Western Health and Social Care Trust

CORPORATE RISK REGISTER & ASSURANCE FRAMEWORK

BRIEFING NOTE PREPARED FOR TRUST BOARD
7 JANUARY 2021

There are 27 risks on the Corporate Risk Register as approved at Trust Board on 3rd December 2020.

Summary

- Proposed revised risk ID49 (attached)
- Proposed new merged risk re staff availability and the impact of staffing levels on safe service provision (attached)
- Update on agreed actions from Trust Board workshop (attached)
- Covid-19 risk ID1213 indicators.

Revised Risk ID49 – "Virus attack disables network/services"

The following proposal was agreed at Finance Directorate SMT:-

1) The proposal involves the collating of 3 risks into one.

- People
- Technology
- Legislation (NIS in particular)

2) We are proposing to amend the title and description

3) We have simplified the language throughout and have attempted to make it as non-technical as possible

Proposed new Title – "The potential impact of a Cyber Security incident on the Western Trust"

Proposed 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

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 (e.g. appointments, admissions to hospital, ED attendance) or data contained within. This may result in the need to cancel appointments and treatments, or divert emergency/essential clinical or other services.
- Significant business disruption which could also lead to increased waiting lists, delayed urgent clinical interventions, suboptimal clinical outcomes and potentially bring liabilities for the Service.
- Unauthorised access to, or interference with, any Trust medical devices, systems or information (including clinical/medical systems) theft of patient/client data, confidential information or finances
- Substantial fines and significant reputational damage

Please see attached revised risk. There has been no change made to the risk grading.

Proposed new Corporate Risk merging ID no's 46, 1100, 1165, 694, 58 and 1109 re staff availability and the impact of staffing levels on safe service provision

At the Trust Board Workshop on 5 November 2020 it was agreed that 6 Corporate Risks (ID no's 46, 1100, 1165, 694, 58 and 1109) under the People and Resource category should be reviewed and merged to form one Corporate Risk (see attached new risk form for details).

An assessment has now been completed on the above risks based on cause, event and effect. All risks are associated with staff availability and the impact of staffing levels on safe service provision. Therefore it is proposed that these risks are merged to form one People and Resource risk.

The Corporate Risk is now entitled:
"Inability to deliver safe, high quality and sustainable services due to workforce supply and disruptions."

The risk description explains:
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 a reduction in service provision.

Detailed risks and associated action plans are reported on the HR risk register and those risks specific to Social Work and Domiciliary Care provision should remain within the W&C and PCOP Directorate level risk registers. HR will co-ordinate updates on these risks with the appropriate business officers to ensure progress is aligned against the corporate people and resource risk.

Update on agreed actions from Trust Board

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

Covid-19 Risk ID 1213 – Indicators at 29/12/20

Consider the following list of indicators from Sit-Rep when reviewing the current grading of this risk:-

Table 1 – Covid-19 Indicators

Covid Risk ID1213 - Indicators as at 29/12/20				
Indicators	**Total**	**Alt.**	**SWAH**	**Comm.**
Covid-19 deaths (Cumulative)	135			
Covid positive inpatients	92	46	25	21
Number in ICU	5	4	1	
Total number of beds closed	56	26	13	17
Hospital Oxygen supply status lt/m		445	197	
ED waits >12 hours in last 7 days		11%	6%	
Staff tested positive (Cumulative)	431*			
Staff positives reported under RIDDOR. (Cumulative)	221*			
Staff unavailable for work	1106	354	134	618
% of Staff unavailable for work	9%	8%	8%	11%
incidents reported as being directly related to Covid (last 7 days)	37	7	2	28
No +ve tests (last 7 days) NI	4106**			
No +ve test (last 7 days) Derry and Strabane Council area	344**			
No +ve test (last 7 days) Fermanagh and Omagh	354**			
Early Alerts/Service downturns or Service fragility				

SWAH - Winter pressures compounded with Covid admissions little flow through the base wards (28/12/20).
The level of Covid related staff absence continues to put pressure on sustaining homecare services.

Drumclay
9 residents Covid positive out of 11 in facility and is closed to admissions. The unit is divided into two sections and there are significant staffing issues – 15 staff absent from work.

*figs at 04/12/20
**figs. At 24/12/20

WHSCT Corporate Risk Register 14/12/2020

Risk Summary Report

				Initial		Current		Target		Current Risk Status				
Risk Category **(to be revised)**	Risk ID	Lead Director	Risk Title	Score	Grade	**Score**	**Grade**	Score	Grade	**Mths since score changed**	**Change in score since last review**	Mths since last updated	Action Plan Status	Latest Update
Health and Safety	3	Medical Director	Health and Safety risk - resulting in injury	16	HIGH	20	EXTREM	4	HIGH	8	No change	0	Actions listed with future due dates	Dec20 - Compliance for completion of Annual risk assessment reviews:- W&C 49% Compliance; PCOPS 53% compliance; Acute 46 % Compliance; AMH&LD 99% Compliance. The Trust has re-established the Working Safely Together Group following learning from outbreaks, and that one of its workstreams will focus on ensuring risk assessments are completed and reviewed for trends and follow up support. CEC have given notice they are no longer able to provide MAPA training to the Trust. The Trust MAPA team were established to compliment CEC training and therefore not resourced to meet the deficit. A re-prioritised training programme has been established which the Trust MAPA team is working through and whilst communication is still ongoing with CEC a requirement for a team to deliver this training must be progressed as a priority. At 03/12/20 there were 221 Covid related RIDDOR incidents reported
Patient/Client Safety	6	Director of Women & Children's Services	Harm to children whilst awaiting Gateway and Family Intervention Service (unallocated cases)	25	EXTREM	12	HIGH	8	HIGH	38	No change	1	Actions listed with future due dates	Nov20 - To be re-worded to provide more clarity on risk as per Trust Board workshop. 16/10/20 The Directorate have reviewed the context of Enniskillen and is piloting a generic model of practice that will effectively utilise the current workforce structure to address safeguarding and promote the needs of looked after children. The preperatory work for this pilot has commenced and it is anticipated will be put into effect from November 20 pending the context of Covid 19. 13-10-20 Early Alert sent to DoH regarding Gateway risk to service re Covid staff outbreak.
Compliance with Professional/Clinical/Non-Clinical Standards	46	Director of Human Resources	Challenges to compliance with Working Time Regulations	12	HIGH	12	HIGH	9	MEDIUM	85	No change	2	Actions listed with future due dates	Oct 2020 - Workforce risks to be revised in Trust Board workshop and agreed approach in line with revised categories. August 2020: At Trust Board Workshop it was agreed to develop a new Corporate Risk which covers all workforce related issues. Draft risk being submitted to August CMT.
Organisational	49	Director of Finance	Virus attack disables network/services	16	HIGH	16	HIGH	9	MEDIUM	42	No change	1	Actions listed with future due dates	25th November 2020 - ICT have completed the review of Corporate Risk 49, and are now taking it through the Directorate approval process.
Patient/Client Safety	57	Medical Director	Lack of cross-Directorate learning from adverse incidents, complaints, claims & audit recommendations	16	HIGH	12	HIGH	8	HIGH	32	No change	1	Actions listed with future due dates	Nov20 - There are 73 overdue SAIs at 19/11/20 a reduction of 11 since 09/10/20
Workforce Issues	58	Director of Human Resources	Over dependence on the use of locum and agency staff to sustain services and insufficient induction for locum medical staff	12	MEDIUM	15	HIGH	9	MEDIUM	35	No change	2	Actions listed with future due dates	Oct 2020 - Workforce risks to be revised in Trust Board workshop and agreed approach in line with revised categories. August 2020: At Trust Board Workshop it was agreed to develop a new Corporate Risk which covers all workforce related issues. Draft risk being submitted to August CMT.
Patient/Client Safety	63	Director of Adult Mental Health & Learning Disability	High risk forensic/challenging individuals who have potential to cause harm to themselves or others	20	EXTREM	15	EXTREM	12	HIGH	30	No change	2	Actions listed with future due dates	19 October risk related to forensic service. Retract risk to MH sub directorate for management and monitoring. 15th July 2020 Discussed at SMGM and controls and assurances remain appropriate to this risk.9th June 2020Risk reviewed and controls and assurances remain appropriate for risk. 29th April 2020 1 open action appropriate, controls and assurances appropriate, to remain on the risk register.

Patient/Client Safety	66	Director of Adult Mental Health & Learning Disability	Death or serious injury of patient as a result of a suicide or attempted suicide while in a Trust facility	25	EXTREM	10	HIGH	5	HIGH	85	No change	0	Actions listed with future due dates	Dec 2020 Risk reviewed and actions and controls remain appropriate. Datix risks reviewed within the context of safety briefs and trend analysis through Team Health Checks
Health and Safety	100	Director of Performance & Service Improvement	Backlog Maintenance	16	HIGH	12	HIGH	12	HIGH	87	No change	0	Actions listed with future due dates	2 Dec 2020: Backlog maintenance risk has been reviewed corporately and the management of the risk will be completed by end of Dec 2020.
Health and Safety	235	Medical Director	Risk of continuing failure to meet statutory requirements for Water Safety	15	EXTREM	15	EXTREM	8	HIGH	73	No change	2	Actions listed with future due dates	21/10/20 - Trust Board workshop whilst agreeing title and description change requested consideration of an overall risk related to deficits in Estates Investment. Updated Water Safety Plan completed for tabling at CMT next available date is Nov 2020.
Compliance with Professional/Clinical/Non-Clinical Standards	284	Director of Performance & Service Improvement	Risk of breach of General Data Protection Regulation (GDPR) and Data Protection legislation through loss of personal or sensitiv	16	HIGH	16	HIGH	8	HIGH	48	No change	0	Actions listed with future due dates	1 Dec 20: Working with Information Governance colleagues throughout the region - a review of the mandatory IG online training available via HSC learning has now been completed and updated. This updated training will provide staff will a more robust training on information governance. Recruitment process has now commenced. Interviews scheduled to take place in December 2020. It is hoped the successful candidate will take up post in February 2020 following completion of recruitment process. Draft guidance has now been developed regarding records management for staff working from home. This is will be shared with all staff following approval at the next IGSG meeting in February 2021. Weeding of acute records remains a focus (in line with GMGR guidelines). To date a total of 12,000 records have now been destroyed. This has created capacity in the health records library, ALT to enable records previously held in other locations to be returned to the health records library. Review of secondary storage within Maple Villa, Gransha Park continues. To date a total of 14,000 child health records have now been destroyed (in line with GMGR guidelines). Following the relaxation of the HIA Disposal schedule additional weeding has begun and will risk assessment will continue in the coming months which will increase further capacity within this area.
Service Delivery	547	Director of Nursing, Primary Care & Older People's Services	Inability to access domiciliary care in a timely manner	15	HIGH	16	HIGH	8	MEDIUM	67	No change	2	Actions listed with future due dates	Oct20 - The Trust's Delivering Value programme has identified project resources to progress a specific initiative progressed to increase the utilisation of block contracts which in turn has facilitated increasing demand for homecare and has also optimised the available carer resource across the Trust. This work will continue for the remainder of 2020 and into 2021. The Trust is waiting on the region to issue the proposed framework but this has been delayed due to Covid. The Trust continues to develop its own commissioning framework for these services in the future that will be closely linked to the regional framework
Workforce Issues	694	Director of Acute Services	Risk to patient/client safety because of insufficient Medical cover in PCOPS and Medical Wards in SWAH	9	MEDIUM	12	HIGH	9	MEDIUM	51	No change	2	Actions listed with future due dates	Oct20 - Medical staffing paper to be sumbitted in November 2020. August 2020: Work is continuing on the Medical Staffing Paper as per July update. It is hoped this Paper will be submitted to September SMT for consideration.
Compliance with Professional/Clinical/Non-Clinical Standards	719	Director of Women & Children's Services	Risk of failure to meet a standard/protocol/guideline.	20	EXTREM	12	HIGH	8	HIGH	73	No change	1	Actions listed with future due dates	4 Nov 2020: Agreed at Quality & Standards Sub Committee to complete focused work at Directorate level to update all ongoing Standards & guidelines and hold a workshop in Feb 2021 to review all those that were unable to be progressed at directorate level and agree next steps.

