

ID	Title	Key Outcome	Description	Likelihood (current)	Consequence (current)	Rating (current)	Risk level (current)	Risk level (Target)	Handler	Lead Director	Initial Action Taken to Control/Mitigate Risk	Opened	Review Date	Action Plan to Address /Mitigate Risk
760	Capacity of the Emergency Preparedness, Resilience and Response (EPRR) Department	Delivering Care	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 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.	Almost Certain (5)	Catastrophic (5)	25	Extreme	Low	McArthur, Johnny	Ruddell, Dr Nigel	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. AACE 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.	24/01/2023	13/06/2023	Development of a Business Case to support the development of an EPRR structure. Expected completion December 2023. AD EPRR. Implementation of EPRR Improvement and Transformation Plan including AACE recommendations and Manchester Arena Inquiry recommendations. Expected completion March 2025. AD EPRR. AACE to undertake review of NIAS specialist response capabilities. Expected completion August 2023. AACE.
357	Ambulance Turn Around Times at Emergency Departments	Delivering Care	<p>In hospital emergency departments (EDs) are unable to maintain patient flow, ambulance crews may be held for excessive periods of time. This leads to a depletion of resources in the area and an inability to respond to emergency calls. In October 2022, NIAS experienced a total of 13,535 lost hours, this is the equivalent of 37 shifts per day, with crews waiting with patients outside EDs, 34% of our planned capacity. These lost hours were experienced from 10,997 instances where our crews waited longer than 15mins to handover their patient at ED. 4,700 of these instances were over 60mins in length.</p> <p>In the last 12 months (November 2021 – October 22), 89% of the handovers exceeded the 15min target at our acute EDs, resulting in circa 120k hours lost. The lost hours experienced in October 2022 is a 20% increase from September 22, whilst the number of instance of delay handovers increased by 6% in the same period. The 13,535 operational hours being lost (eq. to 1,127 12-hours shifts per month or 38 12h shifts per day). The number of handovers</p>	Almost Certain (5)	Catastrophic (5)	25	Extreme	Low	Cochrane, Mark	Byrne, Mrs Rosie	<p>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. 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. AACE 'Delayed Hospital Handovers Impact Assessment of Patient Health' report</p>	03/05/2018	05/06/2023	<p>Further SPPG engagement at workshop in May SPPG proposal to establish regional control centre. Expected completion 2025. SPPG.</p> <p>SPPG have engaged GIRFT, scoping exercise of current unscheduled care meeting. Site visits to be completed for all Trusts. Expected completion September 2023. SPPG / Dops.</p>

311	Cyber Security	Our Infrastructure	<p>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.</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, substantial patient exposure and</p>	Almost Certain (5)	Major (4)	20	Extreme	Low	Dornan, Paddy	Paterson, Maxine	<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 EP. • Regional Cyber Incident Management Response tested Q1 2019/20. AD ICT. • Trusts self-assessed against a range of security requirements to determine where they should lead and Q1 2019/20. AD 	09/08/2017	04/05/2023	<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. Expected Completion Q1 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. Pushed back due to Pressures. Estimated Completion Q2 23/24. Cyber Lead.
455	Trust Safeguarding Arrangements	Quality Improvement	<p>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.</p>	Almost Certain (5)	Major (4)	20	Extreme	Low	Flannagan, Des	Charlton, Lynne	<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</p>	25/02/2020	09/06/2023	<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>

591	Increase Commissioned Hours / Clinical Response Model (CRM)	Organisational Development	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.	Likely (4)	Major (4)	16	High	Low	Arandia, Andoni	Paterson, Maxine	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 5 FTEs of front-line management).	01/06/2021	09/02/2023	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.
403	Sickness Absence	Our Workforce	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.	Likely (4)	Major (4)	16	High	Low	Gardner, Lorraine	Lemon, Michelle	Capability to support management of attendance considered and addressed with appointment of five temporary HR Attendance Management Advisors (2019). Director of HR. 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. 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. Direct access to a physio for musculoskeletal related absence, partnership working with Occupational Health (2021), Director of HR. 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. Significant work undertaken to support increased absence and absences associated with Covid including Occupational Health arrangements related risk.	13/08/2019	07/06/2023	In order to ensure a focused approach on improvement related to Attendance Management and sickness levels, the Trust has taken the area out of Business as Usual arrangements and established a bespoke project, led by an independent Professional HR Associate, commissioned through HSCLC. This approach an related KPIs have been approved by PFOD Committee who will also oversee related progress. A new project board, chaired by the Chief Executive is being established. In line with the improvement plan approved by PFOD a Workshop for Area Mangers was held on 27 February 2023. Workshops for Station Officers took place on 21 and 29 March 2023. First meeting of the Project Board, chaired by the Chief Executive is scheduled for June 2023.

