Risk to safe patient care relating to inappropriate use of medical air	Risk of patient receiving medical air in error when oxygen is required resulting in hypoxia.	Regional procurement process - will no longer be able to buy a medical air flowmeter without a flowguard In the Trust's clinical procedures for medical gases Included on the medical gas training for wards Medical air blanking caps have been circulated to wards to insert into outlets that wont be used Colour coding of medical air flowmeters and air outlet on most wards Flowmeters with air-guards attached on all wards now.	Lack of knowledge of colour coding and appreciation of risks with medical gases Potentially have old flometers that are not fully compliant with colour coding (not mandatory) Not all medical air flowmeters had airguards but they do now Incidents are continuing to happen during 2020, lack of confidence that the actions taken last year are being adhered to in all areas - further review of processes and controls undertaken 29 May 2020. Lack of knowledge of colour coding and appreciation of risks with medical gases	Walk around to be carried out in SWAH/OHPCC although they have new flowmeters with air-guards. Walk around on Altnagelvin site occurred in November 2018. To be repeated February 2019. To be picked up on annual medical gases walkaround. No external inspections Update 05 June 2020 - Lead nurses and service managers have been asked to provide assurances on the actions taken in response to the revised controls for each of their designated areas of responsibility. May 2020 update - regular Walk arounds to be undertaken on all hospital sites until assurance in place.	Lack of training on medical gases. This has increased now since included in Trust Combination training days.	SAI reviews progress actions to completion Review the mitigating actions and any gaps in controls Possible further learning from SAI investigation Continue to include in Trust combination training days (potential for this to become a mandatory area) Old flow-meters removed to ensure colour coding approach is	30/12/2022 28/04/2023 31/12/2019	13/01/2023 31/12/2019 31/12/2019 31/12/2019 31/12/2019

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1183	27/11/2019	25	EXTREM	9	MEDIUM		6	MEDIUM	Director of Mental Health & Disability Services	Adult Mental Health & Disability Services	Governance. Safe & Effective Services.	Where MCA processes are not being followed, patients may be deprived of their liberty, without having safeguards in place	Where MCA processes are not being followed, there is the risk that patients may be deprived of their liberty, without having the relevant safeguards in place, with the result that individual staff may be held criminally liable with appropriate sanctions, including financial penalties and imprisonment. For patients that lack capacity and for whom safeguards are not in place, there is the risk that statutory services may not be delivered. Emergency provisions should be considered where deemed appropriate, to support continuing service delivery until the safeguards are approved. The Department of Health, requires H&SC Trusts to proceed with a partial implementation of the Mental Capacity Act (NI) 2016 (MCA) for providing a statutory framework for the Deprivation of Liberty from the 2nd December 2019 with full implementation by December 2020. By the 2nd December 2019, the Trust must have sufficient numbers of staff identified and trained & structures and administrative process put in place to ensure legal compliance in situations	Staff training is available online & classroom, provided by Trust Trainers. Progressing interactive online training via VC. Training videos developed MCA resources are available via MCA HUB on StaffWest DOLS office supports administration processes, including advice to support completion of forms Staff training is available via eLearning as well as from CEC. Training available online & classroom, provided by Trust Trainers. Progressing interactive online training via VC. Emergency provisions to be used, where deemed appropriate, to support continuing service delivery until the safeguards are approved. Directorate resource to support Directorate related MCA activity	Medic capacity to ensure timely completion of relevant forms and sit on Panels Queries from NIRT / requirement for submission of evidence to hearings is an additional task on top of current job plans. Role of Community Teams in making DOLS applications to be strengthened Role of Managers in quality Assuring DOLS applications to be strengthened Extended scope of Legacy to Day Care and Dom Care requires additional Resourcing Funding not adequate to deliver the projected activity. Funding not provided recurrently, compounding recruitment issues	RQIA monitoring role MCA Information T&F group (systems, processes & reporting) Trust is engaging with regional arrangements to share practice and develop