Compliance with Professional/Clinical/Non-Clinical Standards	955	Chief Executive	Failure to comply with procurement legislation re social care procurement	12	MEDIUM	12	MEDIUM	4	LOW	52	No change	1	Actions listed with future due dates	Nov20 - Reviewed at Trust Board workshop, DoF to be responsible director and to remain on CRR. August 20 The Trust is participating in the Light Touch Regime with regional prioritisation of social care procurements. The decision has been made to begin preparations for the retendering of contracts for Domiciliary Care although the decision to complete will require further consideration.
Workforce Issues	1075	Director of Finance	No Deal Scenario / Hard Border EU Exit	12	HIGH	16	HIGH	4	LOW	26	No change	2	Actions listed with future due dates	Oct 20 - There is still the potential for a No Deal EU Exit at the end of the transition period on 31st December 2020, given the status of negotiations between the UK and EU. The NI Protocol is to be applied whether there is a Deal or No Deal EU Exit. Given the tight run-in period, the Department of Health (DOH) have re-instated fortnightly update regional meetings with Arms Length Bodies (ALB) representatives on EU Exit. The advice from DOH remains that Arms Length Bodies (ALBs), including the Western Trust, should retain the 6 weeks buffer levels of non-stock items until further notice. In relation to Medicines and Medical Devices, it was noted at the regional ALB meeting on 5th October 2020, there may be additional checks on medicines and medical devices travelling from GB to NI. There is an intention, as directed by DOH, for Independent Sector providers to be approached again soon to gain a re-assurance on their readiness for EU Exit, particularly on their ability to obtain & hold sufficient stock levels of critically needed supplies. In relation to Workforce/HR aspects and healthcare arrangements, this is a complex area and agreements are still being refined with continuity expected on Frontier Workers rights, reciprocal healthcare between NI and ROI and an extension to the application process for the EU Settlement Scheme until June 2021. A risk has been identified upon non-Irish EU Nationals low-skilled workers not obtaining citizenship. There is no intention at this stage of re-instating Emergency Planning sitrep arrangements on EU Exit in parallel with existing Command & Control/ Contingency systems already in place across NI for Covid-19.
Workforce Issues	1100	Director of Human Resources	Agenda for Change (AFC) Pay Reform Dispute may impact service provision	12	HIGH	8	HIGH	8	HIGH	8	No change	2	Actions listed with future due dates	Oct 2020 - Workforce risks to be revised in Trust Board workshop and agreed approach in line with revised categories. August 2020: At Trust Board Workshop it was agreed to develop a new Corporate Risk which covers all workforce related issues. Draft risk being submitted to August CMT. May 2020: The Agenda for Change Pay Awards for years 2019/2020 and 2020/2021 have been implemented. NIPSA Action Short of Strike remains suspended due to COVID-19. An issue relating to unsocial hours payments for particular Bands and pay points has caused a small detriment for some staff so Trades Unions wish this to be referred to Technical Group for further negotiation. Description and Risk Rating updated. Proposal to reduce risk level to Major:Unlikely.
Workforce Issues	1109	Director of Women & Children's Services	Difficulty Recruiting to all frontline social work areas across the Trust	16	HIGH	16	HIGH	4	LOW	24	No change	2	Actions listed with future due dates	16/10/20 Work has continued to engage schools and colleges as a way of promoting SW as a career choice. The Directorate has established SW ambassadors to engage with schools and colleges and have participated in University career event days. Given current context in respect of Covid 19 this aciton will be compromised due to the priority focus on the front line.
Patient/Client Safety	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	HIGH	7	No change	2	Actions listed with future due dates	Oct20 - Comments received from RRG and SAI reports to be finaised for submission in November 2020. Aug 2020 - SAI meeting 24/08/20, SAI draft report progressing, aim for submission mid September. July 2020 - Grading revised following consideration at CMT in June from 15 to 25 EXTREME following 3 SAIs / Never Events. SAIs being progressed and ToR and Team membership sent to HSCB on 10-07-20.

Workforce Issues	1165	Director of Human Resources	Service Impact of HMRC Regulations in relation to Pensions.	20	EXTREM	12	HIGH	4	LOW	8	No change	2	Actions listed with future due dates	Oct 2020 - Workforce risks to be revised in Trust Board workshop and agreed approach in line with revised categories. August 2020: At Trust Board Workshop it was agreed to develop a new Corporate Risk which covers all workforce related issues. Draft risk being submitted to August CMT.
Patient/Client Safety	1166	Director of Adult Mental Health & Learning Disability	Lack of a robust Governance Structure within AMHDS resulting in risk of not being able to identify emerging risks and Learn	20	EXTREM	20	EXTREM	9	MEDIUM	17	No change	2	Actions listed with future due dates	19/10/2020 Action taken to formalise Governance structure. Interim arrangements in place until recruitment completed. Controls and assurances reviewed and all actions closed. Will be considered for de-escalation to AMH Directorate risk. 23/09/2020 awaiting funding to secure governance posts in the interim governance structure outlined and agreed with RQIA and Trust.
Compliance with Professional/Clinical/Non-Clinical Standards	1183	Director of Adult Mental Health & Learning Disability	Insufficient relevant staff trained in DoLS processes may result in the Trust depriving patients of their liberty with the resu	25	EXTREM	25	EXTREM	15	EXTREM	14	No change	2	Actions listed with future due dates	20/10/20. Updated Title and Description. Risk reviewed updated to reflect progress in Controls, Assurances and Actions. Action relating to Level 2 training removed as this is covered on other Action. 9/07/20. Controls and Assurances reviewed and updated. Target completion dates reviewed and updated.
Patient/Client Safety	1207	Director of Nursing, Primary Care & Older People's Services	Care, safety and quality standards delivered in Independent Sector Nursing and Residential Care Facilities	9	MEDIUM	12	HIGH	8	HIGH	9	No change	2	Actions listed with future due dates	Oct20 -The Senior Community Governance Group met in September for the first time. This group is tasked with overseeing governance for Independent Sector Care Homes in the first instance and with a plan to oversee other care facilities in the community including Day Centres and Hostels. The Group will meet every Thursday as required having reviewed on Monday the Trust's dashboard for the current RAG rated status of all Independent Sector care facilities. The Group will ask Trust representatives for the Care Facilities that are in an Amber or Red status to present their Improvement plan to the Group. Contracts and financial aspects will also be discussed as part of the overall governance review. The Group will then give guidance if the Improvement plan is not on track or escalate concerns to the relevant AD or Director as appropriate. This Group will feedback then to the Community Oversight Group.
Patient/Client Safety	1213	Medical Director	COVID-19 risk re assess & response to patient/client need & maintain quality & safety for patients/clients and staff	20	EXTREM	20	EXTREM	10	HIGH	9	No change	0	Actions listed with future due dates	09/12/20 - 115 Covid related deaths (cumulatively); 74 Covid positive inpatients; 4 patients in ICU; 75 beds closed; 431 staff tested positive (cumulatively); 221 RIDDOR reported re Covid to date; 1101 (9%) staff unavailable for work (includes community); postitive in last 7 days NI=3051, Derry Strabane=264, Omagh Fermanagh= 236.
Patient/Client Safety	1216	Acute Hospital Services	Risk of patient harm in Trust EDs due to capacity, staffing and patient flow issues	15	EXTREM	15	EXTREM	5	HIGH	9	No change	0	Actions listed with future due dates	14/12/20 EDs reported 11 incidents since 19/11/20 related to capacity/staffing affecting patient safety, 8 of which were coded Amber. Action plans for each hospital ED were tabled at RRG on 10/12/20 in response to a request regarding actions against incidents being reported. These improvement plans detail high level actions in progress and planned. Alongside these there are operational plans directly generated from work streams i.e. SAFER patient flow oversight group Engagement and support for Manchester Utilisation unit; CAWT improvement work with ED and MASU;
Compliance with Professional/Clinical/Non-Clinical Standards	1227	Director of Nursing, Primary Care & Older People's Services	Action Plan for implementation of new regulations on medical devices by May 2020 as per circular HSE16-19 not completed	15	HIGH	15	HIGH	9	MEDIUM	6	No change	0	Actions listed with future due dates	December 2020: The report/action plan is scheduled for completion by the end of December 2020.

Financial	1236	Director of Finance	Ability to achieve financial stability, due to both reductions in Income and increased expenditure.	16	HIGH	16	HIGH	8	HIGH	5	No change	1	Actions listed with future due dates	Nov20 - Reviewed at Trust Board workshop, actions to be reviewed and risk to remain. August 2020 - Added as a new Corporate Risk with merging of risks ID51 & ID924.

Old Title:- Virus attack disables network/services

New Title:- **the potential impact of a Cyber Security incident on the Western Trust**

Notes:-

i) Proposed new change of title

Risk Type	ID	Description	Controls (Assurance SV)	Gaps in controls (Assurance SV)	Assurance (Assurance SV)	Gaps in assurance (Assurance SV)	Description (Action Plan Summary)
CORPO	**49 REVISED**	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 erroreonous mistake(s), could result in; • unparalleled HSC-Wide disruption of services due to lack of/unavailability of systems that facilitate HSC services (e.g. appointments, admissions to hospital, ED attendance) or data contained within. This may result in the need to cancel appointments and treatments, or divert emergency/essential clinical or other services. • significant business disruption which could also lead to increased waiting lists, delayed urgent clinical interventions, suboptimal clinical outcomes and potentially bring liabilities for the Service. • unauthorised access to, or interference with, any Trust medical devices, systems or information (including	**Staffing;** • User Systems training • Metacompliance Training • Regional Cyber Security E-Learning programme • Contract of employment **Policies;** • HR Disciplinary Policy • Induction policy • Records Management Policy • Regional & Local ICT info security policies and guidelines • Mandatory training policies • Data Protection and Confidentiality Policy **Technical;** • HSC and Trust security hardware (eg firewalls) • 3rd Party Secure Remote Access • Managed ICT (servers and systems owned and controlled by Trust ICT department) Data & System backups • Server / Client software updates (patching) • Network segmentation (partitioning) • User account management processes (Standard Operating Procedures - SOP) • Change control processes • HSC security software (threat detection, antivirus, email and web filtering) • Emergency planning & Service business continuity plans • Disaster recovery plan • Penetration Testing (method of gaining access/breaching the security of an IT system) reports and recommendations **Organisation;** • 3rd Party Contracts / Data access agreements • Regional Cyber Programme Board and Cyber Leads meetings • Regional and Trust Cyber Security Programme/Workplans • Regional and local Incident Management & reporting policies	**Staffing behaviour;** • Insufficient User awareness/training regarding impact of personal behaviours in relation to cyber threats • inability to obtain 100% coverage on software updates (patching) for Managed (PC's, Laptops, Tablets etc and systems owned and controlled by Trust ICT department) and Non-Managed (e.g. Radiology modalities, cameras, door access, medical devices etc) due to a combination of user behaviour and service needs **Technical;** • unable to detect and correct vulnerabilities and/or threats on all Non-Managed ICT equipment on Trust network (e.g. Radiology modalities, cameras, door access, medical devices etc) **Organisation:** • Majority of new and existing 3rd party support contracts for Non-managed ICT equipment (e.g. Radiology modalities, cameras, door access, medical devices etc) lack Cyber/Security elements, reassurances or support arrangements	**Staffing;** • Cyber Security manager in post Updated Regional Cyber Security • E-Learning programme (Sept 2020) • Metacompliance Cyber awareness courses • ICT resources now structured to emphasise Information Security and Cyber **Technical;** • Technicial risk assessments and 3rd party penetration testing reports (method of gaining access/breaching the security of an IT system) • Reviewing and sharing, with clinical services, of Carecerts (NHS Digital weekly bulletin publication) **Governance;** • Internal audit / IT Dept self-assessment against National Cyber Security Centre (NCSC) 10 Steps towards Cyber Security • ICT Vulnerabilty Management Group (VMG) regularly reviews and assesses Cyber threats and vulnerabilities • Annual Network Infrastructure System (NIS) Cyber Assessment	**Staffing;** • There is a resource issue surrounding the recruitment and retention of Cyber and ICT staff with specialist skills. **Technical;** • Unable to have consistent software updates of critical/core servers due to disruption to services. • There is computer related equipment (PCs, medical devices etc) on the Trust ICT Network which is not fully 'segmented' (partitioned) as per 3rd party and Internal Audit (IA) recommendations. **Organisation;** • Insufficient ownership of cyber security threat as a service delivery risk and awareness and feedback by services of Network and Information Services 2018 (NIS) requirements • Lack of clarity by the Network and Information Systems (NIS) regulatory body • Regional and Trust based services are not including Cyber content/elements in their Business Cases, Tenders, Contracts etc for Non-managed ICT equipment and systems	To take forward the Regional and Trust work plans for Cyber Security and other identified ICT projects specifically by : • progressing user Cyber Security awareness training through Meatcompliance courses and regional Cyber Security E-learning programme • taking forward the Internal Audit (IA) recommendations for Cyber Security • Review of ICT Risk Register • Review of ICT and Regional ICT Policies, Standards, Guidelines and Procedures (PSGP) • Regional review of procurement contracts for the purchasing of new ICT equipment and systems (to include Cyber elements)

