

Corporate Risk Register - January 2024

ID	Title	Description	Risk Type	Risk level (initial)	Risk level (current)	Risk level (Target)	Opened	Review Date	Initial Action Taken to Control/Mitigate Risk	Action Plan to Address /Mitigate Risk
Directorate: Finance, Procurement, Fleet and Estates										
276	Corporate Wide Contract Management	Corporate Risk	There is a risk that ineffective monitoring and control of contracts could result in expenditure being inappropriately or inaccurately incurred. Internal Audit provided Limited assurance in 2019-20 in an audit of Procurement and Contract Management which focused on Estates. A previous audit recommendation was that a central record of contracts should be created and maintained. External Audit in 2019-20 also made recommendations regarding DACs and the record of contracts.	Medium	Medium	Low	01/04/2015	11/01/2024	A record of all NIAS contracts has been created which requires further development. Suppliers and payments have been mapped against the contract record. The format of the contract record and reporting are under review. The Stores & Procurement Manager updates the contract record on a periodic basis (April 2015). AD Finance. A Direct Award Contract Register has been created and is a standing agenda item at the Audit & Risk Assurance Committee (May 2021). Director of Finance. Short Position Paper to SMT. September 2022. Risk Manager. Comprehensive contract management overview completed. December 2022. DPP & CS. Format of the DAC Register has been reviewed and updated and is a Standing Agenda Item for Audit & Risk Assurance Committee. February 2023. Director of Finance.	Contract Management needs to be further developed within NIAS and additional resources are required to ensure the monitoring and control of contracts is effective, accurate and timely. Some progress has been made, but there have been a number of delays due to directorate pressures, staff absence and COVID-19. Expected completion December 2023. Director of Finance. Procurement guidance needs to be reviewed, updated and disseminated to managers including the use of DACs. Expected completion December 2023. Director of Finance. Current roles and Job Descriptions within Financial Services (Financial Accounts and Stores) will be reviewed in order to better align resources. Expected completion December 2023. Director of Finance. Assurance mapping of larger contracts and changes ongoing. Expected completion. September 2023. Head of Planning. Plan to implement recommendations from contract management overview. Expected completion. September 2023. Director of Finance Digital Strategy which should include oversight and management of contracts. Head of Planning. September 2023. Contract Management procedures drafted and circulated to AF Forum - December 2023. Proposals for contract management in NIAS to be discussed and agreed Jan 2024 by ADs.
262	Estate Condition	Corporate Risk	If the Trust does not make suitable arrangements to adequately maintain and improve the overall condition of its estate, this may result in breaches of statutory duty and put staff at risk.	High	High	Low	31/12/2014	19/12/2023	Fire Risk Assessments, Legionella and Asbestos surveys complete (March 2019 & 2022). Head of Estates. Estates TSSC Maintenance Contract for PPM, Remedials, Reactive repair works & certain statutory compliance went live on 3rd August 2020, replacing old FM Contract. Led by Head of Estates. Estates Department now has three permanent staff – Office Manager, Project Manager and Helpdesk Operator roles. Five other positions, (HoE, FM, QS & EO's x2) are occupied by agency staff which presents obvious continuity risks. December 2021. CRM Director. Six (6) facet building condition and functional suitability surveys completed in 2021/2022. Head of Estates. Other standalone maintenance statutory compliance contracts through BSO PaLS CAG's are also live e.g. FWT, PAT, Emergency Lighting & Lifts etc., 2021/22. Head of Estates. DoH have allocated £250K for backlog maintenance, 2021/22. Led by Head of Estates. New Modular building adjacent to HQ providing additional office accommodation for over 40 staff due for completion in 2020/21 was delayed due to Covid and Brexit. Completion was achieved early in 2021/22. Head of Estates. Capital Expenditure projects progressed through Emergency Services Consultancy Framework using IBI through CPD from 05.07.2020 until 31.03.2022. Head of Estates. Estates TSSC Maintenance Contract for PPM, Remedials, Reactive repair works & certain statutory compliance contract replaced 1st April 2022 by a new FM Contract through a NHS SBS Framework, assisted by BSO PaLS (Legionella and Asbestos management included). Led by Head of Estates. April 2022.	A program of minor works and backlog maintenance has realised some improvements across the NIAS Estate. This will continue into 2023/24. Head of Estates. MoU's with associated SLAs/JMAs between NIAS and landlords of HSC Trusts is underway. MoU's have been agreed and signed with NIFRS and NHSC. Those with the other 4 HSC Trusts are works in progress, but cannot be completed by NIAS in isolation. Expected completion Dec 23. Head of Estates. Sluice program substantially complete with only problematic locations remaining outstanding. Solutions progressing for these. Expected completion June 2023. Head of Estates/Estates PM. SOC for Belfast (Broadway, Knockbracken, Purdysburn, NIFRS LDC Boucher) with DoH. No feedback yet. Head of Estates. 5 to 10 year Estates Strategy remains under development but is predicated on the implementation of CRM. This will include rationalisation of existing estate. Led by DoF Director. This risk was raised before the current Management structure was put in place. Great strides have been made in the overall improvement of the condition of the Estate which has been reflected in the last 4 PAMP Reports issued by DOH. NIAS Estates have now in place a robust schedule of PPM's and response maintenance contracts

									New Contract through CPD live Oct 22. Head of Estates. Estates Position update presented to SMT. January 2023. CRM Director. Estates TSSC Maintenance Contract for PPM, Remedials, Reactive repair works & certain statutory compliance contract replaced on 1st April 2023 by a new FM Contract through a NHS SBS Framework, assisted by BSO PaLS. This will include Legionella and Asbestos management. Led by Head of Estates/FM/QS.	to ensure compliance with all relevant statutory regulations. (FM)
815	Financial Stability - Achieving Financial Balance 2023-24	Corporate Risk	The Trust may breach its statutory duty to break even if it overspends against core budget, experiences unfunded cost pressures and/or service changes or does not deliver levels of required cash releasing efficiency savings.	High	High		30/07/2023	15/12/2023	Controls are in place to mitigate each of these factors as follows: A. Applying internal budgetary control processes led by Director of Finance reporting monthly to Chief Executive as Accounting Officer. This will continue to be underpinned by detailed budget reports produced by finance to support budget holders. Directors are held accountable to Chief Executive. Financial position is a standing item on SMT agenda for DoF to provide update and test assumptions. Director of Finance, ongoing 2023-24. B. Submission and engagement with DoH/SPPG re any emerging financial implications for HSC in the context of Northern Ireland public sector budgets to be reflected in NIAS Trust Delivery Plan. Ongoing monitoring, review and engagement with stakeholders. Director of Finance, ongoing 2023-24). C. Ongoing monitoring, review and engagement with stakeholders will continue throughout the year to highlight emerging cost pressures and service changes. Director of Finance, ongoing 2023-24. D. Ongoing monitoring, review and engagement with stakeholders will continue throughout the year recognising that there remain uncertainties in respect of some terms and conditions issues (both in terms of timing and magnitude). Director of Finance, ongoing 2023-24. E. Development and implementation of a Trust Financial Plan, including savings proposals, by NIAS for 2023-24 in conjunction with Trust Board. Engagement with staff and patient representatives and fulfilment of any statutory consultation requirements. Director of Finance, ongoing 2023-24).	