solutions MCA Project Board held monthly. Training T&F group Mental Health Order MCA Project Team	Systems, Processes & Reporting to be strengthened & formalised - Regional Direction required but none identified	Engage with programme board and team Scope potential Mental Capacity/DoLs assessments Programme Implementation Officer to continue engaging on leading implementation. Trust Lead Directors and Responsible leads in each Sub-Directorate to be identified Quantification of Costs and completion	31/12/2020 31/03/2020 31/03/2020 31/03/2020 29/10/2021 31/03/2020 31/03/2020 31/03/2020 31/03/2020 31/03/2021 30/07/2021 31/03/2023 31/03/2023 30/11/2022 30/11/2022 30/11/2022 30/11/2022	31/08/2019 02/12/2019 31/08/2019 31/08/2019 01/11/2019 01/12/2019 25/10/2021 31/03/2020 31/03/2020 02/12/2019 31/01/2020 21/04/2021 21/07/2021 26/04/2023 07/12/2022 07/12/2022 07/12/2022
1216	15/04/2020	15	EXTREM	15	EXTREM		6	MEDIUM	Director of Acute Hospital Services	Acute Hospital Services	Public Confidence. Safe & Effective Services.	Risk of patient harm in Trust EDs due to capacity, staffing and patient flow issues	If Emergency Department (ED) Physical capacity and staffing levels are not sufficient to meet the demands of patient numbers and acuity, there will be increased likelihood of significant patient harm, risk to staff wellbeing and damage to Trust reputation as a direct result.	Ongoing Trust recruitment focus on Critical posts IE Medical and Nursing Use of Medical locums/ Bank and agency Nurses. Social Media Campaign Escalation protocol within full capacity protocol Nursing KPI and audit (ALAMAC) Ongoing in house Quality improvement work (implementation of SAFER principles) Daily regional huddle meeting with escalation as required IT systems - Symphony Flow board On call managers/medics rota Ongoing MDT patient flow huddles in department/wards Medical team ED reviews Hub flow meetings with lead nurse attendance. Patient flow teams/night service manager Major incident policy Full capacity protocol Business case approved dedicated HALO (Hospital Ambulance Liaison Officer NIAS crews waiting to offload in our hospital early warning score	Implementation of SAFER principles challenged due to Medical Job plans and current Medical team models in operation ageing population living with challenging health needs Community infrastructure to meet needs of patients i.e. Gp appointments, social care packages Recruitment to perm medical posts Challenging across NI	Datix - Incident, Complaints, Litigation, Risk register Patient flow teams, Night service manager, SPOC, Hub Regional huddle Established patient pathways	Gaps in patient pathway	PACE implementation to commence March 2020. Improvement work commencing with aim to address communication within department. Full capacity protocol	31/03/2022 30/05/2023 28/02/2022	06/05/2022 15/03/2022

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1219	30/04/2020	20	EXTREM	20	EXTREM	6	MEDIUM	Director of Acute Hospital Services	Acute Hospital Services	Safe & Effective Services.	Lack of endoscopy capacity for endoscopy to meet the demand which impacts on Patient outcomes	Lack of endoscopy capacity in the Trust has resulted in breaching of the 2 week red flag wait/9 week urgent and routine wait and surveillance targets for endoscopy. The lack of timeliness for endoscopy will lead to delayed diagnosis of cancer and poor outcome for these patients as evidenced in SAIs. □ The service has been further impacted by Covid -19 where the service has been reduced to emergency and red flag endoscopy only and reduced turnaround times between patients due to IPC requirements. □	Telephone pre assessment of colonoscopy on-going to improve list utilisation and reduce DNA rates Independent sector was utilised to deliver 250 surveillance colonoscopies from January to March 2020. Further use of Independent Sector to be explored post Covid -19 Surveillance waiting lists are being validated in line with new guidelines. Discussions have commenced with the commissioner to recurrently fund one of the posts in 20/21 to address the demand/capacity gap. The second post will be funded from a current vacancy. Training of 2 nurse endoscopists under transformation commenced in September 2018 - trainees were to be signed off by the end of 2020 the delay was due to Covid-19. Short-term provision by SE Trust to provide WT in IS tender 200 patients identified and moved to the independent sector.	Band 4 team lead recruited to manage waiting lists and oversee the scheduling team and processes. Encourage consultants to triage referrals in line with NICAN suspect cancer guidelines (Oct 2019) and utilise the urgent and routine categories. Additional funding for a second pre assessment nurse has been discussed with the commissioner- await confirmation in 2021 allocation	Waiting lists discussed monthly at the Endoscopy Users Group Clinical audits are completed annually to benchmark the service against National Standards. Monthly monitoring of waiting lists is carried out to identify longest waits and prioritise for scheduling.	