

SET Assurance Framework Report No. 2 - CRR: Principal Objectives and Board Reports (Action Plans) As at 30 June 2020

ID	Principal objectives	Description	Risk level (current)	Synopsis (Action Plan)	Progress (Action Plan)	Done date (Action Plan)	Closed date
EMT Director: Adult Services & Prison Healthcare							
2768	Ensure safety, improve quality and test experience	Risk of being unable to deliver Prison Healthcare's services fully in line with best practice/ recognised processes and guidelines due to: - the challenging complex environment; - working in a host environment; - the necessity to effectively collaborate with multiple agencies; - significant challenges in recruitment to Band 5 nursing posts; - volume of correspondence/work in litigious environment; - fluctuation in numbers of people in custody. resulting in potential adverse patient outcomes (including deaths in custody), unsatisfactory external reviews/inquest outcomes and negative publicity	EXTREM	Continue to implement Prison Healthcare Reforms.	Update 1 - 30/06/20 - All transformation projects approved for non-recurrent funding for 2020/21		
Number of records for Adult Services & Prison Healthcare				1			
EMT Director:							
2768	Ensure safety, improve quality	Risk of being unable to deliver Prison Healthcare's services	EXTREM	Implementation of diversity in staffing to ensure a public	Update 1 - 30/06/20 - All transformation projects		

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	and test experience	<p>fully in line with best practice/ recognised processes and guidelines due to:</p> <ul style="list-style-type: none"> - the challenging complex environment; - working in a host environment; - the necessity to effectively collaborate with multiple agencies; - significant challenges in recruitment to Band 5 nursing posts; - volume of correspondence/work in litigious environment; - fluctuation in numbers of people in custody, resulting in potential adverse patient outcomes (including deaths in custody), unsatisfactory external reviews/inquest outcomes and negative publicity 		health model of care.	approved for non-recurrent funding for 2020/21. Paramedic staff pilot commenced April 2020- to be evaluated in September 2020.	
2768	Ensure safety, improve quality and test experience	<p>Risk of being unable to deliver Prison Healthcare's services fully in line with best practice/ recognised processes and guidelines due to:</p> <ul style="list-style-type: none"> - the challenging complex environment; - working in a host environment; - the necessity to effectively collaborate with multiple agencies; - significant challenges in recruitment to Band 5 nursing posts; - volume of correspondence/work in litigious 	EXTREM	Implementation of 7 day working patterns (Mental Health).	Update 1 - 30/06/20 - Paused due to COVID-19 pandemic until June 2020.	

ID	Principal objec	Description	Risk level (curr Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act Closed date
2768	Ensure safety, improve quality and test experience	<p>environment; - fluctuation in numbers of people in custody, resulting in potential adverse patient outcomes (including deaths in custody), unsatisfactory external reviews/inquest outcomes and negative publicity</p> <p>Risk of being unable to deliver Prison Healthcare's services fully in line with best practice/ recognised processes and guidelines due to:</p> <ul style="list-style-type: none"> - the challenging complex environment; - working in a host environment; - the necessity to effectively collaborate with multiple agencies; - significant challenges in recruitment to Band 5 nursing posts; - volume of correspondence/work in litigious environment; - fluctuation in numbers of people in custody, resulting in potential adverse patient outcomes (including deaths in custody), unsatisfactory external reviews/inquest outcomes and negative publicity 	EXTREM	<p>Review demand/capacity and current governance resource provision including administrative support for :</p> <ul style="list-style-type: none"> - On-going implementation of recommendations/ actions from internal and external reports/reviews. - Large number of Local Significant incident reviews. - Outstanding SAI reviews. - Data access requests. - Outstanding policy and ISO Procedure development. 	<p>Update 1 - 30/06/20 - Action plan in place for backlog of SAI reports and currently on track with completion dates. Weekly monitoring of recommendations and actions required at Healthcare in Prison's Leadership meeting</p>
2768	Ensure safety, improve quality and test experience	<p>Risk of being unable to deliver Prison Healthcare's services fully in line with best practice/ recognised processes and</p>	EXTREM	<p>Continue to work collaboratively with the Northern Ireland Prison Service to optimise patient care and outcomes through:</p>	<p>Update 1 - 30/06/20 - This work is paused due to COVID-19 however in Q1 significant collaboration with NIPS has</p>