262	Estate Condition	Our Infrastructure	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.	Possible (3)	Major (4)	12	High	Low	McAdoo, Michael	Nicholson, Paul	<p>Fire Risk Assessments, Legionella and Asbestos surveys complete (March 2019 & 2022). Head of Estates.</p> <p>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.</p> <p>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.</p> <p>Six (6) facet building condition and functional suitability surveys completed in 2021/2022. Head of Estates.</p> <p>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.</p> <p>DoH have allocated £250K for backlog maintenance, 2021/22. Led by Head of Estates.</p> <p>New Modular building adjacent to HQ</p>	31/12/2014	16/05/2023	<p>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 NHSCT. 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.</p> <p>Sluice program substantially complete with only problematic locations remaining outstanding. Solutions progressing for these. Expected completion June 2023. Head of Estates/Estates PM.</p> <p>SOC for Belfast (Broadway, Knockbracken, Purdysburn, NIFRS LDC Boucher) with DoH. No feedback yet. Head of Estates.</p> <p>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. Expected completion December 2023.</p>
417	Clinical Audit / Clinical Supervision	Our Workforce	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.	Likely (4)	Major (4)	16	High	Medium	Sinclair, Neil	Ruddell, Dr Nigel	<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</p>	18/07/2019	02/06/2023	<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 December 2023. Head of Transformation.</p> <p>Consideration is still needed for return of CSOs to observation of front line practice. Review of Clinical Education to take place (theme specifically dealing with clinical supervision). Expected completion July 2023. Medical Director.</p>

372	Operational Management Structure	Our Workforce	The current operational management arrangements (nine to five) present a risk to effective service delivery and in the necessary support to staff.	Almost Certain (5)	Moderate (3)	15	High	Medium	Cochrane, Mark	Byrne, Mrs Rosie	<p>On Call Officer system in place for incident management (October 2018). AD Emergency Planning.</p> <p>Overtime arrangements in place (October 2018). AD Ops</p> <p>Frontline operations supported by Emergency Ambulance Control (October 2018). AD OPs C&C.</p> <p>AACE Consultant appointed December 2019. DOps.</p> <p>Extended hours for Station Officers. AD Ops (February 2020).</p> <p>A Case For Change paper was shared with SMT 21 May 2021 for noting. DOps.</p> <p>Enhanced operational cover across the Division with an increase in Station Officers. Area Managers working and covering weekends. Station Officers extended cover in all areas (Except North) over 9-5 cover. Extension of Supervisor model until Dec 2023. Operating within the current funding streams extended cover including daily/weekend huddles. January 2023. AD Ops.</p> <p>Review commenced. Engagement sessions with CEX; ASAMs; Station Officers; Station Supervisors Clinical Directorate completed. Engagement sessions with AD and UMOs.</p>	03/10/2018	05/06/2023	Service delivery model review and subsequent supporting structural review commenced November 2022, expected completion late June 2023. Ops Director. Options to be presented to SMT by September 2023. DOps. Supported by Director of Planning, Performance & Corporate Services (indicative costings under development).
790	Staff Competency / Training	Our Workforce	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.).	Likely (4)	Major (4)	16	High	Low	Sinclair, Neil	Ruddell, Dr Nigel	<p>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.</p> <p>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.</p> <p>Oversight of training needs by Education Learning & Development Stakeholder Group. Medical Director. 2023.</p>	09/06/2023	15/06/2023	Clinical Education Department Records/Local Records Transition to HRPTS (ongoing). Expected completion December 2023. Assistant Clinical Director. Five Year Plan under development by Clinical Education Department. Expected completion July 2023. Assistant Clinical Director. Review of courses to determine suitability for eLearning. Assistant Clinical Director / Risk Manager / HR Director / DQSI. Expected completion December 2023.