The need for the Trust to invest further in the development of GI Trainees in line with the evidence base for modernisation, thereby proactively growing the team to meet future demand. The need to develop the service to include the inclusion of a hepatologist as part of the team in line with Royal College modernisation of gastroenterology training and service provision. The need to address the impact of a job plan which includes the medical on-call rota The need to urgently increase the consultant workforce and make the Trust an attractive opportunity for the next round of doctors in training due for	Explore the possibility of utilising the Independent Sector to address waiting lists. Need to review GI consultants job plan to reduce General Medicine commitment to increase availability for endoscopy lists. Secure funding for an additional pre assessment nurse to support list utilisation and reduce DNA rates. Recruit 2	05/10/2021 30/10/2022 30/04/2023 30/06/2023 01/09/2023	05/10/2021 14/11/2022 04/04/2023
1236	21/08/2020	16	HIGH	16	HIGH	6	MEDIUM	Director of Finance	Finance and Contracting	Ensuring Stability of Our Services	Ability to achieve financial stability, due to both reductions in Income and increased expenditure.	With continued reductions in income from savings requirements coupled with increased expenditure due to demand and risk, there will be a reduction in the Trust's ability to achieve financial stability in the current and future years, resulting in significant challenges in meeting the Trust strategic priorities	Chief Executive Assurance meetings to review performance Recovery Plan Oversight - Directorate, CMT, Trust Board (and Finance & Performance Committee) and DoH Annual Financial Plan to review risks to financial position and opportunities for savings Trust Board (and Finance & Performance Committee) and CMT oversight of the financial position monthly Monthly budget reports for all levels in the organisation, with follow-up variances Monthly Finance focus meetings between Finance and Directors / Senior Directorate Officers	Controls are in place. However, it is not always possible to have full financial controls without looking at quality & safety risks to patients/clients.	CMTFMG financial performance reports to Trust Board and CMT members. Internal Audit. Assurances from Director of Finance and ADF to CMT & Trust Board. Assurance obtained by the Chief Executive from chairing CMTFMG Self-assessment and audit of Financial Management Controls Assurance Standard. External Audit (NIAO) . DHSSPS/HSCB monthly financial monitoring.	No gaps identified.	Ongoing financial management and monitoring Operation of DVMB (Delivering Value Management Board) to ensure delivery of the 3 year financial recovery process	29/09/2023 29/09/2023	

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1254	18/01/2021	16	HIGH	16	HIGH	8	HIGH	Director of Human Resources	Trust-wide (Risk Register Use Only)	Ensuring Stability of Our Services Improving the Quality and Experience of Care Supporting and Empowering Staff	Inability to deliver safe, high quality and sustainable services due to workforce supply and disruptions	Due to an inability to attract, recruit and retain staff throughout the Trust, services may not be able to maintain sufficient staffing levels to sustain high quality safe services which may result in a reduction in service provision. □	Trust Business Continuity Plans with full HR support on hospital / community workforce groups. Delivering Care: Nurse Staffing in Northern Ireland Organisation Development Steering Group Health and Wellbeing Strategy Engagement & Involvement Strategy DOH Workforce Strategy & Trust Workforce Strategy and key actions Policies - Rec & Selection Framework, Attendance at Work, Flexible Working, Redundancy and Redeployment, etc. HR Strategic Business Partner identified for each Directorate - targeted interventions in relation to absence, agency usage, temporary staffing and other identified Directorate priorities. (Risk 6, 1075) Pension information sessions Joint Forum, Joint LNC and Consultation Group Workforce Information reports provided to key stakeholders Trust Governance Arrangements - People Committee Use of Bank/Agency/Locum Staff through Locum's Nest. Single Employer Project Group Review of existing Locum	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.	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/Stat	BSO Shared Service not meeting statutory or procedural deadlines resulting in, for example, delays in recruitment Inability of NIMDTA to fill all posts. Insufficient number of social work student applications to the University Degree Course in rural areas. (Risk 1109) Insufficient training places being procured by Department of Health to meet the demands of medical and nursing workforce. 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.	Looking After our People Growing for the Future Belonging to the HSC New Ways of Working	30/09/2023 30/09/2023 30/09/2023	