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		<p>guidelines due to:</p> <ul style="list-style-type: none"> - the challenging complex environment; - working in a host environment; - the necessity to effectively collaborate with multiple agencies; - significant challenges in recruitment to Band 5 nursing posts; - volume of correspondence/work in litigious environment; - fluctuation in numbers of people in custody, resulting in potential adverse patient outcomes (including deaths in custody), unsatisfactory external reviews/inquest outcomes and negative publicity 	<ul style="list-style-type: none"> - Workshops - Joint Metrics 	<p>resulted in extremely positive outcomes for people in prison in relation to the COVID-19</p>	
Number of records for			4		
EMT Director: Adult Services & Prison Healthcare					
2773	Ensure safety, improve quality and test experience	Acute mental health inpatient accommodation (with the exception of the MHIPU, Downe Hospital) does not comply with all Royal College of Psychiatrists/AIMS standards. The geographical isolation of each of the inpatient units creates significant clinical risks and concern for the safety and wellbeing of patients and staff. The RQIA escalated their concerns to the Trust in January 2019 regarding the mixed	HIGH	Awaiting DoH funding during this financial year to enable the Trust to progress to the design phase of the 3:1 OBC.	Update 1 - 30/06/20 - Strategic and Capital Development Team meeting with the DoH on 18 June and this item has been placed on the agenda for discussion and early indication. Covid -19 response has delayed funding release. 04/06/20

ID	Principal objec	Description	Risk level (curr Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act Closed date
		model of care within Ward 27, Downshire Hospital.			
Number of records for Adult Services & Prison Healthcare			1		
EMT Director:					
2773	Ensure safety, improve quality and test experience	Acute mental health inpatient accommodation (with the exception of the MHIPU, Downe Hospital) does not comply with all Royal College of Psychiatrists/AIMS standards. The geographical isolation of each of the inpatient units creates significant clinical risks and concern for the safety and wellbeing of patients and staff. The RQIA escalated their concerns to the Trust in January 2019 regarding the mixed model of care within Ward 27, Downshire Hospital.	HIGH	Submit an 'Invest to Save' Capital bid for the June Monitoring round to extend and address the topography of the garden area of Ward 27 UHD to make the space more inviting to patients and to encourage a wider range of recreational activities.	Update 1 - 30/06/20 - Estate Department engagement in relation to submitting capital bid for extending and improving the garden area and fencing for Ward 27 UHD (will also be the garden when/if Ward 27 moves to Ward 25 as detailed above). 04/06/20
2773	Ensure safety, improve quality and test experience	Acute mental health inpatient accommodation (with the exception of the MHIPU, Downe Hospital) does not comply with all Royal College of Psychiatrists/AIMS standards. The geographical isolation of each of the inpatient units creates significant clinical risks and concern for the safety and wellbeing of patients and staff. The RQIA escalated their concerns to the Trust in January 2019 regarding the mixed model of care within Ward 27, Downshire Hospital.	HIGH	Explore the potential to substantially renovate Ward 25 UHD to create a safer, more spacious environment with additional single rooms that is more appropriate for the needs of patients admitted to Ward 27 UHD.	Update 1 - 30/06/20 - Early discussions with Estates Department and ambulatory care have commenced. Reviewing Ward 25 plans to maximise single room provision. 04/06/20

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Number of records for			3		
EMT Director: Adult Services & Prison Healthcare					
2774	Ensure safety, improve quality and test experience	Inability to provide appropriate and robust governance arrangements and assurances across all Independent Sector Providers to assure the Trust of the safe and effective delivery of services and compliance with contract terms and conditions/ legislation.	HIGH	Monitor and report on recommendations from Trust IS governance review.	Update 1 - 30/06/20 - Governance forum meeting held in February 2020 and update on the recommendations received. These are to be monitored by each Directorate quarterly.
Number of records for Adult Services & Prison Healthcare			1		
EMT Director:					
2774	Ensure safety, improve quality and test experience	Inability to provide appropriate and robust governance arrangements and assurances across all Independent Sector	HIGH	Consider moving to Datix input for independent sector incidents and complaints.	Update 1 - 30/06/20 - Medication incidents are being coded as an initial step in partnership with pharmacy