Directorate: Human Resources										
575	Attracting & Retaining Suitably Qualified Staff	Corporate Risk	As an employer NIAS adheres to national terms and conditions. This may impact upon the Trust's ability to attract and retain staff with the required skills and experience to effectively deliver its Strategy to Transform and achieve the associated benefits.	Medium	Medium	Low	16/03/2021	15/12/2023	Matter raised with the Chief Executive at Remuneration Committee - July 2020, December 2020 and February 2021. Chair. Implementation of regional and local strategy, policies and procedures which include a new Recruitment Strategy, the Review of Clinical Education, training and development arrangements, succession planning (February 2021) SMT. Workforce Plan developed. December 2021. Programme Director, Workforce Planning. Pay circulars have been issued for the periods 20-21 and 21-22. HR Director.	DoH have commissioned a review of SEP which has begun and NIAS have been engaged in this regard. HR Director. Expected completion December 2023.
559	Organisational Culture Improvement	Corporate Risk	If matters relating to organisational culture, as indicated in the results of the HSC Staff survey (references to bullying culture, staff engagement, health and wellbeing and leadership) are not sufficiently addressed, this may impact on organisational reputation, staff morale, health and wellbeing and potentially performance including service delivery and patient care.	High	High	Low	06/11/2020	15/12/2023	Organisational Strategy – Strategy To Transform, 2020 – 2026 includes a key priority around Culture programme. DHR. Issued individual letters to all staff (October 2020). DHR. Issued a Chief Executive communication around culture and commitment to addressing (October 2020). CEX. Commissioned 2 days a week from HSC Leadership Centre to provide support to deliver this (November 2020). Led by DHR. Launched HSC Cultural Assessment Tool (November 2020). DHR. Draft Culture Programme of work with identity that gives profile to the culture work and related progress completed (June 2021). DHR Staff engagement sessions undertaken June 2021. DHR. Draft leadership development programme developed June 2021. DHR. Culture Improvement Strategy and Plan oversight by the People, Finance and Organisational Development (PFOD) Committee (presented June 2021 and December 2021). Led by DHR. Culture programme approved by PFOD December 2021. Interim Staff Recognition Awards - Friday 1st April 22. DHR. Leadership development programme underway (November 22). DHR. Programme with related plans presented to Trust Board December 2022. DHR.	Pulse surveys planned for Q4 2023-24, a number of leadership development programmes underway. Leadership Conference and Staff Recognition events planned for March 2024. DHR. Training with managers related to approach in key people management processes underway including Absence management, Grievance Procedure, Having Difficult Conversations and Working with Trade Unions. NewConflict, Bullying and Harassment Policy approved by PFOD December 2023

									Staff Engagement sessions completed. February 2023. DHR. Leadership Development first cohort undertaken with related evaluation and recommendations presented to SMT in May 2023. DHR.	
403	Sickness Absence	Corporate Risk	If the management of sickness absence is not improved this may impact on service delivery and improvement as well as resulting in an inability to achieve financial balance. This could further exacerbate the potential for detrimental impact upon service.	High	High	Low	13/08/2019	15/12/2023	<p>Capability to support management of attendance considered and addressed with appointment of five temporary HR Attendance Management Advisors (2019). Director of HR.</p> <p>HSC Leadership Centre Associate appointed to support redeployment programme for those on long term absence or unable to fulfil normal duties (October 2020). Director of HR.</p> <p>Health and well-being arrangements in place including the prioritisation of musculoskeletal and mental health issues (known key priority areas) – for further information refer to corporate risk number 301, health and wellbeing (2021), Director of HR.</p> <p>Direct access to a physio for musculoskeletal related absence, partnership working with Occupational Health (2021), Director of HR.</p> <p>Review of Occupational Health to ensure that it is fit for purpose to support attendance management. Improvement plan in place (2021). Director of HR, 2021.</p> <p>Significant work undertaken to support increased absence and absences associated with Covid including Occupational Health arrangements, related risk assessments, and the appropriate management of Clinically Extremely Vulnerable (CEV) staff (2021), Director of HR.</p> <p>Twice weekly meetings with Trade Union colleagues established (2021). Led by Director of HR.</p> <p>Ongoing reporting to People, Finance and Organisational Development Committee (2021). Led by Director of HR.</p> <p>Health and Wellbeing Strategy approved at Trust Board August 2022. Led by Director of HR.</p> <p>New Maximising Attendance Plan with new KPIs approved by PFOD September 2022 (the focus is on prioritised interventions with robust action plans to include actions such as medical redeployment, final review meetings as appropriate. Trade Union engagement and management training are key elements of the plan). Led by Director of HR.</p>	Project Board in Place, Delivery Plan developed approved by PFOD in October 2024, submitted to DoH in line with target and presented to Trust Board for noting December 2024. Funding approved for 6 new Band 6 Senior HR Officers to support managers in the management of absence and wider people agenda. Information-led approach in place and weekly meetings with Director Ops and Director HROD. Monthly meetings with Director HROD and Ops with Chief Executive to ensure maximum accountability. Enhanced reporting to PFOD and Trust Board. Process mapping undertaken and managers training delivered.