1288	08/04/2021	12	HIGH	12	HIGH	6	MEDIUM	Director of Performance & Service Improvement	Trust-wide (Risk Register Use Only)	Ensuring Stability of Our Services Improving the Quality and Experience of Care	Risk of failure to meet regulatory standards and compliance associated with Trust infrastructure and estate.	There is a risk of deterioration in the Trust Estate due to ageing and lack of capital investment in the maintenance of building services infrastructure and physical environment which could lead to loss of service and non-compliance with regulatory and statutory standards (e.g. water, electrical, asbestos and physical infrastructure).	Monitoring and review by PSI SMT of directorate risks including water, electrical, 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	30/06/2022 30/09/2021 30/04/2021 30/09/2021 30/09/2021 31/03/2022 31/08/2021 31/03/2022 30/06/2022 30/09/2022	06/06/2022 07/09/2021 03/08/2021 03/08/2021 07/09/2021 07/09/2021 12/04/2022 31/08/2021 12/04/2022 06/06/2022 30/09/2022

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1306	16/06/2021	16	HIGH	16	HIGH	8	HIGH	Director of Acute Hospital services	Acute Hospital Services	Ensuring Stability of Our Services Improving the Quality and Experience of Care	Vacant Paediatric Ophthalmology consultant post resulting in no Paediatric Ophthalmology clinics	No consultant to lead Paediatric Ophthalmology services. No routine paediatric cases being seen in Ophthalmology. Long waiting lists with clinical risk of adverse outcomes. No clinical oversight for orthoptic and optometry clinics.	ROP screening performed by retinal consultants as a temporary measure Urgent paediatric cases discussed with general ophthalmologists for referral to Belfast as required.	No consultant oversight for orthoptics and optometry increase clinical risk Significant clinical risk in ROP screening by consultants without Paediatric fellowship.	Ongoing discussions with commissioners as regards filling the post.		Advertise new agreed post for a General Ophthalmology Consultant Agree solution for review patients	30/04/2023 30/06/2023	04/04/2023
1307	16/06/2021	25	EXTREM	25	EXTREM	6	MEDIUM	Director of Women & Children's Services	Women & Children's Services	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 In absence of NISTAR, Pro-paramedics (independent company) may be used. NISTAR will make ambulance and driver available if local team can do transfer	Impact on Services when Trust Staff are called away to facilitate transfer Working with neonatal shortage - no adequately trained staff to backfill and training delivered during core time No funding for dedicated rota Difficulty ensuring ongoing professional development to maintain skills. Requirement to provide/source Trust Time Critical Transfer Training tailored to all disciplines i.e. Paediatricians require different training to anaesthetists, and nurses also require different training as they all have separate roles.		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.	30/06/2022 31/03/2022 31/03/2022	03/02/2022 03/02/2022	
1320	15/09/2021	12	HIGH	20	EXTREM	8	HIGH	Director of Women & Children's Services	Women & Children's Services	Improving the Quality and Experience of Care	Delayed/inappropriate placement of children assessed as requiring inpatient mental health care.	Increasing demand for the need for inpatient beds has resulting in capacity issues within the regional adolescent mental health inpatient unit. There is significant challenges for CAMHS resulting in increasing delays in accessing and securing emergency, urgent or planned admission for treatment to a regional bed for vulnerable adolescents requiring immediate and planned inpatient mental health care. □ As a consequence of this children are being placed inappropriately in inpatient AMHS beds when available and/or acute medical and paediatric wards or are being managed by Community CAMHS intensively with heightened complex risk. As a consequence CAMHS staff from other steps within the Service are being redeployed to support this intensive working. Community CAMHS remains under significant capacity and resource issues. □ CAMHS is not currently commissioned for an OOH Service as such an OOH pathway is in place to mitigate risk in conjunction with CAMHS/AMHS/ED Colleagues. □ This increases potential for: - sub-optimal care whilst inappropriately placed in hospital; risks to other	Staff training in Paediatrics Staff training in Emergency Department Regular meetings with AMH services Regular meetings with Beechcroft (weekly) and daily updates Policy on age appropriate care to acute setting Policy on U18 admission to AMH wards Protocol CAMHS/AMHS pathway OOH (2011) - under review at present	Environmental risks of temporary