New Risk Form

Please complete this form if you have identified a risk which needs to be considered for inclusion on the Trust's Risk Register database (Datix). Appendix 3 of the Trust's Risk Management Policy sets out the process that must be followed. The Policy is available on the intranet, web-link http://whsct/intranetnew/Documents/Risk%20Management%20Strategy.pdf.

The information requested below is required for completion of fields within Datix and is in the order that fields appear on screen. Sections marked with an asterisk (*) are mandatory and must be completed. The completed form should then be considered at the appropriate Sub-Directorate/Divisional/Department Governance meeting. If the risk is approved for inclusion, please then forward the form to the relevant Business Services Officer/Business Services Manager for inputting on Datix. A list of BSOs/BSMs with access to Datix within each Directorate and Sub-Directorate is posted on the intranet – click here.

No	Datix Field Name	Data to be included in this Field		
1.	**Title of Risk *** **(please keep this brief e.g. "Risk of Fire in Trust Premises" –)**	Inability to deliver safe, high quality and sustainable services due to workforce supply and disruptions.		
2.	**Facility** **(only necessary if risk relates to one specific facility)**			
3.	**Directorate *** **If risk affects 2 or more Directorates, please list relevant Directorates.**	Trustwide		
4.	**Sub-Directorate *** **If risk affects two or more Sub-Directorates, please list.**			
5.	**Specialty** **Please list most relevant Specialty this risk relates to.**			
6.	**Ward/Department** **(necessary only if risk relates to one specific Ward/Dept)**			
7.	**Risk Type*** **Please indicate which organisational level you are of the opinion this risk should be escalated to (please tick)** **NB: This is subject to approval by relevant Senior Manager/Director/CMT – refer to Appendix 3 of Risk Management Strategy (see web-link above) :-**	Corporate	✓	
		Directorate		
		Sub- Directorate/Divisional		
8.	**Risk Sub-type*** Please tick most appropriate category:	• Clinical Risk • Staff Competence • Compliance with Professional/Clinical/Non-Clinical Standards • Education & Training • Emergency/Contingency Planning Arrangements • Equipment • Financial • Fire Safety • Health & Safety • Independent Sector • Infection Control • Organisational • Professional Issues • Patient/Client Safety • Staffing Issues/Levels ✓		

9.	**Corporate Objective(s) affected by this risk*** ***(Please tick appropriate box(es) below)***		
	C01	To provide safe, high quality and accessible patient and client focused services	✓
	C02	To improve and modernise our services in line with evidence-based practice and research	
	C03	To ensure the probity and safety of our processes and systems through active governance arrangements	
	C04	To promote public confidence in our services	
	C05	To create a culture and an environment which will attract and retain high quality staff	✓
	C06	To build effective relationships with service users, communities and our strategic partners to promote the health and social wellbeing of our population	
	C07	To secure and manage resources effectively and efficiently in order to achieve best outcomes, demonstrate value for money and ensure financial viability	
10.	**Lead Officer* with responsibility for managing this risk (Name, Job Title, and Contact Details.** **(i.e. manager with operational responsibility)**	Ann McConnell	
11.	**Name of Responsible Director*** **(NB: Where a risk is Cross-Directorate, the most appropriate Director to manage this risk should be listed. It will be their responsibility to liaise with other Directors re management of this risk).**	Ann McConnell	
12.	**Description of Risk*** Please provide a full description of the nature of the risk. Please limit this to 255 characters	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.	

13.	**Please list all current control measures in place to manage this risk*** (e.g. policies, procedures, training)	**STRATEGIES** • DOH Workforce Strategy & Trust Workforce Strategy and key actions • Engagement & Involvement Strategy • Health and Wellbeing Strategy • Organisation Development Steering Group • Delivering Care: Nurse Staffing in Northern Ireland • Trust Business Continuity Plans with full HR support on hospital / community workforce groups. **POLICY / GUIDELINES** • Safety Standards • Policies – Rec & Selection Framework, Attendance at Work, Flexible Working, Redundancy and Redeployment, etc. • Professional Guidance – Telford, Royal Colleges, NI Delivering Care (N&M) • Trust EU Exit Group – Contingency Planning processes i.e. workforce, data sharing, etc. **(Risk 1075)** **COMMUNICATION / INVOLVEMENT / INFORMATION** • Trust Governance Arrangements – People Committee • Trust Healthcheck information – absence, appraisal, mandatory training, agency usage, etc. • Workforce Information reports provided to key stakeholders • Joint Forum, Joint LNC and Consultation Group • Pension information sessions • HR Strategic Business Partner identified for each Directorate. **SERVICE REFORM / MODERNISATION** • Delivering Value Management Board – Workforce Efficiency Project • Trust HR Business Partner - targeted interventions in relation to absence, agency usage, temporary staffing and other identified Directorate priorities. **(Risk 6, 1075)** • Regional Strategic and Implementation Groups established to consider WFP implications for reform initiatives • Review of existing Locum Framework • Single Employer Project Group • eLocum System/alternative system, if adopted. • Use of Bank/Agency/Locum Staff through Locum's Nest. **RECRUITMENT / WORKFORCE PLANS** • Bespoke recruitment for hard to fill posts i.e. Home Care, Support Services, etc. **(Risk 547)** • International Recruitment • Peripatetic Nursing and Social Work Teams. • Pay arrangements agreed for Agenda for Change staff up to 31 March 2021 which represents 94% of workforce. **TRAINING, DEVELOPMENT & SUCCESSION PLANNING** • Management & Leadership Development programmes for all levels in the Trust. • Developing Capability/ Supporting Safety Training for managers. • Ongoing regional work with HSC Pension Branch • Pathfinder/ Routes to Employment Group/ Working Longer Group • ASPIRE - Employability Programme with Fermanagh and Omagh District Council to provide placements for roles such as, Support Worker, Admin and Dietetic, Nursing and Psychology Assistants. • Succession Planning Guidance

14.	**Please list all identified gaps in Controls.***	Inability to attract, recruit and retain safe staffing levels to deliver high quality services. **ATTRACT** • Insufficient applicants for medical, nursing and social work posts. **(Risks 6,1109)** • Difficulty in recruiting in rural areas and accessing cover when needed in those areas i.e. Domiciliary Care Workers. **(Risk 547)** • Inability of NIMDTA to provide required number of Junior Doctors for certain specialities and localities. **(Risk 694)** **RECRUIT** • 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. **RETAIN / DELIVERY OF HIGH QUALITY SERVICES** • Due to demand in services compliance with Working Time Regulations and New Deal. • Lack of co-ordinated information on agency staffing • Inability to follow normal policies and procedures during periods of Industrial Action and also during emergency situations such as Pandemic. • Low uptake of mandatory training and completed annual appraisal. • Occupational Health – absence of locums and increasing demands on team without additional resources.
15.	**Please list all Assurances currently in place to test adequacy of Controls.** (i.e. Audit (Internal/External), inspections by independent organisations, e.g. RQIA, HSENI).	• Audit assurance and progress reports in relation to Audit recommendations provided at least twice per year to internal audit. • UK Border Agency Inspections on ad hoc basis. • RQIA Inspections of services which link to employment matters • People Committee – Quarterly monitoring of Absence, Appraisal, Mandatory Training, Consultant Job Planning, Temporary Staffing, Agency Staffing, Turnover and Grievance/Disciplinary/Statutory Cases. • People Committee – Workforce Strategy, Recruitment and NIMDTA Allocation Updates twice per year. • Junior Doctors Hours monitored twice yearly and returns submitted to DOH. • Pension Regulator Compliance • 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). • Working Together Delivering Value Health check measurements on absence hours lost, mandatory training, appraisal, time to fill posts, job planning completion rate.

16.	**Please list all identified gaps in Assurances.**	**ATTRACT** • Insufficient training places being procured by Department of Health to meet the demands of medical and nursing workforce. • Insufficient number of social work student applications to the University Degree Course in rural areas. **(Risk 1109)** • Inability of NIMTDA to fill all posts. • Government/Department of Health managing a number of risk mitigation issues associated with EU Exit including cross border matters. **(Risk 1075)** **RECRUIT** • BSO Shared Service not meeting statutory or procedural deadlines resulting in, for example, delays in recruitment. **RETAIN / DELIVERY OF HIGH QUALITY SERVICES** • Pay discussions are led by Department of Health. • Impact of Pay Strategy across all staff groups. • Legal challenges to Terms and Conditions arising from changing employment law e.g. PSNI and Allocate Cases. • Lack of regional cap on agency rates • Safe staffing model for social work. • Impact of McCloud and Sergeant Employment Law cases. • HMRC Regulations and impact for staff HSC Pension particularly high earners.

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

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

18. Action Plan to reduce Level of Risk

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

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

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

Question	Response
1. Does the proposed action plan actively manage this risk to ensure that the level of risk can be reduced to the target level?	Yes, however, an increase in commissioned places from Department of Health should provide an opportunity to reduce the risk over a 3 to 5 year period.
2. Does the proposed action plan take account of any opportunities that could be exploited whilst managing this risk?	Yes
3. Has the target level of risk, and how this will be achieved, been communicated to those staff responsible for the operational management of this risk?	Yes
4. How will the proposed actions be monitored to ensure they are completed within identified timescales?	This risk will be monitored at quarterly review meetings and also at one to one meetings.
5. At what point should the decision regarding the management of this risk be escalated to a higher level?	Where there is a lack of progress on achieving a reduction in the risk for 3 consecutive review meetings.