301	Support For Staff Health & Wellbeing	Corporate Risk	There is a risk to staff and potentially service delivery if the Trust does not improve and sustain arrangements to support staff health and wellbeing.	High	High	Low	03/10/2018	15/12/2023	<p>Regional contract to provide counselling services reviewed to enhance scope of psychological support and interventions.</p> <p>Establishment of Peer Support Pilot Project (2017). HWB Manager.</p> <p>Staff Satisfaction and Wellbeing Partnership Survey Project with Trade Unions conducted (Q4 17/18). AD HR.</p> <p>Stress management and addiction workshops (Q2/Q3 2018/19). AD HR.</p> <p>Attachment of INSPIRE counsellor to EAC (commenced in 2017). EAC Manager.</p> <p>Flexible working/reasonable adjustments in place (2017). HR Director.</p> <p>Staff Resilience Module Paramedic Degree (commenced Q1 2018/19). Clinical Training Manager.</p> <p>Regular Trust-wide health checks programme established (Q1 18/19). AD HR.</p> <p>People, Finance and Organisational Development (PFOD) committee established providing scrutiny and challenge at board level for HR and workforce issues (2021). HR Director.</p> <p>Consultant Clinical Psychologist appointed on a part time basis and one year action plan agreed and underway (2021), HR Director.</p>	Ongoing implementation of Health and Wellbeing Strategy and Maximizing Attendance Plan. Proposal for new HWB function structure approved by SMT and scrutiny and recruitment processes underway.

									<p>Core Peer Support team completed Critical Incident Stress Management (CISM) training first in-house programme delivered 22-23.</p> <p>Review of corporate health and wellbeing complete, November 2021. HR Director. Health and Wellbeing Strategy approved by Trust Board August 2022. NIAS signed up to Mental Health at Work commitment and actions underway. February 2022. HR Director.</p> <p>Health and Wellbeing project specific to EAC underway. Health Connectors programme launched and mental health information hubs set up at two locations. Cohort one completed Couch to5k. Menopause programme underway. Fatigue working group re-established supported by Clinical Psychologist. March 2022. HR Director.</p> <p>Final Health and Wellbeing Strategy approved TB August 2022. Related plans monitored by PFOD. Maximising Attendance plan approved by TB September 2022. DHR.</p>	
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Directorate: Medical

417	Clinical Audit / Clinical Supervision	Corporate Risk	There is a reduction in clinical audit and clinical supervision of staff due to the increasing remit and current demand on Clinical Support Officers (CSOs). This may result in increased risks to patients.	High	High	Medium	18/07/2019	10/01/2024	<p>Assistant Clinical Director appointed (August 2020). Medical Director.</p> <p>CSO Recruitment complete (May 2020 and August 2021). Clinical Training Manager.</p> <p>Full Induction Programmes in place for new cohort of CSOs (July 2020 and most recently September 2021). Clinical Training Manager.</p> <p>Twenty-nine Clinical Support Officers (CSOs) in post (establishment is thirty FTE – a number not in post as a result of secondments and sickness) as at October 2021. AD Education Learning & Development (ELD).</p> <p>Prioritisation of supervision of AAPs / Student EMTs (2021). Clinical Training Manager.</p> <p>Five additional CSOs in place (December 2021). AD Education Learning & Development (ELD).</p> <p>Provision of resource from Information Team has allowed development of a specific dashboards to address key areas of audit e.g. cardiac arrest with presentation of findings at Safety Committee. September 2022. Medical Director.</p> <p>DoH has agreed additional funding for a small number of posts to assist with Lead Practice Educator role. February 2023. Medical Director.</p> <p>Medical Director has held formal meetings with Director of Planning, Performance & Corporate Services, along with Information Team to seek to resolve information gap issues. April 2023. Medical Director.</p> <p>Following conclusion of the strategic review of clinical education, recommendations have been made regarding the role of CSOs and a return to regular supervision and clinical audit. December 2023. Medical Director.</p> <p>Further recruitment of CSOs undertaken. December 2023. Medical Director.</p>	Wider scale audit of clinical care will rely heavily on the full implementation of REACH allowing real time data to be collated and easing the burden of manual audit on CSOs. REACH Project, expected completion March 2024. Head of Transformation.
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712	Medicines Asset Management & Governance	Corporate Risk	If arrangements for medicines asset management and governance are not improved, there is a risk of loss of packs and packs expiring and remaining in the system - risking expired medicines being administered to patients. The location of medicine packs in the system is unknown except at a very local level, due to use of a paper based system. This may lead to regulatory action / involvement of the Medicines Regulatory Group (statutory powers under the Medicines Act and subordinate legislation).	Extreme	High	Low	20/06/2022	10/01/2024	Audit conducted to determine pain pack locations - Spreadsheet created and maintained location by stores through Med04 data. April 2022. Lead Pharmacist. Planning & Performance Directorate have agreed to assist in development of associated business case September 2022. AD PP & CS. Scoping suppliers available on national frameworks (electronic / RFID options). Medical Devices Lead & Lead Pharmacist. August 2022. Scoping of suppliers and specifications; meeting took place 25/11/22 with potential suppliers, Medical Directorate & Estates. Lead Pharmacist.	Work completed on specific NIAS requirements, awaiting supplier to provide costing so business case can be developed. Development of business case required. Expected completion June 2024. Medical Director / Assistant Clinical Director / Lead Pharmacist / Project Development & Implementation Manger. 14/08/2023: work on hold due to lack of funding available. Lead Pharmacist.
790	Staff Competency / Training	Corporate Risk	Due to the lack of capacity within the Clinical Education Department and the inability of Operational Services to release staff, the Trust has not been able to keep pace with the required levels of statutory and mandatory training. This presents patient safety risk with regards to clinical training (cardiac update) and staff safety risks with regards to health and safety related training (patient handling, violence prevention etc.).	High	High	Low	09/06/2023	10/01/2024	Benchmarking of other Trusts carried out and draft Mandatory Training policy developed (list compiled of Mandatory Training from Stakeholders/subject experts / Matrix of Mandatory Training developed for all staff (role specific & frequency) (June 17). HRD. Subject experts provided required eLearning content / platforms set up with HSC Leadership centre / eLearning is live from Q4 17/18 / solution secured to enable operational staff to access e-learning remotely via a suitable platform whilst attending PP. iPads procured and commissioned to enable staff to log on to HSC Leadership Centre to access eLearning. Wi-Fi solution (MiFi hubs) secured for remote access (e.g., in Divisions) Q4 17/18. HRD. Oversight of training needs by Education Learning & Development Stakeholder Group. Medical Director. 2023. A strategic review of clinical education concluded in September 2023 and will be presented to the SQEP Committee. A draft plan has been produced detailing an increase in continuing clinical education (CCE) but this will require cross directorate support regarding release of staff. October 2023. Medical Director. Additional recruitment to CSO undertaken December 2023. Medical Director.	Clinical Education Department Records/Local Records Transition to HRPTS (ongoing). Expected completion December 2023. Assistant Clinical Director. Review of courses to determine suitability for eLearning. Assistant Clinical Director / Risk Manager / HR Director / DQSI. Expected completion December 2023.