placement wards/facilities in particular YP presenting self-harm, suicidal risk, risk of absconding. Supervision deficit in ED/AMH/Paeds wards Psychiatric cover limited in CAMHS and AMHS Delayed & limited availability of AMH beds in Trust. Training/knowledge deficit re pathways related to high staff turnover in acute medical/AMHS setting CAMHS/AMHS OOH Pathway review overdue Unfunded demand for CAMHS OOH Limited regional capacity for inpatient beds	Monitoring of waiting lists Regional AD Forum - standing item Regional Care Network - weekly data collation Daily updates with Beechcroft In-house monitoring of inappropriate admissions Early Alerts of inappropriate placements both in AMHS wards and Acute medical /Paediatric wards. Weekly review and monitoring by HSCB Escalation to HSCB/DOH		CAMHS Business case to be developed to progress development of CAMHS OOH service provision Family & Child Care Social work input in over 16 MH assessment with AMHS to be reviewed to ensure cover and consistency to mitigate risk WTCAMHS/AMHS OOH 2011 pathway to be considered and reviewed	31/05/2023 31/05/2023 31/05/2023 31/05/2023 31/05/2023 31/05/2023 31/05/2023 31/05/2023	

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		Rating (initial)	Risk level (initial)	Rating (current) (Consq x Likli)	Risk level (current)	Rating (Target)	Risk level (Target)												
1334	26/10/2021	20	EXTREM	20	EXTREM	8	HIGH	Director of Acute Hospital services	Acute Hospital Services	Ensuring Stability of Our Services Improving the Health of Our People Improving the Quality and Experience of Care	Sustainability of surgical services in Southern Sector of Trust due to recruitment & retention difficulties at Consultant and Mi	Inability to recruit and retain permanent general surgical staff particularly at Consultant and middle tier level in South West Acute. <input type="checkbox"/> <input type="checkbox"/> This is threatening the ability to deliver 24/7 emergency service and the range of commissioned elective activity. <input type="checkbox"/> <input type="checkbox"/> 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. <input type="checkbox"/> <input type="checkbox"/> It has been highlighted that emergency surgical services are at risk within the next 4 months due to inability to sustain a Surgeon of the Week and On-call emergency rota at consultant level <input type="checkbox"/>	Trust have authorised a Sustainable 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	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.	30/06/2023		
1338	08/11/2021	20	EXTREM	16	HIGH	6	MEDIUM	Director of Women & Children's Services	Women & Children's Services	Ensuring Stability of Our Services Improving the Health of Our People Improving the Quality and Experience of Care Supporting and Empowering Staff	Risk to Provision of Neonatal Care in SWAH due to staffing shortages particularly staff qualified in specialty.	Lack of senior staff, particularly those QIS (qualified in specialty) has resulted in difficulty staffing the NICU safely and effectively and has resulted in cot closures (locally and regionally); inadequately covered shifts; high stress and low morale within nursing; difficulty in planning and may result in unit closure.	Staff working additional hours/bank/overtime. Acting Manager and Head of Service covering clinical shifts when the number is inadequate or when there isn't enough QIS available. WhatsApp group set up and urgent messages sent when staffing is depleted at short notice. Cot closures after consultation with medical staff and Neonatal Network of NI Contingency plan drawn up	Due to the reduced number of QIS nurses who cover additional shifts, there are occasions when no additional staff can be sourced. This is particularly relevant when there is unpredicted staff absences at short notice. This may result in cot closures/transfers and in SWAH the local contingency plans will be implemented. Inability to transfer antenatal patients or neonates further adds to this safety issue as these babies will have to either be stabilised for transfer or remain locally. Unpredicted emergencies in both units, with babies requiring high dependency or intensive care- some of which can take a prolonged period of	Cot closures monitored regionally There may be a lack of regional cots and neonatal transfer services which results in babies having to stay in the neonatal unit for longer than expected, thus putting more pressure on an already depleted team and increasing the safety risk.	Review of Staffing Contingency Plan Rotation between Paeds and NICU Bid for staff to backfill training Close cots as necessary Inform Commissioners and NNNI Monitor clinical incidents	30/09/2022 31/03/2022 13/10/2021 31/03/2022 13/10/2021 30/10/2021 30/09/2022	29/07/2022 01/04/2022 13/10/2021 01/04/2022 13/10/2021 29/10/2021 29/07/2022	