Please set out below the key actions that will be taken to reduce the level of risk (e.g. develop business case, service redesign, develop policy/procedures, provide training, recruitment of staff, etc):-

Action Required	Start Date	Due Date	Lead Officer
1. **Attraction & Recruitment** Develop local workforce plans and identify innovative attraction, recruitment and development solutions to improve workforce supply.			Geraldine McAleer/ Riona Santiago
2. Medical Workforce Review Increase medical workforce stabilisation and efficiency through demand capacity analysis, identification of gaps in rotas, monitoring of working time compliance and development of action plan.			Geraldine McAleer
3. Workforce Efficiency Improve workforce efficiency through development of workforce analytics to inform development of safe alternatives to increase workforce productivity.			Riona Santiago
4. Staff Retention Improve working lives and working conditions to increase retention through health and wellbeing intervention, flexible working and working longer initiatives.			Marie Ward

Once the new risk has been approved, these key actions should be recorded within the "Actions" section of Datix.

Once each action has been completed, the date of completion should be recorded. Each completed action should then be listed within the "Controls" section of Datix.

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

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

Actions from Trust Board workshop October 2020 as at 29/12/20

Primary Risk Category	Risk ID	Lead Director	Risk Title	Merge	Lead Director/ Committee	Workshop Action	Progress	Update
Health and Safety	63	AMHDS	High risk forensic/challenging individuals who have potential to cause harm to themselves or others		K O'Brien / AMHDS Governance	ID 63 and ID 66 Merge both risks. To be re-described with Cause, event, effect. Category accepted. To become a Directorate Risk.	In Progress	
Health and Safety	66	AMHDS	Death or serious injury of patient as a result of a suicide or attempted suicide while in a Trust facility				In Progress	
Health and Safety	100	PSI	Backlog Maintenance		T Molloy / Corporate Governance Sub-committee	ID 100 and 235 Agree both risks to be merged. Risk category could be debated. Most likely Statutory requirement. To be reworded to reflect risk.	In Progress	04/12/20 - PSI have updated backlog maintenance risk to reflect these comments and suggested a new PSI directorate risk would be developed for Water Safety. Out for comment by 09/12/20.
Regulation & Compliance (Statutory, Professional & Quality Legislation, standards & guidelines incl. Environmental)	235	MD	Risk of continuing failure to meet statutory requirements for Water Safety				In Progress	
Health and Safety	3	MD	Health and Safety risk - resulting in injury			ID 3 Risk to remain	No action required	
ICT & Physical Infrastructure	49	DoF	Virus attack disables network/services			ID 49 risk to remain and to be re-described	In Progress	ICT work progressed to merge 3 risks into one re People, technology and Legislation (NIS in particular). They are proposing to amend the title and have simplified the language throughout and have attempted to make it as non-technical as possible. This has been approved at their Directorate SMT and for tabling at CMT December 2020.
People & Resource	1075	DoF	No Deal Scenario / Hard Border EU Exit			ID 1075 - to be considered for de-escalation	In Progress	
Regulation & Compliance (Statutory, Professional & Quality Legislation, standards & guidelines incl. Environmental)	46	HR	Challenges to compliance with Working Time Regulations		A McConnell / People Committee	ID 46, 1100, 1165, 694 ,58 and 1109 Agreed risks need described more appropriately and merged. Consideration to re-describe and include as 1 overarching risk with blue risks. All linked to availability of staff. Risk ID 547 noted that proposal to de-escalate to directorate and consider re-wording description.	In Progress	Proposed merged risk tabled at CMT on 26/11/20 and forwarded to Trust Board for consideration on 07/01/21.
People & Resource	1100	HR	Agenda for Change (AFC) Pay Reform Dispute may impact service provision				In Progress	
People & Resource	1165	HR	Service Impact of HMRC Regulations in relation to Pensions.				In Progress	
People & Resource	694	AS	Risk to patient/client safety because of insufficient Medical cover in PCOPS and Medical Wards in SWAH				In Progress	
People & Resource	58	HR	Over dependence on the use of locum and agency staff to sustain services and insufficient induction for locum medical staff				In Progress	
People & Resource	547	PCOPS	Inability to access domiciliary care in a timely manner				In Progress	
People & Resource	1109	W&C	Difficulty Recruiting to all frontline social work areas across the Trust				In Progress	
People & Resource	6	W&C	Harm to children whilst awaiting Gateway and Family Intervention Service (unallocated cases)			ID 6 To come to CMT re-worded to better describe.	In Progress	

Quality of Care	1216	AS	Risk of patient harm in Trust EDs due to capacity, staffing and patient flow issues			1216 to remain on CRR expected actions will able risk to be reduced in December	In Progress
Quality of Care	1166	AMHDS	Lack of a robust Governance Structure within AMHDS resulting in risk of not being able to identify emerging risks and Learn		Dr McDonnell / C&SCG Sub-committee	1166 and 57 . Needs to be reworded and merged. Risk 1133 to be separate and to be re-worded and de-escalated when actions complete	In Progress
Quality of Care	1133	PCOPS	Risk to safe patient care relating to inappropriate use of medical air				In Progress
Quality of Care	57	MD	Lack of cross-Directorate learning from adverse incidents, complaints, claims & audit recommendations				In Progress
Quality of Care	1207	PCOPS	Care, safety and quality standards delivered in Independent Sector Nursing and Residential Care Facilities			ID 1207 - Actions and controls to be updated	In Progress
Quality of Care	1213	MD	COVID-19 risk re assess & response to patient/client need & maintain quality & safety for patients/clients and staff			1213 - Risk to remain at present	No action required
Regulation & Compliance (Statutory, Professional & Quality Legislation, standards & guidelines incl. Environmental)	955	C Ex	Failure to comply with procurement legislation re social care procurement			ID 955 to remain as a corporate risk. DOF to be the lead.	Pending approved
Regulation & Compliance (Statutory, Professional & Quality Legislation, standards & guidelines incl. Environmental)	1183	AMHDS	Mental Capacity Assessment Training			id 1183 Proposal that risk can be de-escalated to Directorates. Karen will come to CMT with this proposal.	In Progress
Regulation & Compliance (Statutory, Professional & Quality Legislation, standards & guidelines incl. Environmental)	1227	PCOPS	Action Plan for implementation of new regulations on medical devices by May 2020 as per circular HSE16-19 not completed			ID 1227 There has been a lot of progress on actions and these need to be updated to reflect current position	In Progress
Regulation & Compliance (Statutory, Professional & Quality Legislation, standards & guidelines incl. Environmental)	284	PSI	Risk of breach of General Data Protection Regulation (GDPR) and Data Protection legislation through loss of personal or sensitive			ID 284 Risk noted Risk to remain	No action required
Regulation & Compliance (Statutory, Professional & Quality Legislation, standards & guidelines incl. Environmental)	719	W&C	Risk of failure to meet a standard/protocol/guideline.			ID 719 - agreed risk needs to be more clearly defined. Workshop to get clarity on benchmarking the position and what the risk is to the Trust so that assurance can be given	In Progress

		Initial Risk		Current Risk		Target Risk													
ID	Opened date	Rating (initial)	Risk level (initial)	Rating (current) (Consq x Likli)	Risk level (current)	Rating (Target)	Risk level (Target)	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
3	19/11/2008	16	HIGH	20	EXTREM	4	HIGH	Medical Director	Trust-wide (Risk Register Use Only)	Safe & Effective Services.Governance.Workforce.	Health and Safety risk - resulting in injury	Risk of injury to patients/clients/staff and visitors arising from failure to fully comply with Health & Safety legislation.	Incident reporting and investigation. Crieria based Health & Safety Inspection plan and action plans . Induction and Mandatory Training for Staff. Occupational Health Self and Management Referrals. Use of aids e.g. hi-lo beds, hoists. Patient/client risk assessment. Leadership Walkrounds. KPI for health & safety, e.g. falls. Falls Risk Assessment. Falls Prevention Policy. Ligature risk assessment tool adopted MAPA training team in place WHSCT Occupiers rules & regulations Aug 2017 Combination training (includes Risk assessment and COSHH risk assessment) Nurse managers trained in Ligatire assessment July 2019 Falls - Regional Post falls review; Falls Co-ordinator in post 2018; Falls Learning Group; CEC Falls Prevention course 2018 COSHH added as standing item to Health &Safety Working Group agenda. Labs representative on Health & Safety Working Group Four officers in Risk Management are NEBOSH qualified including H&S	Limitation / constraint on funding to purchase all H&S equipment but the Trust risk assesses each procurement request of H&S equipment funding is allocated accordingly. Similarly a risk based approach is applied to the maintenance of all Trust equipment and facilities in order to mitigate the risk to an appropriate level. Comparatively limited staff resources dedicated to H&S. Limited availability for managers to update risks on Datix. Datixweb module required to allow linking with incidents No overall database of trained nominated H&S officers by facility Limited availability of risk register to managers to allow direct management of risks	RQIA inspections. Internal Audit of H&S Controls Assurance Standard (2017/18). Benchmarking by Regional H&S Practitioners Group. Inspections by HSENI. Inspections by H&S Officer and H&S Working Group members. Review of Incident data by H&S Working Group (inc. Union reps). Inspections by Regional Medical Physics Services Advisers. Sharepoint site for H&S Risk Assessments. Monitoring of implementation of recommendations following inspections/Leadership walkrounds. BSO Internal Audit of H&S (June 2017). Manual Handling Audit at Altnagelvin Hospital (July 2013 and re-audit September 2014) Priority mechanism for	Learning themes across Incidents and Claims	Include compliance scores on H&S Risk Assessments reports. Develop and roll out virtual training Review monthly Ongoing Advice & Guidance re Covid in Trust docuemnts & comms. Agree process for reporting Covid RIDDOR incidents Review of Fit Testing policy / protocol Complete Inspection plan for 2020 H&S Policy revised COSHH policy revised Train managers on Ligature risk assessment tool Source funding for approved Business case for purchase of Risk Registers on Datixweb Database of nominated H&S officers trained to be developed	30/06/2019 31/12/2020 31/12/2020 15/05/2020 31/12/2020 31/12/2020 31/03/2020 31/03/2020 31/07/2019 31/03/2020 31/12/2020	31/03/2019 15/05/2020 09/03/2020 09/03/2020 31/07/2019 29/02/2020
6	21/09/2009	25	EXTREM	12	HIGH	8	HIGH	Director of Women & Childrens Services	Women & Children's Services	Safe & Effective Services.	Harm to children whilst awaiting Gateway and Family Intervention Service (unallocated cases)	Potential for harm to children whilst awaiting Gateway and Family Intervention Service and Disability Services (unallocated cases) due to capacity issues in the service limiting the ability to respond in designated timescales.	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.	Delays in recruitment 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.	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. Action Plan to review and Address Risks within FIS Enniskillen Delegated Statutory Functions		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	30/11/2020 30/09/2020 01/11/2018	 31/12/2019 30/09/2020 06/03/2019