Directorate: Operations										
816	Ambulance Turn Around Times at Emergency Departments	Corporate Risk	The HSC standard for hospital turnaround is 15 mins. HSC Delivery Plan monitoring shows a continued deterioration in ambulance handover delays, with 19% of ambulance handovers regionally in Q3 23/24 greater than 2 hours.	Medium	Extreme	Low	26/01/2024	26/04/2024	Raising of intertrust incidents and lost production hours with Trust Governance Teams. August 2021 and ongoing. DATIX Administrator. Appointment of additional HALOS (October 2021). AD OPs. Installation of decommissioned A&E vehicles at three Health Trusts for the treatment of patients and / staff welfare (December 2021). AD Ops C&C. Regional Unscheduled Care Escalation guidance revised and issued by the HSCB (December 2021). DOps. Three QI projects 1. Reduction in the morning late finishes by identifying a designated handover crew. 2. Evening handover shifts, by adding in additional crews and 3. Re-introduction of ED receivers at the end of the day shift.	Presentation to CNO Business meeting re handover delays and frailty considerations Sept 23 Letter from Chair NIAS Safety, Quality, Experience & Performance Committee to Chairs of respective committees within HSC Trusts re 'Ambulance Handover Delays – Patient Safety Issues' expressing concerns re safety risks resulting from handover delays and seeking assurances re actions taken to address October 2023

			<p>This results in significant loss of NIAS operational capacity (Q3 23/24 23%) to respond to emergency calls in the community and subsequently an increased risk of harm to patients awaiting a response an waiting for handover in the back of an ambulance.</p> <p>Q1 23/24-8.8% of all ambulance arrivals greater than 2 hours Q2 23/24-12.2% of all ambulance arrivals greater than 2 hours Q3 23/24-19.2% of all ambulance arrivals greater than 2 hours Q3 Lost operational hours: 27,115 (Shift equivalency: 2,259)</p>					<p>December 2021 and ongoing. DOps. Request to PHA to meet with relevant NIAS colleagues regarding the potential for a regional learning letter relating to learning identified within a number of our SAI reviews regarding delayed response within NIAS (April 2022). DQSI. AAACE 'Delayed Hospital Handovers Impact Assessment of Patient Harm' report published November 2021 and NHS England & NHS Improvement 'Ambulance Service Pressures – sharing risk across the system' letter shared with Public Health Agency (April 2022). DQSI. Correspondence from CEX to Deputy Secretary Strategic Planning and Performance Group, DoH outlining the impact of delayed handovers, lost production hours, patient safety implications, RCEM research regarding clear links between delayed admission and mortality along with significant Senior Management and Trust Board concerns. April 2022. CEX. Letter RE nominations for Quality Improvement in relation to the early detection of the deteriorating patient waiting outside EDs sent. May 2022. DQSI. Establishment of Patient Safety/Quality Falls response group. June 2022. DQSI. NIAS CEx and Director of Quality Safety and Improvement meeting with RQIA Director of Hospital Services, Independent Health Care and Reviews and Audit to discuss Delayed Hospital handovers June 22 Establishment of Performance Optimisation Steering Group focusing on operational work streams. August 2022. AD PP & CS / AD Ops.</p> <p>Unscheduled Care Summit, SPPG letter requesting corridor cohorting, SPPG correspondence, PTEB meeting at which lack of progress on cohorting was discussed and Permanent Secretary email highlighting the risk from delayed ambulance handovers and asking CExs to agree actions to reduce delays. November 2022. CEx, DPP & CS & Ops Director.</p> <p>Update to Permanent Secretary outlining a number of planned and proposed actions by CExs, including the introduction of a maximum handover backstop of 3 hours from 19 December 2022. Meeting chaired by NIAS CEx to further discuss proposed actions involving Permanent Secretary, CMO, CNO, CSSO, SPPG, Trust CExs and professional Directors Timeline. Joint statement issued by Trust CExs announcing the immediate actions to be introduced, including 3 hour handover backstop. NIAS CEO media interviews in relation to joint CEx statement. December 2022. CEx, DPP & CS & Ops Director.</p> <p>Meeting chaired by NIAS CEx with same group as 16 December meeting, to review progress on implementation of previously announced actions, email from Permanent Secretary's office listing actions from earlier meeting, email from Permanent Secretary outlining arrangements for further meeting, meeting chaired by Permanent Secretary to review progress on implementation of previously announced actions, handover performance discussed at PTEB meeting, Peter May's letter to Trusts welcoming the improvement in handovers and the need to maintain ongoing oversight arrangements. January 2023 CEx, DPP & CS & Ops Director.</p> <p>3 hour back stop introduced Dec 22 with a move to a 2 hour backstop by March 23 (CEX initiative endorsed by Perm Sec). DOps. SSPG have worked with Trusts to develop a new dashboard that will reflect a suite of metrics and link handover times to performance when patients are declared medically optimised to leave the hospital but still remain an inpatient after 48 hours. This is also correlated with the impact on Cat 2 & 3 response times. SPPG and Trusts have access to the detail on delayed handover times on a daily basis. SPPG February 2023. Further SPPG engagement at workshop in May 2023 with a view to establishing an unscheduled care regional control centre. DOps. Two hour backstop introduced, however attempt to reduce to 2 hours ineffective 22 crews waiting more than three hours, longest being 6 hrs 42. April 2023. AD OPs Receivers removed and CRT scaled back. April 2023. AD Ops. Regular oversight meetings ongoing. Outputs from meetings will continue to be shared with Permanent Secretary & Departmental colleagues. April 2023. CEx,</p>	<p>Letter from NIAS CEx to Deputy Secretary SPPG regarding Safety Concerns associated with Ambulance Handover delays and seeking a meeting to discuss. Nov 23</p> <p>Presentation to Deputy Secretary SPPG relating to ambulance handover delays and patient safety incidents. Nov 23</p> <p>Series of ongoing NIAS Executive Team meetings with HSC Trusts regarding safety concerns regarding hospital handover delays – commencing in SET Aug 23 and SHSCT Nov 23.</p> <p>RCC regional meeting - agreement to establish a Task & Finish Group to consider -Consistency in approach to patient safety prior to being seen by a treating clinician in EDs. Jan 23</p>