ID	Opened date	Initial Risk		Current Risk		Target Risk		Responsible Director	Directorate	Corporate Objectives	Title	Description	Controls Assurance	Gaps in controls Assurance	Assurance	Gaps in assurance	Action Plan	Due date for Action Plan	Done date for Action Plan
		Rating (initial)	Risk level (initial)	Rating (current) (Conseq x Likli)	Risk level (current)	Rating (Target)	Risk level (Target)												
1375	15/03/2022	16	HIGH	16	HIGH	6	LOW	Director of Acute Hospital services	Acute Hospital Services	Ensuring Stability of Our Services Improving the Health of Our People Improving the Quality and Experience of Care	Consultants Cover in Cardiology	Due to challenges regionally in relation to securing substantive positions and the limited availability of locum resources, a 6 person on call rota has been depleted by 50% leading to potential gaps in the rota.	Working with International Recruitment team to expedite a new appointment. Working through current job plans to identify monies to increase the Consultant complement. -Secured short term locum Middle Grade Doctor to support Ward based work on a short to medium term basis. Worked with Medical HR to secure short to medium term locums (starting 27th February). Link with regional pPCI network to seek support for any gaps in rota. Linkage with RCM to ensure sign off of job plans and job descriptions. -A review of current workload and a short term reduction in outpatient work to facilitate redistribution.	Locum resources has limited availability. Challenges regionally in relation to securing substantive positions.	Medical HR working collaboratively on recruitment. Clinical Lead has oversight of the rota Business continuity arrangements are in place should there be an unplanned rota gap.	Locum resources has limited availability. Challenges regionally in relation to securing substantive positions.	Recruitment to fill vacant posts.	31/07/2023	
1409	01/07/2022	25	EXTREM	16	HIGH	9	MEDIUM	Director of Acute Hospital services	Acute Hospital Services	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		Meetings Workforce Improvement Meetings	03/07/2023 03/07/2023 03/07/2023	

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1469	06/01/2023	12	HIGH	12	HIGH	4	HIGH	Medical Director	Trust-wide (Risk Register Use Only)	Supporting and Empowering Staff	Health & Safety Risk to Staff as a result of Violence and Aggression	Increases in the number and complexity of patients being treated and awaiting treatment in all our settings; along with social; economic; and environmental factors; restrictive guidelines / practices resulting from Covid etc; increased social media challenges; and the absence of a Corporate legal remedy; have all contributed to an already high level of abuse, violence and aggression against Trust staff. The result is that staff are increasingly subjected to both sporadic and longer consistent patterns of patients/client/visitors displaying abusive, challenging, aggressive and violent behaviours in our facilities, communities and home environments leading to significant risk of emotional and physical harm. <input type="checkbox"/>	Management of Violence and Aggression (MOVA) group in place. Zero Tolerance & Security policy Trust adherence to The Management of Health and Safety at Work Regulations NI (2000). Health and Safety at Work NI Order 1978 Lone Working Guidance Staff support through Occupational Health Safety Intervention training - available to relevant staff. V&A risk assessment. Usage of Trust General Risk Assessment form for document of specific risks. Incident reporting on DATIX – identification of trends. Risk Register process in place RIDDOR reporting of staff absence and further scrutiny Policy for the Use of Restrictive Interventions with Adult Service Users – May 2017 Trust Security Working Group Ad hoc Risk Strategy Meetings Trust Health and Safety Policy	MOVA Policy - Await implementation of regional guidance Limited Legal support available for staff from the Trust when seeking prosecutions/non-molestation orders against violent individuals. No Acute Liaison Psychiatry service in ED No programme of regular education regarding mental health presentations in ED and other acute settings of risk. CAMHS referral pathways not clarified for patients aged 0-18. CAMHS not co-located in hospital. No dedicated area for intoxicated or consistently violent patients to be treated in ED. Lack of resource to provide safety intervention training following CEC	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		Adopt and imbed regional MOVA policy in Trust Policy and Procedures Draft business case to expand resources for Safety Intervention Training	03/07/2023 03/07/2023	