		Initial Risk		Current Risk		Target Risk													
ID	Opened date	Rating (initial)	Risk level (initial)	Rating (current) (Consq x Likli)	Risk level (current)	Rating (Target)	Risk level (Target)	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
46	06/10/2009	12	HIGH	12	HIGH	9	MEDIUM	Director of Human Resources	Trust-wide (Risk Register Use Only)	Safe & Effective Services.	Challenges to compliance with Working Time Regulations	For Junior Doctors in training the Trust may not be able to fulfil its statutory obligations under the EWTD and/or New Deal due to the intensity of junior doctors rota or lack of doctors participating on the rotas and/or an inability of the Trust to fill vacant posts by recruitment or agency. Doctors on full shift rotas and on call rotas may exceed the maximum 48 hours of actual work thus breaching the maximum hours requirement under EWTD. This may also put the rota into a higher Banding Supplement. In particular the unpredictability of on call rotas means that 11 hours continuous rest (or compensatory rest) in every 24 hour period may not be achieved. "Sleep-in" is a working pattern in residential facilities where a member of staff is required to sleep in the facility as a back up to waking night duty staff. Sleep may be disrupted due to certain situations so compensatory rest is allocated.	Monitoring of Junior Doctors working hours. Representations made to BLG & NIMDTA regarding ability to sustain rotas. Payroll alerts to HR on excessive working hours. Directorate Support Team working with W&C Directorate to address situation in Residential Children's Homes. Bi-annual monitoring of hours to determine Junior Doctor workload reported to DOH. Ensure compliance with Locum agency contract arrangements. Guidance on EWTD and compensatory rest. AD HR member of Regional Medical and Terms & Conditions Group. Letter sent to Directors and Assistant Director for sharing with staff regarding EWTD requirements in July 2018. Guidelines to clarify bank arrangements developed (QICR2). Senior HR Managers are assessing the consistency of approach in relation to sleep ins across the Trust. Director of Nursing reminding nurses of the need for compliance at Trust Nursing and Midwifery Group. Agreement to phase out use of Home Care/Home Help high hour contracts. Trust participation on Regional	Despite best efforts the Trust is not always able to meet the requirements of the regulations. Pressure on services due to intensity of attendances at hospital. A medical administration resource to support doctors rotas.	Junior Doctors monitoring information submitted to DOH and considered by Board Liaison Group. HSCB, through Board Liaison Group, monitor safe hours of work for Junior Doctors and Dentists. Regional review of Guidance on EWTD and compensatory rest.	Inability of NIMDTA to fill all posts.	Work continues within relevant Directorates in relation to rotas, sleep ins, etc. Participate in Sleep in statutory cases as required. Continue to populate gaps in rotas with International Recruitment and ongoing engagement with NIMDTA. Senior Manager HR to review reasons for current non compliant JD rotas. ADHR to examine checks in place to monitor working time compliance across the Trust.	31/12/2020 31/12/2020 31/12/2020 31/12/2020 31/12/2020	
49	06/10/2009	16	HIGH	16	HIGH	9	MEDIUM	Director of Finance	Trust-wide (Risk Register Use Only)	Safe & Effective Services.	Virus attack disables network/services	Information security across the HSC is of critical importance to delivery of care, protection of information assets and many related business processes. If a Cyber incident should occur, without effective security and controls, HSC information, systems and infrastructure may become unreliable, not accessible when required (temporarily or permanently), or compromised by unauthorised 3rd parties including criminals. This could result in unparalleled HSC-Wide disruption of services due to lack of/unavailability of systems that facilitate HSC services (e.g. appointments, admissions to hospital, ED attendance) or data contained within. This may result in the need to cancel appointments and treatments, or divert emergency/essential clinical or other services. The significant business disruption could also lead to increased waiting lists, delayed urgent clinical interventions, suboptimal clinical outcomes and potentially bring liabilities for the Service. It could also lead to unauthorised	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 traiing policies Induction policy Regional and local Incident Management & reporting policies & procedures Corporate Risk Management framkwork, 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 Band 7 & band 6 recruited to support Cyber security Trust and Regional Cyber Project Boards	Current inability to obtain 100% coverage on patch updates due to a combination of user behaviours and service needs 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	Internal audit / IT Dept self-assessment against 10 Steps towards NCSC Technicial risks assessments and penetration tests HSC SIRO Forum for shared learning and collaborative action planning and delivery	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 sugges that is difficult to attract and retain specialist skills in this area. Unable to have consistent patching of crtical/core serves due to service disruption. Limited testing of Data and Systems restores.	Implementation of cyber security work plan which has been agreed with the Region. Recruitment of Band 7 Cyber Security Manager. Recruitment of Band 6 to support implementation of Cyber Security Action Plan. Full implementation for Metacompliance across the Trust with regular course updates being issued thereafter. Introduce routine reporting to Trust Board (or other equivalents (local or regional)) on reported incidents/near miss, and other agreed indicators.	31/03/2022 31/03/2019 31/03/2019 31/03/2020 31/08/2018	28/02/2019 31/03/2019 31/08/2019 31/08/2018

		Initial Risk		Current Risk		Target Risk													
ID	Opened date	Rating (initial)	Risk level (initial)	Rating (current) (Consq x Likli)	Risk level (current)	Rating (Target)	Risk level (Target)	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
57	06/10/2009	16	HIGH	12	HIGH	8	HIGH	Medical Director	Trust-wide (Risk Register Use Only)	Safe & Effective Services.Go vernance.	Lack of cross-Directorate learning from adverse incidents, complaints, claims & audit recommendati ons	Potential risk that learning from incidents, complaints, litigation and audit is not disseminated across the organisation, or regionally across the HSC, or that dissemination is unduly delayed by delays in reviews.	Reports to Senior Managers re closed incidents. Share to Learn newsletter and Lesson of the Week. Use of Datix to record lessons learned and provision of reports. Quarterly Audit Up-dates to Directorates. Audit Steering Group. Annual Audit Conference. Details of Audits carried out independently by staff are provided to Audit Dept. Role of CMT/Governance Committee/Trust Board. Learning Letters issued by HSCB. Communication of learning arising from incidents, SAIs, complaints and legal claims and associated action plans. Quality Improvement Event SAI Learning Event SAI training for staff including family engagement Rapid Review group Regionally learning following legal claims shared via DLS Regional Litigation meeting. Claims learning themes developed Datix upgraded to maximise potential of system Compliance with Regional Post Falls Review and Learning template - Now	Learning from Audits that are carried out without knowledge of Audit Department may not be implemented. No system for providing assurance that learning ientified has been shared and practice changed. Learning themes not yet applied which could focus action on broad areas for improvement Lack of Datixweb Dashboards, risk and Complaints module which limits triangulation of data for learning Significant delays in incidents being reviewed and closed in a timely fashion.	Monthly reports to HSCB on closed complaints. Inspection by RQIA. BSO Audit of Risk Management and Governance Controls Assurance Standards. BSO Audit of Risk Management Procedures (yearly). External audit (NIAO) . Audit of Junior Doctor Incidents (January 2013). BSO Audit of Claims Management (October 2014). BSO Audit of Health & Safety (June 2014). BSO Audit of Incident Reporting Procedures (February 2012). DHSSPSNI/RQIA Review of SAIs 2009-2013. Learning from Claims, SAIs added to Datix, Automatic feedback on Datix, Ward level learning communication plan SWAH M&M process	No gaps identified.	Learning Themes developed for Litigation cases Falls learning template system adopted Automated email to reporters with Learning from incidents through Datix upgrade Develop SAI training incl family engagement Upgrade Datix to facilitate Automatic Datix feedback Roll out of standard learning reports on Datix Trust SAI learning event Establish Learning site on Sharepoint Business case for Datixweb Risk, Dashboards and Complaints module Revision of Governance arrangements under Covid-19 Learning themese being deveoped regionally for Litigation Learning from Project responding to RQIA AMHDS Improvement Notice to be applied	31/03/2017 31/03/2017 30/09/2017 30/09/2018 31/01/2017 31/12/2016 31/10/2019 30/11/2020 31/01/2020 31/05/2020 31/12/2018 31/12/2020 30/11/2020 31/05/2021 30/11/2020 31/12/2021 30/09/2021 31/03/2021	31/03/2017 01/02/2017 18/09/2017 10/09/2018 15/02/2017 30/11/2016 03/10/2019 31/01/2020 30/04/2020 31/12/2018
58	06/10/2009	12	MEDIUM	15	HIGH	9	MEDIUM	Director of Human Resources	Trust-wide (Risk Register Use Only)	Safe & Effective Services.	Over dependence on the use of locum and agency staff to sustain services and insufficient induction for locum medical staff	Risk of inability to maintain services as a result of Trustwide difficulties regarding recruitment to certain specialties across the Trust resulting in an over dependence on the use of agency and locum staff. (Also see Acute Directorate Risk ID344 and PCOPS Risk ID702).	Trust HR representation at regional AHP Group. Trust HR representation at International Nurse Recruitment Groups. Senior HR Manager (Band 8a) Medical Workforce Project and QICR in post. Roll out of Erostering which means better reporting on use of bank and agency staff by area, ward, etc. Addressing speciaility issues as they arise. Procedure in place for IR35 Asessment. Implementation of Circular HSC (F) 19 2017 - Introduction of New Taxations Rules applying to off payroll working. AHP Peripatetic Teams in place. Medical Workforce Recruitment and Reform Project Board. Directorate summary "yellow pages" information on Agency & Locum costs reported through QICR. Guidelines on use of medical and non-medical agency staff. Use of recognised employment agencies to recruit Locums. Locum placement assessment form. Nursing Peripatetic Nursing Team. Preparation & induction of Locums to undertake their assigned roles. Professional Nurse Interviewers. CVs verified by senior staff.	Lack of co-ordinated information on agency staffing. Insufficient applicants for nursing and social work posts. Unpredictability of circumstances i.e. to cover sick leave or an increase in demand for service. Inability of NIMDTA to provide required number of Junior Doctors for certain specialities.	Progress reports to Audit on recommendations. Audit Report on Management of use of agency and medical locum staff.	Lack of a regional cap on agency rates.	Support the development of a local post graduate medical school. Introduce and evaluate Physician's Associate role. Progress Medical Workforce Recruitment & Reform Project Plans. Continue to work on a regional level on solutions. Support Working Together Delivering Value Programme to reduce reliance on bank and agency staff. Support transformation programmes.	31/12/2020 31/12/2020 31/12/2020 31/12/2020 31/12/2020 31/12/2020	

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63	07/10/2009	20	EXTREM	15	EXTREM	12	HIGH	Director of Adult Mental Health & Learning Disability	Adult Mental Health & Disability Services	Governance.	High risk forensic/challenging individuals who have a potential to cause harm to themselves or others	High risk forensic/challenging individuals who have a potential to cause harm to themselves or others.	Ongoing Training , support and clinical supervision to staff within AMH Forensic Services. Ongoing Multi-agency managenmnet and review. Well managed recruitemnet and vacancy controls. Well managed staff recruitemnet and vacancy controls Individual contingency plans in place. Multidisciplinary & multi-agency discharge /review meetings. AMH Forensic Service have regular clinical meetings to discuss patients allocated/referred to the Team. Keyworkers and Care Co-Ordinators identified for each Enhanced Care Plan.	Ongonig limited safe therapeutic environment to access and review AMH Forensic patients (Dawson House and Roe Valley Limavady) . Lack of local/Regional availability of low/medium secure placements or step-down facilities. Limited ability to ensure therapeutic interventions. AMH Forensic Specialist services require excisting staffing and resourses to be maintained to meet quality standards.	RQIA inspections/reviews. Low level of incidents reported for this client group.	No gaps identified.	Review Enhanced Careplan list by AMH Governance lead Continue to review enhanced careplan list by AMH. Within AMH Forensic services Enhanced Care Plans are reviewed formally at PQC Meetings.	31/07/2017 31/03/2021	09/03/2020
66	07/10/2009	25	EXTREM	10	HIGH	5	HIGH	Director of Adult Mental Health & Learning Disability	Adult Mental Health & Disability Services	Safe & Effective Services.	Death or serious injury of patient as a result of a suicide or attempted suicide while in a Trust facility	Death or serious injury of patient as a result of self-harm, attempted or completed suicide, while in a Trust facility.	Close liaison with next-of-kin. Appropriate care plan, nursing and medical management. Ligature assessed environments. Trust Special observation policy is applied Risk Assessment upon admission and regular review. Pre-discharge review and enhanced discharge plan. Collapsible Rails. Induction of new staff ongoing. Review of Risk at AMH&D governance meetings. Serious Adverse Incident investigations and dissemination of learning. Additional Independent Expert Reviewers appoited to asssit with the backlog of SAI's. Regional AWOL policy is applied. Close liaison with family & PSNI if patients abscond. Policies, procedures and multi-disciplinary working. Staffing levels reviewed to ensure patient safety. Mental Health enviromental safety Group has been established and meets every 2 months. This is a sub-committee of the Trust Governance . staff are reviewing Datix incidents in line with WHSCT Incident Reporting policy standards Operational managers are collating	Lack of understanding of policies and procedures of newly qualified /recruited staff. Delay in completing SAI/SEA Reviews; resulting in a delay in dissemination of learning from review Finance to enable capital works identified through risk assessmnet.	RQIA inspections Regular Audit of Risk Assessment by Ward Managers. Review of Serious Adverse Incident Reports by HSCB/RQIA. Donaldson Review and review of SAIs reported 2009-2013.	No gaps identified.	Continious risk trend anaalasis from SAI, near misses and Directorate Quality and Safety Reports Ligature assessment tool to be developed Learning from SAI Nov 18 to be shared	31/03/2021 30/09/2019 31/07/2019	29/02/2020 31/01/2020