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									<p>DPP & CS & Ops Director. Review of Crew relief team and hospital receivers complete. AD Ops, May 2023. SPPG review of targets for improving response times complete. May 2023. SPPG.</p> <p>Previous action plan from Initial Risk: Further SPPG engagement at workshop in May 2023. SPPG proposal to establish Regional Control Centre. Expected completion 2025. SPPG.</p> <p>SPPG have engaged Getting It Right First Time (GIRFT), scoping exercise of current unscheduled care meeting. Site visits to be completed for all Trusts. Expected completion December 2023. SPPG / DOps.</p> <p>15.12.2023. A Regional Coordination Centre (RCC) established to monitor and manage daily pressures across HSC including hospital handover times. Production hours lost as a result of excessive handover times continues to rise and now equates to almost 30% of lost production hours</p>	
760	Capacity of the Emergency Preparedness, Resilience and Response (EPRR) Department	Corporate Risk	The current structure and capacity of the Emergency Preparedness, Resilience and Response (EPRR) Department is not sufficient to achieve the full breadth of statutory and organisational responsibilities, this may result in a failure to access funding, adhere to legislative and nationally recognised standards resulting in the inability to respond to major incidents, provide a specialist response, support large events, manage risk to public safety at mass gatherings etc.	High	Extreme	Low	24/01/2023	11/01/2024	<p>Recruitment exercise conducted to return Department to core levels, January 2023. AD EPRR. NIAS EPRR draft Transformation and Improvement Plan presented to SMT February 2023. AD EPRR. AAACE review of EPRR Department completed (published Feb 2023). Chief Executive. Consultation with partner agencies regarding the implementation of the Manchester Arena Inquiry. April 2023. AD EPRR. Appointment of two temporary Assistant Directors of EPRR. Medical Director. May 2023. AAACE review of NIAS specialist response capabilities. Received July 2023. AAACE. Interim funding identified for 2 x B8a and 1 x B7, end of financial year only (July 2023). JD for B8a EPRR Manager developed and job matched (1st September 2023) AD EPRR. 2x band 8 interviewed 15 Dec 2023. Proposed start date end of Jan. AD EPRR</p>	<p>Development of a business case to support the development of an EPRR structure. PP&CS support required in drafting of the same due to complexities. Expected completion December 2023. AD EPRR. Implementation of EPRR Improvement and Transformation Plan including AAACE recommendations and Manchester Arena Inquiry recommendations. Expected completion March 2025. AD EPRR. Review of NILO capability and associated SOPs (including external communication arrangements during a major incident). Expected completion December 2023. AD EPRR. Band 7 training officer JD to be developed and EOI put out to fill this position and subsequently the band 6 position if left vacant. AD EPRR</p>
531	Management of Independent Sector Resources	Corporate Risk	If NIAS continues to steadily increase its reliance on Independent Sector resources, without introducing a more robust performance management framework, there are potential financial, contractual, safeguarding, performance, compliance and patient safety (including issues relating to bariatric capacity) risks to the Trust.	High	High	Low	28/07/2020	11/01/2024	<p>Independent Ambulance Services Framework in place detailing contract expectations (commenced November 2019). Agency IAS Manager supported by North Area Manager. Independent Ambulance Services quarterly meetings in (commenced November 2019 and continue on a quarterly basis). Agency IAS Manager supported by North Area Manager. Discharge Planning Desk in NEAC oversees the booking of all NEAC Independent Sector (IS) resources and maintains records of crews that operate each day (commenced November 2019). Agency IAS Manager supported by NEAC Manager. Finance Directorate checking invoices (commenced November 2019). Queries to be resolved/agreed dealt with by IAS Manager. NIAS Information Department monitors high-level non-emergency journey statistics (commenced November 2019). Corporate Manager. Presentation on risk management including incident reporting and safeguarding arrangements. NIAS Safeguarding Pathway shared with Independent Sector (November 2019). Risk Manager. Non-Emergency Ambulance Transport Framework Monitoring Meeting to review current arrangements (June 2020). Led by DSQI. Non-Emergency Ambulance Transport Framework Monitoring arrangements discussed at SMT. Areas of assurance include training, safeguarding, infection control, driving/vehicle safety, complaints and learning (June 2020). Led by DSQI.</p>	<p>Ongoing PCS Improvement Programme (commenced February 2022) led by Transformation Team:</p> <ul style="list-style-type: none"> • Relevant workstreams include call types suitable for IAS colleagues to be dispatched to, processes for utilising IAS on behalf of Trusts. • Procurement commenced for new Framework for IAS (summer 2022). Taxi Framework and procurement process planned for Q4 2023/24. NIAS representatives on CAGs to input to framework design and subsequent contracts. • DQSI leading regular audits and quarterly meetings with IAS contractors to monitor performance and quality. • Datix incident reporting and complaints systems utilised to monitor performance and to provide feedback • Development of framework for higher acuity call types deferred pending work of demarcation task and finish group identifying suitable call types for IAS and PCS crews. <p>Expected completion March 2023, delayed expected completion March 2024. AD Ops.</p>