726	Financial Stability - Achieving Financial Balance 2022/23	Delivering Care	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.	Likely (4)	Major (4)	16	High	Low	Nicholson, Paul	Nicholson, Paul	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 2022/23. 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 2022/23). 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 2022/23. D. Ongoing monitoring, review and engagement with stakeholders will continue throughout the year to highlight emerging cost pressures and service changes. Director of Finance, ongoing 2022/23.	22/09/2022	08/06/2023	On-going application of actions and controls A to E throughout 2022/23 (Director of Finance, ongoing at June 2023). Draft Accounts have been prepared with a forecast achievement of financial targets (May 2023). Director of Finance. Subject to the satisfactory completion of the above, it is proposed that this risk will be closed and new risk developed to reflect the 2023-24 financial position.
531	Management of Independent Sector Resources	Delivering Care	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.	Possible (3)	Major (4)	12	High	Low	Tumelty, Gareth	Byrne, Mrs Rosie	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). Meetings are formally recorded and are utilised to communicate best practice with the providers e.g. IPC updates and learning. 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. IAS Manager manages all EAC orders and administration/contract management of same, including financial and performance. Finance Directorate checking invoices (commenced November 2019). Queries to be resolved/agreed dealt with by IAS Manager. NIAS Information Department monitors high-level performance using statistics.	28/07/2020	05/06/2023	Ongoing PCS Improvement Programme (commenced February 2022) led by Transformation Team: • 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. • Datax 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. Forecast completion March 2023, delayed

559	Organisational Culture Improvement	Organisational Development	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.	Almost Certain (5)	Moderate (3)	15	High	Low	Lemon, Michelle	Lemon, Michelle	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.	06/11/2020	07/06/2023	Ongoing implementation of Culture Programme. Expected completion December 2023. DHR. Leadership Conference and Staff Recognition events planned for September 2024. DHR. Training with managers related to approach in key people management processes underway (progress to be reported to PFOD). Expected completion March 2023. DHR. Film regarding vision for organisational culture developed to be completed by September 2023. DHR. Implementation of new Conflict, Bullying and Harassment Policy planned for completion by September 2023. DHR.
712	Medicines Asset Management & Governance	Delivering Care	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).	Likely (4)	Major (4)	16	High	Low	Hanna, Catherine	Ruddell, Dr Nigel	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.	20/06/2022	02/06/2023	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 2023. Medical Director / Assistant Clinical Director / Lead Pharmacist / Project Development & Implementation Manger.

395	Violence & Aggression In The Workplace	Our Workforce	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.	Almost Certain (5)	Moderate (3)	15	High	Medium	Keating, Katrina	Paterson, Maxine	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. Regional contract to provide counselling services reviewed to enhance scope of psychological support and interventions. Establishment of Peer Support Pilot Project (2017). HWB Manager. Staff Satisfaction and Wellbeing Partnership Survey Project with Trade Unions conducted (Q4 17/18). AD HR. Stress management and addiction workshops (Q2/Q3 2018/19). AD HR. Attachment of INSPIRE counsellor to EAC (commenced in 2017). EAC Manager. Flexible working/reasonable adjustments in place (2017). HR Director. Staff Resilience Module Paramedic Degree (commenced Q1 2018/19). Clinical Training Manager. Regular Trust-wide health checks programme established (Q1 18/19). AD HR. People, Finance and Organisational Development (PFOD) committee established providing scrutiny and challenge at board level for HR and workforce issues (2021). HR Director. Consultant Clinical Psychologist appointed on a part time basis and one year action plan agreed and underway (2021). HR Director.	17/12/2018	09/06/2023	Ongoing implementation of strategy. Expected completion March 2025. Led by AD Ops, Risk Manager and Working Group. Five Year Training Plan under development by CEO to ensure Conflict Resolution Training requirements met (not currently adhering to Statutory / Mandatory Training arrangements). Expected completion July 2023. Assistant Clinical Director.
301	Support For Staff Health & Wellbeing	Our Workforce	There is a risk that staff and potentially service delivery if the Trust does not improve and sustain arrangements to support staff health and wellbeing.	Possible (3)	Major (4)	12	High	Low	McStocker, Ann Marie	Lemon, Michelle	Regional contract to provide counselling services reviewed to enhance scope of psychological support and interventions. Establishment of Peer Support Pilot Project (2017). HWB Manager. Staff Satisfaction and Wellbeing Partnership Survey Project with Trade Unions conducted (Q4 17/18). AD HR. Stress management and addiction workshops (Q2/Q3 2018/19). AD HR. Attachment of INSPIRE counsellor to EAC (commenced in 2017). EAC Manager. Flexible working/reasonable adjustments in place (2017). HR Director. Staff Resilience Module Paramedic Degree (commenced Q1 2018/19). Clinical Training Manager. Regular Trust-wide health checks programme established (Q1 18/19). AD HR. People, Finance and Organisational Development (PFOD) committee established providing scrutiny and challenge at board level for HR and workforce issues (2021). HR Director. Consultant Clinical Psychologist appointed on a part time basis and one year action plan agreed and underway (2021). HR Director.	03/10/2018	07/06/2023	Ongoing implementation of Health and Wellbeing Strategy and Maximising Attendance Plan with new KPIs. Proposal for additional capacity to support delivery against the strategy presented to SMT in May 2023. Included within the scope of previously referred to newly established project Board meeting in June 2023. DHR.