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100	26/10/2009	16	HIGH	12	HIGH	12	HIGH	Director of Performance & Service Improvement	Trust-wide (Risk Register Use Only)	Safe & Effective Services.	Backlog Maintenance	There is a risk of deterioration in the Trust Estate due to lack of 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.	Estates Strategy 2015/16-2020/21 Annual review of building condition (3i) and creation of prioritised BLM list 2019/20 Backlog maintenance programme developed Targetting of priority areas as funding becomes available. Continual bidding for funding to address backlog maintenance. Should a critical issue materialise further funding can be sought from DOH or existing funding reprioritised to address the new critical issue Backlog maintenance list annually reviewed.	Lack of Funding for backlog maintenance.	Authorising Engineer audits. RQIA inspections/audits. Environmental Cleanliness audits. Health & Safety audits. Back-log Maintenance list.	No gaps identified.	Create prioritised list of BLM Create prioritised list of BLM Create prioritised list BLM 17/18 Create prioritised list BLM 18/19 Create prioritised BLM 19/20 list Create prioritsied list BLM 20/21 Include backlog maintenance in capital plan presented to CMT Procure 19/20 BLM Deliver BLM projects 20/21 Procure and carry out schemes Present BLM paper to CMT Procure 18/19 backlog list BCs developed and approved	30/04/2015 31/05/2016 31/05/2017 31/05/2018 31/03/2020 30/08/2020 30/06/2016 31/03/2020 31/03/2021 31/03/2017 30/10/2015 31/03/2019 30/09/2020	30/04/2015 31/05/2016 30/04/2017 31/05/2018 05/06/2019 30/08/2020 16/06/2016 31/03/2020 31/03/2017 03/09/2015 31/03/2019 30/09/2020
235	08/12/2010	15	EXTREM	15	EXTREM	8	HIGH	Medical Director	Trust-wide (Risk Register Use Only)	Safe & Effective Services.	Risk of continuing failure to meet statutory requirements for Water Safety	As a result of partial compliance to Water Systems Safety Regulations the Trust is continuing to fail to meet statutory requirements for Water Safety and associated risk of Legionella in the water system and a patient/client developing Legionnaire's pneumonia.	Planned programme of testing and remedial maintenance as required. Risk assessment. WH&SCTand Interserve Water Safety Plans. Flushing regime for little-used outlets. Water Safety Working Group. Implementation of Zetasafe water compliance tool. Responsible Persons appointed for Water Safety. Water borne pathogen testing by Public Health Laboratory. Upgrade water supply in Toiwer Block levels 1-5 and Dermatology upgrade of water system, water system and associated processes Milk Bank SWAH Replace RO water system Renal Unit upgrade water system Nucleus, reenfield, Carnhill, Avoca lodge updated wtaer safety plans pseudomonas risk assessment for augmented care	Insufficient recurring resources to provide full compliance in Augmented Care areas. Limited maintenance regimes in low risk facilities as risk assessed within water safety plan . Limited legionella testing in low risk facilities risk assessed as such in the water safety plan. Iiimited assurance regarding flushing underused outlets	Independent Authorised Engineers appointed for Water Safety. Independent Audit of Water Safety (November 2014). RQIA Inspections of augmented care. Updated Risk assessments included in water safety plans CMT/Trust Board Water Hygiene Policy May 2017 Updated Water Safety Plans. Independent audit of Water Safety October 2016 . Water Safety Group review implementation of Water Safety Plans.	Independant Water Safety Audit 2017	Upgrade work for Greenfields RH. Upgrade treatment wing Tower Block . Up-date WH&SCT Water Safety Plan. Business case to support upgrade for Nucleus. Continue to follow-up appointment of Interserve Authorised Engineer. Continue to follow-up Interserve Water Safety Plan. pseudomonas risk assessment augmented care areas update Water Safety Plan upgrade ward wing toilets (40) Upgrade water system Nucleus Installation of hot water supply to Milk Bank SWAH action Independant audit recommendations	30/09/2020 01/07/2017 01/11/2016 01/07/2017 31/07/2014 30/09/2014 31/03/2020 30/09/2020 31/03/2019 30/09/2020 31/08/2018 31/03/2021	30/09/2020 31/03/2018 31/05/2017 31/03/2017 30/09/2014 06/10/2014 31/12/2019 30/09/2020 31/03/2019 30/09/2020 31/08/2018

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284	13/12/2010	16	HIGH	16	HIGH	8	HIGH	Director of Performance & Service Improvement	Performance & Service Improvement	Governance.	Risk of breach of General Data Protection Regulation (GDPR) and Data Protection legislation through loss of personal or sensitiv	As a result of gaps in staff awareness and training in data protection requirements and non-adherence to retention and disposal guidance, there is a risk that personal or sensitive data could be lost, inappropriately stored or accessed; records could be retained beyond their lifecycle and lead to a breach of confidentiality and the Data Protection Act, DoH Good Management Good Records Guidelines and result in potential enforcement action from the Information Commissioners' Office alongside damage to the Trust' reputation.	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. Investigation of incidents. Data Guardians role. Regional DHSSPS Information Governance Advisory Group. Electronic transmission protocol. 2 secondary storafe facilities available across NS & SS Trust Protocol for Vacating & Decommissioning of HSC Facilities. Scoping exercise to identify volume and location of secondary close records completed in December 2010. band 3 post in place Review of regional IG training available on HSC Learning completed and updated to provide more robust training fro staff. Data Protection & Confidentiality	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 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 Review of Secondary storage in Maple Villa Review of Primary (acute) records storage in AAH Production of Records Storage guidance for home working staff working from home 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	31/03/2019 31/03/2019 31/03/2019 31/12/2020 30/09/2020 31/03/2021 31/03/2021 28/02/2021 30/09/2020 31/12/2020 30/09/2020	31/03/2019 28/02/2019 01/03/2019 25/11/2020 30/09/2020 30/09/2020 30/09/2020
547	21/09/2012	15	HIGH	16	HIGH	8	MEDIUM	Director of Nursing, Primary Care & Older People's Services	Trust-wide (Risk Register Use Only)	Safe & Effective Services.Public Confidence. Partnerships. Financial Management & Performance. Modernisation.	Inability to access domiciliary care in a timely manner	There is a risk that both hospital patients and community service users will not receive their assessed domiciliary care package in a timely manner. Patients delayed in hospital may be at greater risk of infection and/or falls. Patients in the community may be a greater risk of falls or other injuries. Community service users may have to wait longer for their assessed care package as hospital patients may be prioritised for care packages to maintain hospital flows. Adult Community Care Divisions are experiencing difficulties with accessing responsive domiciliary care service provision due to the following factors; Rurality and the ability to source and secure a sustained domiciliary care service provision in some remote areas across the Trust This risk is impacting service users and carers across both community and hospital care settings resulting in delayed discharges, temporary placements being made in nursing and residential homes	Interim additional rotas have been established in 12 locations across the Trust through a co-ordinated exercise to address issues where accessing service provision has been identified across all POC's. The Trust continues to implement its reablement service model which is operationally linked to the reform of its in-house homecare service. The combination of these measures is will assist in addressing the risks being experienced and reported.	There is unmet need mainly due to difficulties in recruiting carers, particularly in rural areas	PCOP Domiciliary Care Waiting List There are a range of monitoring and reporting processes in place to ensure this risk is actively monitored A service response to assessed need is progressed on each individual cases through keyworkers and brokerage Actions are taken with regards to the position as reported through these assurance and monitoring mechanisms PFA Discharge Targets Daily Delayed Discharge Report	The focus remains to ensure optimum utilisation of available resource and progress actions in areas where there are clusters of unmet need Total assurance cannot be given as the demand and location of cases cannot be projected or planned for.	Negotiate new contracts with Independent Sector providers. Discussing individual priority clients with providers to re-organise care Providing a range of alternatives, e.g. direct payments Procurement for dom care is almost complete Member of Reablement steering group In-house reform to establish core and reablement teams across the Trust In-house service completing a productivity and efficiency improvement programme to ensure there is optimum utilisation of the rotas. regional development of a new Framework For Delivery of Care and Support in Own Home Project resource to review and improve the utilisation of block funded rotas	21/04/2016 21/04/2016 21/04/2016 21/04/2016 21/04/2016 31/08/2018 30/09/2018 31/03/2021 31/03/2021	13/09/2016 28/02/2017 13/09/2016 13/09/2016 13/09/2016 31/08/2018 30/09/2018
694	02/08/2013	9	MEDIUM	12	HIGH	9	MEDIUM	Director of Acute Hospital Services	Trust-wide (Risk Register Use Only)	Safe & Effective Services.Modernisation. Workforce.	Risk to patient/client safety because of insufficient Medical cover in PCOPS and Medical Wards in SWAH	Insufficient medical staff at weekends in SWAH to effectively cover the number of Medical & Care of Elderly wards - Older persons wards defaulted to F1 grade.	Referred to NIMDTA and School Board of Medicine. Raised with Commissioner. Medical prioritisation. Consultant on-call rota in place two junior doctors OOH No F2's are working unsupervised	No overnight or weekend Hospital @ Night support for medical team. Insufficient medical cover OOH	Additional post secured in OPAL Service in SWAH which may relieve pressure in COE wards. Awaiting funding from Commissioner to progress recruitment.		Revised paper to CMT Monitoring and review	30/11/2020 31/03/2021	