4	Strategic Business Continuity Policy & Planning	Corporate Risk	If the organisation does not assess, review, update and test its internal business continuity risk and plans, this may result in the failure to deliver an appropriate service which could result in service users coming to harm.	Medium	Extreme	Medium	30/12/2010	11/01/2024	<p>Emergency Preparedness and Business Continuity Planning Group established June 2012. AD Emergency Planning.</p> <p>EP/BCP planning training added to induction for all new staff (May 2015). AD Emergency Planning.</p> <p>Training for Directorate functional leads in BPC completed in November 2015. Business Impact Analysis Training carried out (February 2016). Emergency Planning Officer.</p> <p>Emergency Planning Lead seconded on a full time basis (2017). AD Emergency Planning.</p> <p>BCP Strategy and Policy ratified by Trust Board in (August 17). AD Emergency Planning.</p> <p>Business Continuity schedule has been developed as well as a calendar to capture all activations of the Business Continuity Plan (17/18 and ongoing/annually). AD Emergency Planning.</p> <p>Business Continuity Strategic Plan agreed at EP & BC Group (February 2018) and Trust Board (June 2018). AD Emergency Planning.</p> <p>70% of BIAs completed (August 18). Emergency Planning Officer.</p> <p>100% of Station Contingency Plans completed (April 19). Emergency Planning Officer.</p> <p>Schedule of exercises has commenced (2019). Emergency Planning Officer.</p> <p>Business Continuity Plans for Fuel Shortage and Medical Drug Packs updated 2019. AD Emergency Planning.</p> <p>Multiple exercises completed in relation to COVID-19 including evacuation of EAC (April 2020) and desktop of Silver Command Room (May 2020). Emergency Planning Officer.</p> <p>Departmental Surge plans for COVID developed and Flu plan revised February 2020. Emergency Planning Officer & IPC Lead.</p> <p>Recovery Co-Ordination Group established (June 2020). Director of Planning, Performance & CS.</p> <p>Rebuild Management Board (August 2020). Director of Planning, Performance & CS.</p> <p>Future Surge Group / Winter Resilience Group established (September 2021). Director of Planning, Performance & CS.</p> <p>New Temporary Emergency Planning Officer (BC) appointed (February 2022). AD Emergency Planning.</p> <p>Temporary Emergency Planning Officer provided with additional business continuity related training. July 2022. AD Emergency Planning.</p> <p>Temporary appointments made due to staff absence. October 2022. Medical Director.</p> <p>AACE Review of emergency preparedness, resilience and recovery undertaken by AACE November 2022. AACE.</p> <p>BC Manager returned following a period of absence. Ops were supported in planning for significant events. Tasks have been assigned and work commenced to update BC Plans, Policy and Strategy. May 2023. AD EPRR.</p> <p>All directorates asked to identify BC Leads. July 2023. AD EPRR.</p> <p>Further request for BC leads made at AD forum Jan 2023. EPRR group to meet Q1 2024 AD EPRR</p>	All Directorate functional leads to review BIAs and BCPs; supported by the Emergency Planning Unit Q2 17/18. This has slipped due to competing priorities, expected completion Q1 24/25. AD EPRR. BCP Policy, Strategy and Strategic Management Plan to be reviewed. Expected completion Q4 23. EPRR approval required (SMT then SQEP). Operations Director.
Directorate: Planning, Performance and Corporate Services										
311	Cyber Security	Corporate Risk	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	Extreme	Extreme	Low	09/08/2017	11/01/2024	<ul style="list-style-type: none"> • Technical Infrastructure Security, Security Policy and procedures in place, Disaster Recovery Plans (reviewed 2016). AD ICT. • Emergency Planning & Service/Business Continuity Plans (2019). AD EP. • Corporate Risk Management Policy & Strategy (2019). Risk Manager. • "Faux" cyber security exercise (Q3 2017). AD ICT. • Internal Audit assessment – 10 Steps to Cyber Security (Q1 17/18). AD ICT. • ICT Security Monitoring standing agenda item on IGSG. Cyber updates to Trust Board included in ICT Report (Q1 17/18). AD ICT. • ISO 27001 compliance review undertaken by security consultant from DXC (Q1 2018). AD ICT. • Band 5 funding Cyber Security Officer identified 2017/18. AD ICT. • Regional Cyber Security Programme Board established (Q2 18/19). AD ICT. • Business Impact assessments in relation to Business Continuity (2018/19). AD 	<ul style="list-style-type: none"> • Regional business case to fund improved cyber security for HSC is ongoing. In development Q1 18/19. Delayed. Expected completion Q4 20/21. Delayed again. Further Delays. Expected Completion now Q4 23/24. AD ICT. • Review of AD Privileged Access Accounts commenced Q2 22/23. NIAS and 3rd party Supplier Accounts to be locked down to "Least-Privilege" admin model where possible. Work has started and is progressing. Estimated Completion Q4 23/24. Cyber Lead. • Use of Oracle Java on NIAS Citrix Farm to be replaced with a more secure Java variant (Amazon Corretto). This is planned to take place during upcoming farm rebuild + OS refresh - ETA Q3 23/24. Cyber Lead.