1472	06/02/2023	12	HIGH	12	HIGH	8	HIGH	Director of Performance & Service Improvement	Performance & Service Improvement	Ensuring Stability of Our Services Improving the Health of Our People Improving the Quality and Experience of Care Supporting and Empowering Staff	Risk of the Trust not achieving the Rebuild Targets as set out by SPPG.	Following the covid pandemic and the resulting reduction in services we remain in an environment with the potential for resurgence of covid and other pandemic illnesses, adherence to PHA and/or CMO guidance impacting on the ability for all services to achieve pre pandemic levels of activity, workforce challenges and the need to implement a financial recovery plan. Therefore there is a risk of the Trust not meeting the rebuild targets as set by SPPG (initially to rebuild to 2019/20 pre-pandemic levels). <input type="checkbox"/>	RAG rated Service Delivery Plans Monthly monitoring and expected outturn meetings with service areas. Working Safely alongside COVID-19 & Respiratory Infections guidance IPC Training Dynamic Risk Assessments (Annual/Covid/vulnerable staff) Risk assessment Training Link to Corporate Workforce Risk IDxx	Continued workforce challenges impacting on service delivery plans. Validation of data within reporting timeframes. Impact of financial recovery and/or cost increases.	Monthly SPPG reporting templates Performance Improvement Meetings Performance management framework Delivering Strategic Change Board Working Together Delivering Value Regional HSC Performance and Transformation Executive Board Finance and Performance Committee Trust Board Benchmarking		Development of elective care board action plan Development of a cancer optimisation plan Implementation of AHP Action Plan	31/07/2023 31/07/2023 29/03/2024	

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1487	06/04/2023	12	HIGH	12	HIGH	8	HIGH	Director of Human Resources	Human Resources	Ensuring Stability of Our Services Supporting and Empowering Staff	Impact on services as a result of Industrial Action in relation to outstanding Agenda for Change (AFC) Pay, safe staffing and tr	Impact on services of ongoing Industrial Action, including both strike action and action short of strike in relation to Agenda for Change (AFC) pay, safe staffing and travel rates. AFC staff make up 94% of overall workforce. □ □ Due to workforce shortages and the nature of services provided, including unscheduled care, discretionary effort and flexibility are required from staff to do additional hours and cover for absent colleagues and for vacancies in order to respond in a timely way to service requirements and maintain safe staffing levels. □ □ The quality of services from a Social Work perspective will be impacted and the result will only be understood over the course of the industrial action and is also dependent on its length. □	Trust compliance with Agenda for Change Terms and Conditions of Services. TU Side engagement with local and regional representatives regarding derogations and service level planning for service delivery on the basis of agreed derogations. Command and Control Silver and Bronze arrangements in place including arrangements for escalation of risks and issues to Health Silver through SPPG and DOH. HR Industrial Action Group established to work closely with Services on IA plans, development of derogations and negotiation with Trade Unions. Business Continuity Plans have been updated and impact assessments completed to identify specific risks as each notice of action is received. Business continuity plans implemented to adapt service delivery in light of ASOS and strike action including standing down of services which cannot be safely maintained. Risk based contingency plans applied in other services which cannot be stood down to ensure	Service impacts over a prolonged period of time of Industrial action. Postponement and rescheduling of appointments increasing delays for patients on waiting lists. Increasing unallocated cases across a number of areas i.e. nursing, social work. Vacant/uncovered cases not worked unless immediate risk to life and limb harm accepted by Trade Union representatives. Not able to make the necessary improvements in statutory requirements for review Compromising ability to meet statutory social work responsibilities for children i.e. delays in permanency planning, presentation to Trust Adoption Panel, Court timescales, etc. Impacting on consistency of social	Trust is in line with NHS Terms and Conditions of Service. Partnership Working with TU Side. Regular engagement with DoH to influence e.g. mileage rate.	Pay discussions in NI are led by Department of Health however the dispute in relation to the 2022/23 pay award is being managed by Government at Westminster and there is no capacity for the WHSCT to influence resolution of dispute. Absence of Health Minister to engage with this. Outstanding Pay Awards for all staff. Staff are not required to let their manager know in advance if they intend to participate in strike action.	Resolution of local issues Plans to address continued service impacts Continued engagement with local and regional TU Side representatives on derogations . Implementation of Business Continuity arrangements	10/10/2023 25/10/2023 09/11/2023 25/10/2023	