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719	02/12/2013	20	EXTREM	12	HIGH	8	HIGH	Director of Women & Childrens Services	Trust-wide (Risk Register Use Only)	Governance.	Risk of failure to meet a standard/protocol/guideline.	There is a risk to the Trust if, for whatever reason, it fails to meet a standard/protocol/guideline set that is commensurate to safe and effective care.	Lead Officer assigned to each standard and guideline. Approved system in place for disseminating standards and guidelines. The Trust will identify the standards, policies and protocols/guidance not fully met and the rationale for that position through the Quality & Standards Sub-Committee and escalate as appropriate to Trust Governance Committee. A pathway protocol has been designed to reinforce the correct escalation for exceptions to compliance. Standards & Guidelines requiring implementation are shared quarterly with Directorate Governance Groups. Standards & Guidelines unable to be fully implemented are shared quarterly with Directorate Governance Groups. Standards & Guidelines 'unable to be implemented' are monitored quarterly by Quality & Standards Committee. Exceptions to Compliance (e.g. Not on Track) report provided for each NICE Guideline Standards & Guidelines recorded on central database.	Engagement from Clinical/Professional is not consistent in identifying exceptions and appropriately escalating risks. Pathway protocol may not always be strictly adhered to	Provide bi-monthly assurance report to HSCB/PHA BSO Internal Audit of process - Report received in December 2015 - Satisfactory assurance RQIA Audit of selected guidance.	Capacity to follow up on all outstanding guidelines - growing list Difficulty getting feedback from clinical/professional leads	Development of electronic solution to manage standards and guidelines more effectively. Provide Quarterly summary status position on 'on-going' and 'unable to be fully implemented' standards and guidelines to Quality & Standards Committee and Directorate Governance Meetings. Recurring Workshop planned for Feb 2021 to review ongoing Standards& NICE Guidelines, for update and decision on risk, responsibility and actions to be completed. Reconcile information held on database with 'ongoing' and 'unable to fully implement' Excel spreadsheets. Recurring Review and follow up of 'unable to be fully implemented' guidelines on annual basis or more frequently if requested by HSCB. Recurring	31/03/2021 31/05/2017 31/03/2017 31/03/2021 31/03/2021 28/02/2021 31/03/2021 31/03/2021	27/07/2017 30/06/2017
955	11/08/2016	12	MEDIUM	12	MEDIUM	4	LOW	Director of Finance	Trust-wide (Risk Register Use Only)	Modernisation. Public Confidence. Financial Management & Performance.	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 implentation plan will continue to be monitored - via Regional Procurement Board, Trust Procurement Board and Social Care Procurement Group.	31/03/2021	

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1075	23/08/2018	12	HIGH	16	HIGH	4	LOW	Director of Finance	Trust-wide (Risk Register Use Only)	Safe & Effective Services.Public Confidence. Workforce.Partnerships.	No Deal Scenario / Hard Border EU Exit	With the imminent EU exit, there is potential for a No Deal Scenario or Hard Border between Northn and South of Ireland. The full impact of the UKs exit from the EU is not yet known and given uncertainty around the UK EU ongoing discussions and potential agreements, there may be impacts such as - workforce, including recruitment and retention, changes to regulations, movement of people and goods, border controls and access to healthcare in EU member states. Day one delivery planning is required to ensure services continue to operate effectively on day one following EU Exit and in the longer term, and that there is no, or minimal disruption to services. Although this is categorised as an organisational risk it also has implications for clinical risk, financail risk, patient and client safety and staffing issues/levels. Lead Officer is Paul Quigley and Reponsible Director is Lesley Mitchell, Director of Fiannce and Contracting.	Detailed review of mitigating actions to be completed by 30 December 2018. Increased frequency of meetings of both regional and local Task and Finishing Groups. Labour, including Cross Border analysis , to be made available to service colleagues. Service focused workshop event arranged for 17 December 2018. Lead Officer is member of EU Finance Subgroup. Communicating financial risks for 2018-19 and 2019-20 predominately. Trust Pharmacy Dept reviewing national pharmacy plans to determine any additional local migration actions eg radioisotopes; non stock and off contract items eg medical gases. Lead Officer to brief CMT of evolving plans on 22 November 2018 BSO Pals providing analysis of high usage nonstock items for consideration bof risk assessment by Trust. BSO Pals assuring lead for stock items including stock building. EU Exit Task & Fnish Group in place incldluing service directorate membership. No Deal Continuity Plans for Services Participation on DoH Regional EU Exit Group Engagement with CAWT Partnership	A number of national and regional risk mitigation issues are being managed at DOH / Government level. The Lead Officer participates in the Regional DoH EU Exit Group.	Continuity Plans developed for Pathology, Pharmacy, FM and Paying Patients department with all other areas in progress and due to be submitted by 24 January 2019. Details of staffing implications by Directorate sourced and being pullled together by HR. the Trust continues to attend various regional forums on EU Exit, incldluing the Doh EU Exit Regional Meeting and other Regional Meetings such as Medicines Preparedness, Information Governance, HR and Emergency Planning. Final Version of Yellow Hammer Document received by Trust EU Exit Task and Finish Group meet monthly. Day one delivery plan developed and	The DOH reported that further discussion at the EU Exit ALBs meeting has clarified that disruption to healt and social care services is not anticipated as a result of any impediment to movement of people at the border and that existing business continuity plans and mitigating actions for potential staff shortages should apply and suffice. Anne Kilgallen, Trust CE has fortnightly meetings with Richard Pengelly and CE of HSC - of which EU Exit and associated continuity planning progress are discussed.	Continued regular update internal EU Exit Meetings and updates to CMT. Application of any regional or strategic directives on EU exit. Trust representatives continue to be involved in regional working groups led by DoH in order to inform and assist the Trust in EU Exit Planning. Next meeting due to take place on 21 Januar Assurance Statement to be forwarded from the CE to the Permanent Secretary, DoH confirming that the Trust is actively scoping the potential impact of a no deal outcome from the UK EU negotiations on the services provided by the Trust etc Detailed Review of Mitigating Actions to be completed - Continuity plan Lead Officer to brief CMT of evolving plans	31/12/2020 21/01/2019 24/01/2019 22/11/2018 17/12/2018 28/12/2018 21/01/2019 12/02/2019 05/02/2019 28/01/2019 04/03/2019 11/02/2019 30/11/2020 31/12/2020 31/12/2020 31/12/2019	 21/01/2019 29/06/2018 24/01/2019 22/11/2018 17/12/2018 03/12/2018 21/01/2019 12/02/2019 05/02/2019 28/01/2019 04/03/2019 11/02/2019 31/10/2019
1100	07/11/2019	12	HIGH	8	HIGH	8	HIGH	Director of Human Resources	Trust-wide (Risk Register Use Only)	Safe & Effective Services.	Agenda for Change (AFC) Pay Reform Dispute may impact service provision	Agenda for Change Pay Dispute is resolved for all unions except NIPSA who represent mainly Social Work and Administration staff in the WHSCT. Further action may arise from this.	Local TU engagement. Trust compliance with Agenda for Change Terms and Conditions of Service. Regional Joint Consultation and Negotiation Forum. Emergency Planning Business Continuity protocols. Contingency Plan submitted to HSCB. Briefing to Corporate Management Team and Trust Board. Local Strike Committee meeting. Industrial Action Guides for Staff and Managers. Briefing for Medical Staff on planned Industrial Action of AfC Colleagues.	Pay discussions are led by Department of Health and the Trust is a member of the discussion group.	Information sought for collective bargaining purposes has been verified. Regional TU Side relations - consultation arrangements in place. The Western Trust with other HSC employers is participating in NI AFC Pay Reform discussions. Analysis of impact of pay reform underway. Options Appraisal considering year 2 pay options has been completed by DOH and Employers. The Public Sector Pay Policy has been published.	Safe staffing model for social work. Pay parity with England means unsocial hours rates are part of the deal.	Engagement with social services staff on caseload management and Quality Improvement work. Continued discussions regionally with DOH and Trade Union Side. Within the Trust consider service impact. Continue discussions locally engaging with TU Side. Ensure Business Continuity Arrangements are developed.	31/12/2020 31/12/2020 31/12/2020 31/12/2020 31/12/2020	
1109	30/01/2019	16	HIGH	16	HIGH	4	LOW	Director of Women & Childrens Services	Women & Children's Services	Safe & Effective Services.	Difficulty Recruiting to all frontline social work areas across the Trust	There has been longstanding issues recruiting and retaining staff to Family Intervention Service and Gateway Service in Enniskillen. This has resulted in a high number of unallocated cases and reprioritising of active caseloads to ensure the highest priority/risk are allocated resulting in some cases being placed back on the unallocated list. Current staff are working long hours due to pressure of responding to duty work.	Links being established with schools and colleges Meeting scheduled with community/volunatry organisations and family support services in Enniskillen to ascertain what support can be provided to families waiting on a service.	Insufficient number of social work student applications to the University Degree Course from the Fermanagh area. Need to liaise with the University	Quarterly Governance Meetings Action Plan developed to review and monitor Recruitment Issues and explore possible solutions		Family Intervention staff are establishing links with schools and colleges to encourage social work as a career choice. Close liaison with HR in relation to recruit drives Advertise and Recruit on a rolling basis Recruitment Panel to recruit to Southern Sector	31/03/2021 31/03/2021 31/03/2021 30/01/2019	 07/03/2019

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1133	23/05/2019	15	EXTREM	25	EXTREM	5	HIGH	Director of Nursing, Primary Care & Older People's 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 adherred 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 to identify learning and 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 used Air outlet blocking caps to be inserted to air outlets that are not needed Ensure full compliance with use of air guards on medical air flowmeters across all three sites	30/11/2020 08/09/2020 31/12/2019	15/09/2020 31/12/2019 31/12/2019 31/12/2019 31/12/2019 31/12/2019
1165	06/09/2019	20	EXTREM	12	HIGH	4	LOW	Director of Human Resources	Trust-wide (Risk Register Use Only)	Workforce.	Service Impact of HMRC Regulations in relation to Pensions.	Clinical staff seeking to reduce their additional employment contract commitments due to tax consequences of their HSC pension i.e. Annual Allowance.	Employer Technical Updates Annual Benefits Statement Job Planning Workshop for Assistant Directors and Clinical Directors held on 18 November 2019, 22 January 2020 and 4 February 2020. Pension Workshops for high earners in June 2018, September 2019 and October 2019. Directorate SMTs briefed on issue.	Doctors report insufficient information on this issue being made available to them	National Consultation on 50:50 membership model Pension Regulator HSC Scheme Advisory Board HSC Pension Board Discussions ongoing regionally with HSC Pensions, Department of Health, other HSC Trusts and BMA Finance Bill 2020	Impact of McCloud and Sergeant Employment Law cases HSC Pensions Service under resourced.	Consider the impact of job plans as agreed on service areas.	30/11/2020	