		<p>infrastructure may become unreliable, not accessible when required (temporarily or permanently), or compromised by unauthorised 3rd parties including criminals.</p> <p>This could result in unparalleled HSC-wide disruption of services due to the lack of/unavailability of systems that facilitate HSC services (e.g. the ability to dispatch and monitor emergency ambulances, appointments, admissions to hospital, ED attendances) or data contained within. This may result in the need for HSC to cancel appointments and treatments, or divert emergency/essential clinical or other services.</p> <p>The significant business disruption could also lead to increased waiting lists, delayed urgent clinical interventions and ambulance response, suboptimal clinical outcomes and potentially bring liabilities for the Service.</p> <p>It could also lead to unauthorized access to any of our systems or information (including clinical/medical systems), theft of information or finances, breach of statutory obligations, substantial fines and significant reputational damage.</p>			<p>EP.</p> <ul style="list-style-type: none"> • Regional Cyber Incident Management Response tested Q1 2019/20. AD ICT. • Trusts self-assessed against a range of security requirements to determine where focus should be placed. Q1 2019/20. AD ICT. • HSC Cyber Incident Response Action Plan approved by Cyber Security Programme Board and officially launched (6th December 2019). AD ICT. • Draft ISO 27001 gap analysis action plan developed to address the findings from DXC cyber audit. AD ICT. Q3 2019/20. • Band 5 and Band 7 Cyber Security posts have been filled by internal IT Staff temporarily acting up. (Q1 19/20). AD ICT. • Forescout and Tenable have been implemented (Q3 2019/20). AD ICT. • Citrix Remote Access solution has been expanded, Netscalars have been updated and additional Keyfobs, Xenapp licenses + servers put in place (Covid). AD ICT. Q1 20/21. • Audit reports, DXE and Regional Ansec report combined into a single Action Plan. Q1 20/21. AD ICT. • CyberSecurity training has been undertaken by Cyber Security Manager - CompTIA and Forescout. Q2 20/21. AD ICT. • Network manager appointed. Q2 20/21. AD ICT. • SMT and Board Update October 2020 and request for mandatory training Q3 20/21 AD ICT. • Internal Audit recommendations actioned where possible (Forescout and Tenable; encrypted text, reduced domain admin accounts; safeword portal restricted; IT Accounts divided; patch levels updated) addressed and ongoing Q3 20/21 AD ICT. • Remote Station Network IP changes have been completed (Q3 20/21) which allows for Forescout rollout to stations to be planned/scoped. • Third Party Penetration testing has been performed by ITGuarded (Q3 20/21). AD ICT. • Forescout Training completed by Band 5 post holder Q4 2021/22. ICT Manager. • Implementation of port security on network switches completed Q4 20/21. AD ICT. • Regional Standardization of Forescout policies + reports completed Q1 21/22. AD ICT. • Meeting held between IT Directorate and Emergency Planning etc to discuss Cyber Security Incident Business Continuity Processes, June 21. AD ICT. • Regional Standardised ICT Policy Development Project complete - accepted by HSC regionally regionally and approved at NIAS audit committee in June 21. AD ICT. • Confirmation of non-recurrent funding for B6 for cyber security monitoring. January 2022. DPP&CS. • Appropriate levels of Cyber Security Training have been determined and courses procured and scheduled for all NIAS IT staff. Training completed Q1 22/23. AD ICT. • Ransomware protection solution (Bullwall) has been procured and implemented. Completed Q1 22/23. AD ICT • BitDefender AV has been rolled out to Control Room devices (Q1 22/23). Cyber Lead. • Cloud Sophos is in the process of being rolled out + implemented across estate. REACH tablets, new servers, etc (Q1 22/23). Cyber Lead. • Client Firewall is now implemented on Control Room Devices (Q2 22/23). Cyber Lead. • Forescout extension to NIAS remote station switches - completed Q2 22/23. Cyber Lead. • Forescout Training undertaken by Network Manager and Assistant w/c 17/4/23. Forescout extension to NIAS remote station switches completed March 2023. • Station BT Routers have been added to forescout - Q4 22/23. Cyber Lead. • NIAS and 3rd party Supplier Accounts being locked down to "Least-Privilege" admin model where possible. Progress being tracked on spreadsheet. Estimated Completion Q4 23/24. Cyber Lead. <p>NIAS IT have complied with regional SOC/SIEM engagement session facilitated</p>	
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									by NCC - Q2 23. HSCNI trusts Gap Analysis meeting held Q2 23. • Use of Oracle Java on NIAS Workstations has been replaced with a more secure Java variant (Amazon Corretto) - Q3 23. Cyber Lead.	
591	Increase Commissioned Hours / Clinical Response Model (CRM)	Corporate Risk	If adequate arrangements are not in place to increase commissioned hours in line with future increases in demand, this will further reduce response times, which may result in service users coming to harm.	Extreme	High	Low	01/06/2021	09/01/2024	NIAS financial planning prioritises provision of front-line resources. Director of Finance (DoF). Financial resource and activity/performance are issues discussed at Trust Board and with HSCB. Director of Finance (DoF). Proposed Clinical Response Model (CRM) developed and approved by Trust Board (September 2016). CRM Director. Recruitment programme on-going. Ops Director. Demand / Capacity review carried out (report July 2017). CRM Director. Programme for Foundation degree in science in Paramedic practice (FdSc) developed and approved by UU and HCPC (September 2018). Medical Director. CRM Public Consultation Closed (January 2019) and refresh of Capacity Review complete (September 2019). CRM Director. Implementation of NIAS Training Strategy to include Paramedic Education Programme, EMT and ACA programmes (on-going). Head of Training. CRM Outline Business Case (OBC) completed and submitted to the DOH on the 15 December 2021 (case for an additional 4.5K hrs of front line cover per week, to meet new response targets along with additional clinical and non clinical support staff, Fleet and Estates) CRM Director. December 2021. Review of the case by Department of Health Economists. Feedback to NIAS provided regarding reconfiguration. September 2022. CRM Director. CRM OBC submitted to DoH in February 2023 and awaiting feedback. Scenario planning taking place to adjust activity levels to different funding levels in preparation for change in commissioned hours. DPPCS. Raised with Deputy Secretaries (May 20213) and Permanent Secretary (June 2023. Chief Executive.	Ongoing discussion with DoH in regards to the reconfiguration of OBC to meet requirements of the Department of Finance. AD Planning, Performance & Corporate Services. Expected completion early February 2023 - timeframe TBC with DoH.
395	Violence & Aggression In The Workplace	Corporate Risk	There is a risk that should the trust not develop, implement and resource an holistic, detailed and fit-for-purpose response to acts of aggression towards NIAS employees, there is potential for such aggression to continue to rise. This will adversely affect the health and well-being of staff.	High	High	Medium	17/12/2018	18/12/2023	Violence Prevention & Reduction Group established and meets quarterly (2015). Chaired by AD Ops. NIAS contributes to regional and national work streams (2017). AD Ops & Risk Manager. Introduction of daily 'huddles' to ensure appropriate follow-up action is taken with regards to assaults (July 2019). Ops Director. Violence Prevention & Reduction Group Workshop November 2019. Agreement reached on priority workstreams and projects. Risk Manager & AD Ops. Body Worn Video Project Screening forwarded to IG. February 2020. Risk Manager. Body Armour Pilot Business Case complete. February 2020. Risk Manager. Sample Body Armour received (July 2020). Risk Manager. Social media video complete (September 2020). Risk Manager, AD OPS & Media & Communications. Violence Prevention & Reduction Group Workshop and logo design agreed (October 2020). Violence Prevention & Reduction Group. Body Armour Pilot commenced March 2021. Risk Manager. Violence Prevention & Reduction Strategy developed and presented to SMT (February 2020) and Trust Board (May 2021). Risk Manager / AD OPS. Public Awareness Campaign (June 2021) Risk Manager / AD OPS / Media & Communications Manager. Appointment of agency Violence Reduction Officer / Case Manager. Risk Manager. December 2021. Body Worn Video Consultation Phases One & Two complete and pilot commenced. August 2022, Risk Manager. Meeting with RACTC RE Violence Prevention & Reduction Training. November 2022. Risk Manager. Engagement with DLS on Service Impact Statements. November 2022. Risk Manager. Engagement with Community Restorative Justice. November 2022. Violence Reduction Lead. Engagement with DoJ & QUB with regards to research potential. November 2022. Violence Reduction Lead.	Ongoing implementation of strategy. Expected completion March 2025. Led by AD Ops, Risk Manager and Working Group. Five Year Training Plan under development by CED to ensure Conflict Resolution Training requirements met (not currently adhering to Statutory / Mandatory Training arrangements). Expected completion December 2023. Assistant Clinical Director.