708	Derogation List - NIAS Specific Approach to National Response Standards	Delivering Care	The implementation of the Derogation List (NIAS Specific Approach to National Response Standards) to reduce the likelihood of staff incurring a late finish, reduce impact on compensatory rest and ensure staff are physically / mentally able to treat patients to the best of their ability, has increased clinical risk to service users.	Likely (4)	Moderate (3)	12	Medium	Low	Ruddell, Dr Nigel	Ruddell, Dr Nigel	<p>Initial review of Category 2 calls in order to identify those which are likely to have a time-sensitive element, December 2021, Medical Director.</p> <p>Two Staff communications issued (14th January and 28th January 2022). Medical Director.</p> <p>Robust training course developed and implemented in EAC to support the implementation approach, February 2022, AD C&C.</p> <p>Cat 2 Derogation List Update paper presented to SMT on 15 March and the Safety and Quality Committee on 7 April 2022, Medical Director.</p> <p>Cat 2 Derogation List Sub Group reports to Operational Service Improvement Steering Group. July 2022, Medical Director.</p> <p>Regular review monitoring meetings took place initially weekly from 28 Jan – 10 June 2022 and then reduced in frequency to fortnightly thereafter given the evidence base from the newly established automated Power BI System. All incidents have been reviewed by either email communications or via a zoom sub group call by members. No adverse incidents/impacts have been published to date (27 September 2022).</p>	10/06/2022	02/06/2023	Further reporting via SQEP Committee to be considered. Head of Performance and Medical Director to liaise with Chair of the Committee. Expected completion October 2022, delayed expected completion September 2023.
276	Corporatwide Contract Management	Organisational Development	<p>There is a risk that ineffective monitoring and control of contracts could result in expenditure being inappropriately or inaccurately incurred.</p> <p>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.</p>	Likely (4)	Moderate (3)	12	Medium	Low	McAuley, Brona	Nicholson, Paul	<p>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.</p> <p>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.</p> <p>Short Position Paper to SMT. September 2022. Risk Manager.</p> <p>Comprehensive contract management overview completed. December 2022. DPP & CS.</p> <p>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.</p>	01/04/2015	08/06/2023	<p>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.</p> <p>Procurement guidance needs to be reviewed, updated and disseminated to managers including the use of DACs. Expected completion December 2023. Director of Finance.</p> <p>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.</p> <p>Assurance mapping of larger contracts and changes ongoing. Expected completion. September 2023. Head of Planning.</p> <p>Plan to implement recommendations from contract management overview. Expected completion. September 2023. Director of Finance</p> <p>Digital Strategy which should include</p>

575	Attracting & Retaining Suitably Qualified Staff	Our Workforce	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.	Possible (3)	Moderate (3)	9	Medium	Low	Lemon, Michelle	Lemon, Michelle	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.	16/03/2021	07/06/2023	DoH have commissioned a review of SEP which has begun and NIAS have been engaged in this regard. HR Director. Expected completion December 2023.
419	Unsupported Trust Telephony System	Digital Enablers	Trust telephony system is at end of manufacturer support and currently supported on extended break fix only. The system contains legacy components which are end of life and hosted on unsupported operating systems creating both patient safety and cyber security risks.	Likely (4)	Moderate (3)	12	Medium	Medium	Dornan, Paddy	Paterson, Maxine	Buddy arrangement in place with Scottish Ambulance Service for emergency call handling (since 2017). EAC Manager. Contingency mobile phones in EAC (2019). AD ICT. Funding identified from HSC EHealth budget 2020/21. (AD ICT, Q3 2019/20). AD ICT. AD ICT, Business Continuity Lead and EAC Manager provided briefing and update to SMT in September 2019. AD ICT. EAC can operate in a limited capacity onsite (Knockbracken Healthcare Park) at Site 5, the Resource Management Centre (RMC) or if onsite recovery not available, Altnagelvin (March 2020). AD ICT. BT provided contractual support until March 2020. AD ICT. Network Manager appointed April 2020. AD ICT. Outline Business Case submitted to DHCNI for comment Feb 2020. Comments addressed and resubmitted May 2020. AD ICT. OBC submitted to DOH May 2020. Initial review completed by DOH and comments returned to NIAS July 2020. AD ICT. Addressed OBC comments raised by DOH and returned to DHCNI for further review July 2020.	19/07/2019	04/05/2023	Corporate telephony remains outstanding for migration. Expected completion Q2 23/24