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1166	06/09/2019	20	EXTREM	20	EXTREM	9	MEDIUM	Director of Adult Mental Health & Learning Disability	Adult Mental Health & Disability Services	Governance. Safe & Effective Services.	Lack of a robust Governance Structure within AMHDS resulting in risk of not being able to identify emerging risks and Learn	Oct 2019 Risk reviewed at SMT/CSCG/ Directorate Governance and the Directorate is working as per the service improvement plan. Within AMH the CSCG Meeting has been amalgamated with SMT to ensure the focus of governance is everyone's business and that this will allow a framework for good governance at all senior management meetings. RQIA has identified that the AMHDS directorate Governance structure and the systems for recognising and managing adverse incidents and near misses are not sufficiently robust. As a result, opportunities to identify and manage emerging risks, and to identify, implement and share learning to improve quality of care, may be being missed.	Formal monthly update of the Action Plan to be submitted to RQIA. If unable to make the dealine RQIA to be informed prior to the formal monthly update. RQIA contacted and requested that as a Trust we pause monthly updates until the end of Covid-19. Improvement plan implemented and notice lifted IPT (Mental Health Demography) completed & submitted for funding Rolling programme for staff within Acute In- Patient wards for Datix Training- monthly initially then as and when required. Safety huddle established on the in--patient wards to review all Datix Incidents Incidents are being mointored and closed within a timely fashion with Wards. 2 Monthly audits ongoing Monitor untoward incidents via the DATIX system Monitor complaints within the Directorate. Additional Governance posts will address complaints. Directorate Governance Meetings increased to fortnightly and review of the risk register Rapid review group meets weekly and reviews all red incidents SAI/SEA Reviews as per Regional	Lack of robust Governance structure for directorate. Two additional staff have been secured for the governance Team Band 8C and 1 8B. 2 8A Governace posts outstanding. Outstanding SAI/SEA Reports. 1 staff member within the Governance role and the current capacity outweighs demand	RQIA Service Improvemnet Notice lifted Aug 2020 Performance reporting on open incidents to Directorate Governance, C&SCG Sub Committee & Governance Committee. Twice yearly ligature risk assessments Health and Safety Inspections through the Trust Health and Safety Working Group Unannounced RQIA Inspections Quality Improvement audit ongoing	Lack of Open incidents escalation process from local level to service managers/ADs prior to Directorate Governance. Actions identified within the Service Improvement Notice from RQIA with a review in Oct 2019. Recieved extension of timescale in relation to improvement notice to 22/06/2020	Improvement plan to meet improvement notice requirements, action plan to be updated and submitted to RQIA monthly. From March 2020 RQIA have agreed that due to additional pressures from Covid that the monthly updates will be temporary suspended. Share learning from improvement plan Trust wide. Secure financial funding for governance Team. Additional 2 staff members have been redeployed as an interum measure to the governance Team- Band 8C and 1 8B. 1 Additional Band 8A has also been redeployed in the interim period as Governance lead Patient/ Consider for move to Directorate risk register	31/07/2020 30/09/2020 31/07/2020 30/11/2020	19/08/2020 09/09/2020 17/07/2020
1183	27/11/2019	25	EXTREM	25	EXTREM	15	EXTREM	Director of Adult Mental Health & Learning Disability	Adult Mental Health & Disability Services	Governance. Safe & Effective Services.	Insufficient relevant staff trained in DoLS processes may result in the Trust depriving patients of their liberty with the resu	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 where the care of a patient requires a deprivation of liberty to take place. If these arrangements are not ready and working efficiently then there is a significant risk to the effective delivery of care including our ability to treat patients in the hospital using short-term detention orders and our ability to discharge patients from hospital where a Trust Panel decision is required. There is a further porential financial risk in relation to the	short term detention training - 6 NS, 5 SS. Cover required for MH wards ASW freed up to work in the hospital to undertake short detention orders. ASW from Hospital Discharge teams to undertake STDAs Meetings are held on a weekly basis 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. Project Implementation Officer - To be readvertised Oct20 Programme Management arrangements	Cost of implementation of MCA. BC completed for 19/20. Approach to funding for 20/21 being progressed with HSCB. Recurrent IPT received July20. Capacity of medics to sit on panels. Sufficuent at present but progressing further recruitment to support Legacy Cases. Not having enough staff trained to undertake the duties of MCA. Sufficient staff trained to meet current demand, however training ongoing to ensure that all staff with patient contact receive the appropriate training. Current strike action advising work to rule. NIPSA Strike action paused. Other union issues resolved. Ongoing challenges and negotiations with the Unions regarding staff engagement in the process. Communication plan promoting engagement in development. Medics in SWAH have advised that they not have capacity to support MCA activity. Only 4 GP practices have engaged, via LES, with providing Medical input to PA in the community (new and legacy) Covid - impacting on ability to	Medical directors are meeting with the CMO - Plan for GP & Medic engagement to be progressed RQIA monitoring role HR T&F group Business Case T&F group Information T&F group (Systems, processes, reporting) Overall regional group comprising the director leads identified in each Trust Trust is engaging with regional arrangements to share practice and develop solutions		Quantification of Costs and completion of the IPT bid to ensure fully funded MCA arrangements and minimise financial risk HR & remunerations for staff identified to undertake duties on panels Identifying medical staff to undertake patient examination and capacity reports to go to panel for new patients. Partially complete - Not being completed SWAH & in majority of GP practices. ITR MCA team Medic to undertake role. Ensure sufficient staff attend training to allow them to undertake statutory functions commencing 2nd December 2019 Identification and agreement of the medical and other appropriate healthcare professionals necessary to undertake short term	31/03/2020 31/03/2020 31/12/2020 31/03/2020 31/12/2020 31/03/2020 31/03/2020 31/03/2020 30/11/2020 30/12/2020 31/03/2020 31/03/2020 31/03/2020 31/12/2020	01/11/2019 01/12/2019 31/03/2020 31/03/2020 02/12/2019 31/01/2020 02/12/2019 31/08/2019 31/08/2019 31/08/2019

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1207	04/03/2020	9	MEDIUM	12	HIGH	8	HIGH	Director of Nursing, Primary Care & Older People's Services	Primary Care and Older People Services	Safe & Effective Services.Public Confidence. Partnerships. Governance.	Care, safety and quality standards delivered in Independent Sector Nursing and Residential Care Facilities	RQIA had issued a number of Failure to Comply notices to care facilities across the Trust in relation to their leadership, quality, safety and standards of care. The Trust will work with these Care Facilities to ensure safe and effective care is delivered to all residents whilst they have Failure to comply notices and continue to monitor thereafter to ensure standards are sustained.	Trust Monitoring Visits Contract review meetings Trust meetings with providers are scheduled on a regular basis Action Plan set up by Task & Finish Group monitoring and oversight group ISP Governance Group CISGG	The Independent Homes are under the management of private owners and the Trust has to work with these owners and staff to ensure standards are reached and sustained.	COPNI Oversight All providers are required to be registered with RQIA and are subject to regular monitoring visits RQIA involvement Meeting with Care Managers and families and residents. monitoring visits, enhanced monitoring visits, meetings with families, owners, other Trust, RQIA quality assurance framework	Reliance on owners to meet and sustain the required standards.	Monthly monitoring of Improvement plan	31/03/2021	
1213	04/04/2020	20	EXTREM	20	EXTREM	10	HIGH	Medical Director	Trust-wide (Risk Register Use Only)	Safe & Effective Services.Governance.Workforce.	COVID-19 risk re assess & response to patient/client need & maintain quality & safety for patients/clients and staff	If current capacity limitations and activity levels across all Trust services remain or increase, the Trust may not be able to meet the increased demand placed on it during an outbreak of Coronavirus (Covid-19) or in the reset of services following an outbreak, resulting in possible harm to patients and staff.	Residential Accommodation Surge Plan Additional screening POD in place for screening pathways Chief Executive video Fit testing / PPE Podcast and video training' face to face training, Posters Fit-testing use of private company to assist OH Intranet Covid19 site to ensure information shared across the Trust Sub groups Workforce planning - regional PPE Group; Regional Discussion Group Screening & assessment pathways and designated areas Health & Safety Policy Guidelines on Management of COVID-19 as PHE IPC policy Revised Governance arrangements - Corporate Safety team 3 Planning groups; Acute; Community & Support Services Business continuity activated with 3 Bronze Control rooms: - Altnagelvin Acute; SWAH Acute; Community Community planning group - follow up of clusters in Indep sector Paediatric Service - pathway review; Hospital Planning Group to review pathways Medical Advisory Group	A lack of additional resource to manage community screening and subsequent management. Environmental challenges in ED to facilitate appropriate isolation facilities Gaps in regional /national supply issues on commodities/medicine etc A lack of guidance on pathways for specialties (regional/national) Availability and quality challenges re PPE Awaiting additional equipment (regional) Single database for reporting monitoring on staff positive figures Suspended Regional HSC Silver Control Group	Corporate Safety Huddle / RRG reporting Sit-rep reports (Trust & Indep sector) Health checks Governance framework for Covid-19 management Covid-19 Risk Register Covid-19 Corporate Risk Datix incidents, complaints Daily briefings - Bronze and Silver control, planning groups RIDDOR reporting Covid App Staffing indicators Covid pathways compliance - incidents Hand hygiene compliance audits Stats on 12 hour delays / overcrowding in ED Minutes / action notes of meetings and safety huddles Documentation of risk assessments Local PPE audits (on daily saftey huddles for noting and actions)	No Regional process/guidance for approving donated PPE Covid-19 Independent sector reporting	Monitor, manage and update Risk & Control document Develop Covid risk & control document Facilitate daily monitoring and reporting on Risks Update risk to second surge environment	31/12/2020 31/05/2020 31/05/2020 31/10/2020	31/05/2020 31/05/2020 20/11/2020

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1216	15/04/2020	15	EXTREM	15	EXTREM	5	HIGH	Director of Acute Hospital Services	Acute Hospital Services	Safe & Effective Services.Public Confidence.	Risk of patient harm in Trust EDs due to capacity, staffing and patient flow issues	If Emergency Department (ED) Physical capacity and staffing levels are not sufficient to meet the demands of patient numbers and acuity, there will be increased likelihood of significant patient harm, risk to staff wellbeing and damage to Trust reputation as a direct result.	Business case approved dedicated HALO (Hospital Ambulance Liaison Officer NIAS crews waiting to offload in our hospital early warning score Ongoing Trust recruitment focus on Critical posts IE Medical and Nursing Use of Medical locums/ Bank and agency Nurses. Social Media Campaign Escalation protocol within full capacity protocol Nursing KPI and audit (ALAMAC) Ongoing in house Quality improvement work (implementation of SAFER principles) Daily regional huddle meeting with escalation as required IT systems - Symphony Flow board On call managers/medics rota Ongoing MDT patient flow huddles in department/wards Medical team ED reviews Hub flow meetings with lead nurse attendance. Patient flow teams/night service manager Major incident policy Full capacity protocol	Implementation of SAFER principles challenged due to Medical Job plans and current Medical team models in operation ageing population living with challenging health needs Community infrastructure to meet needs of patients i.e. Gp appointments, social care packages Recruitment to perm medical posts Challenging across NI	Datix - Incident, Complaints, Litigation, Risk register Patient flow teams, Night service manager, SPOC, Hub Regional huddle Established patient pathways	Gaps in patient pathway	PACE implementation to commence March 2020. Improvement QI work commencing with aim to address communication within department.	31/03/2021 31/03/2021	
1227	09/07/2020	15	HIGH	15	HIGH	9	MEDIUM	Director of Nursing, Primary Care & Older People's Services	Trust-wide (Risk Register Use Only)	Safe & Effective Services.Modernisation. Governance. Public Confidence. Financial Management & Performance.	Action Plan for implementation of new regulations on medical devices by May 2020 as per circular HSE16-19 not completed	The recommendations contained within Circular HSC (SQSD) 16/19 required that organisations would fully implement the requirements by May 2020. The Action Plan has not been completed due to the impact of Industrial Action during November 2019- January 2020 and Covid-19 from end of February to end of May 2020.	Draft Action Plan circulated for completion by Clinical Leads Circular HSC (SQSD) 16/19 has been circulated to a wide range of clinical specialisms.	Clarifying level of data recorded on Trust clinical info systems to identify medical devices implanted as part of clinical interventions and treatment. further clarity will be required on definitions of modified devices. Control measures not fully identified	Medical Device alerts & FSNs Incident reporting Medical Devices woriing group The development of the Action Plan	Action Plan not fully developed	Scoping Impact to Obstetrics and Gynae and General Surgery Complete actions in action plan re Circular HSC (SQSD) 16/19 Develop an Action Plan to support implementing the requirements of Circular HSC (SQSD) 16/19	31/12/2020 31/03/2021 30/09/2020	30/09/2020
1236	21/08/2020	16	HIGH	16	HIGH	8	HIGH	Chief Executive	Finance and Contracting	Financial Management & Performance.	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				Ongoing financial management and monitoring Operation of DVMB (Delivering Value Management Board) to ensure delivery of the 3 year financial recovery process	31/03/2021 31/03/2022	