									Escalation of training compliance concerns (Statutory / Mandatory Training Policy) to DHR&OD (Chair of H&S Committee) for the attention of SMT. January 2023. Risk Manager. Ongoing discussion and monitoring of data at Violence Prevention/Reduction Committee. Q1 and Q2 2023/24 data requested by Head of Planning to monitor trend in violence towards staff. 08/11//23 Head of Planning	
Directorate: Quality, Safety and Improvement										
455	Trust Safeguarding Arrangements	Corporate Risk	If adequate corporate safeguarding arrangements are not in place, there is a risk that supports and effective protective interventions are not provided to service users.	High	High	Low	25/02/2020	29/12/2023	<p>Risk Manager and Clinical Service Improvement Lead supporting with referral review and RQIA liaison (from November 2016). Medical Director.</p> <p>Safeguarding Pathway in place for staff to make direct referrals (January 2019, V.9). Medical Director & DQSI.</p> <p>Associate (with safeguarding expertise) from HSC Leadership Centre in place one day per week (February 2020). DQSI.</p> <p>Weekly Rapid Review Safeguarding Meeting (commenced May 2020). DQSI.</p> <p>Regular position report to SQEP Committee to provide safeguarding assurance (commenced October 2020). DQSI.</p> <p>Safeguarding Improvement Plan, driver diagram etc. presented to SMT (October 2020). DQSI.</p> <p>Safeguarding Lead JD developed, banded, recruitment exercise complete and officer in post (July 2021). DQSI.</p> <p>New Safeguarding Policy/Procedure and new Safeguarding Training & Education Plan approved (10th August 2021). DQSI.</p> <p>Lead NED for safeguarding identified. August 2021. DQSI.</p> <p>Regular meetings with HSCB Safeguarding Lead. Meeting in August 2021 to review pathway for welfare referrals with Trust Leads. Data provided to the HSCB in September 2021 detailing welfare referrals by Trust over a 6 month period. Further meeting with newly established SPPG August 2022 to agree to progress communication to all 5 HSCT and Chief Social Worker for NI on the issue of NIAS safeguarding processes. August 2022. HoS.</p> <p>Review of NIAS commissioned private ambulance providers to include safeguarding processes and staff training to ensure staff have the skills to identify and respond appropriated to safeguarding concerns (April 22).</p> <p>Quarterly Framework Scope and Service Specification Assurance Framework Assurance / Audit Tools approved at SMT 26th October 2021. Twice yearly unannounced inspection regime agreed. October 2021. DQSI.</p> <p>eLearning staff safeguarding training commenced, almost 600 staff completed by December 2021. Safeguarding training dates agreed for voluntary first responders and EMD staff in March/April 2022. HoS.</p> <p>Revised Safeguarding Training delivered to ACA and AAP (November and December 2021, May and June 2022). HoS.</p> <p>Work undertaken with REACH team to develop Safeguarding template which can assist with referral process and act as a safeguarding guide for staff (November and December 2021). Work completed on templates. REACH Team & HoS.</p> <p>Annual Report completed with recommended structure to SMT and Trust Board. March 2022. DQSI.</p> <p>Safeguarding Staff engagement at EDs took place July 22. HoS.</p> <p>Welfare Pathway Work commenced with SPPG and other 5 HSC Trusts, pilot of same being undertaken in Belfast Division. January 2023. AD QSI. Pilot Live March 2023.</p>	<p>Further develop system to monitor, audit, investigate and report on adherence to the safeguarding referral process (data reviewed indicates possible underreporting of referral from ACA staff). Expected completion December 2023. HoS.</p> <p>Professional Allegations policy/procedures and Chaperone Policy/procedure currently in draft and under review. Expected completion June 2023. HoS and Head of Professional Practice.</p> <p>Child frequent caller policy/procedure to be explored with partner agencies with the support of the HSCB. Meeting dates to be agreed to discuss. Expected completion June 2023. HoS.</p> <p>Further work with REACH team to continue to develop safeguarding template. Delay due to a software upgrade in February 2022 which removed the safeguarding templates from REACH. It is understood that the software will replace these May 2022. Further work required to embed. Expected completion June 2023. HoS.</p> <p>Further engagement with IAS at quarterly framework meeting to raise awareness RE Safeguarding procedures in place in NIAS. Expected completion December 2023. HoS.</p> <p>Further engagement with SPPG around process for Welfare referrals, short life task and finish group commissioned to produce regional process for this, expected completion November 2022. Delayed expected completion November 2023. HoS.</p> <p>Safeguarding practitioner post in for job evaluation outcome awaited. Expected completion June 2023. HoS.</p> <p>Safeguarding training agreed to be delivered to volunteer car drivers in spring 2022. Expected completion June 2023. HoS.</p> <p>Safeguarding practitioner post job evaluated as Band 5, position number being raised via HRPTS and recruitment to be progressed, likely to default to redeployment list within NIAS. Status is in progress, action- continue to completion/ recruitment. Expected completion September 2023. AD QSI.</p> <p>Pilot of welfare referral pathway commenced with BHSCT, currently ongoing. Status is in progress, action- continue for pilot and then assess impact prior to potential scale and spread regionally. Expected completion September 2023. AD QSI.</p> <p>NIAS internal group stood up to consider allegations with a safeguarding element and management of same, stand alone process being drawn up for this but recognised to have overlap with professional standards and potentially disciplinary/ capability processes also. Status is in progress, action- develop process, implement and evaluate same. Expected completion September 2023. AD QSI.</p>