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		Providers to assure the Trust of the safe and effective delivery of services and compliance with contract terms and conditions/ legislation.			governance lead. Risk stratification to be considered and developed in quarter 2 this will enable deeper analysis and support moving these to Datix.
2774	Ensure safety, improve quality and test experience	Inability to provide appropriate and robust governance arrangements and assurances across all Independent Sector Providers to assure the Trust of the safe and effective delivery of services and compliance with contract terms and conditions/ legislation.	HIGH	Embed the incident and complaint reporting process and develop targeted training for staff.	Update 1 - 30/06/20 - Continued with current reporting arrangements, recording all incidents and complaints and escalated as appropriate to key workers, managers and governance leads. Training for staff on hold owing to pandemic.
2774	Ensure safety, improve quality and test experience	Inability to provide appropriate and robust governance arrangements and assurances across all Independent Sector Providers to assure the Trust of the safe and effective delivery of services and compliance with contract terms and conditions/ legislation.	HIGH	Implementation of Phase 2 of the IS governance IPT - funding source to be identified	Update 1 - 30/06/20 - IPT completed identifying posts required and Trust to determine source of funding.
Number of records for			3		
EMT Director: Adult Services & Prison Healthcare					
2775	Ensure safety, improve quality and test experience	The Department of Health, requires H&SC Trusts to deliver partial implementation of the Mental Capacity Act (NI) 2016 (MCA) for the purpose of providing a statutory framework for the Deprivation of Liberty (DoL). This phase of implementation commenced on 2 December 2019 with full	MED	Engagement with Department of Health regarding delivery of legacy cases target.	Update 1 - 30/06/20 - Delivery of target to be discussed at Regional meeting on 17 June 2020.

ID	Principal object Description	Risk level (current Synopsis (Action Plan))	Progress (Action Plan)	Done date (Actual Closed date)
	<p>implementation proposed for December 2020.</p> <p>The Trust has established a Service Model and associated structures required to deliver our statutory obligations. An administrative team has been appointed on a temporary basis and a comprehensive training programme has been put in place, initially delivered by the Leadership Centre (Sept - Dec 2019) and more recently delivered by the Trust. The Trust has commenced completion of capacity assessments and Trust Panel authorisations for community placements (legacy cases and current cases) and has commenced Short Term Detention authorisation processes for hospital based clients.</p> <p>There are a significant number of legacy cases (N = >3000) and current cases which require to be processed through DoL Safeguards. The Service has encountered challenges in staff recruitment, most notably medical practitioners, and in the completion of required assessments due to staff competing demands. This situation has been further exacerbated due to restrictions caused by COVID 19.</p> <p>The Trust is unlikely to deliver the Department statutory</p>			

ID	Principal object Description	Risk level (curr Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act Closed date	
	<p>requirement for all legacy cases to be completed by December 2020. There is also a significant difficulty in achieving requirements under the Act for current cases in both Hospital and community settings. Failure to deliver this target will result in a breach of statutory requirements thus impacting on patient safety and care, and the professional reputation of the Trust.</p>				
Number of records for Adult Services & Prison Healthcare		1			
EMT Director:					
2775	<p>Ensure safety, improve quality and test experience</p>	<p>The Department of Health, requires H&SC Trusts to deliver partial implementation of the Mental Capacity Act (NI) 2016 (MCA) for the purpose of providing a statutory framework for the Deprivation of Liberty (DoL). This phase of implementation commenced on 2 December 2019 with full implementation proposed for December 2020. The Trust has established a Service Model and associated structures required to deliver our statutory obligations. An administrative team has been appointed on a temporary basis and a comprehensive training programme has been put in place, initially delivered by the Leadership Centre (Sept - Dec</p>	MED	<p>Stabilisation of Workforce - recruitment to MCA co-ordinator and admin posts.</p>	<p>Update 1 - 30/06/20 - Job descriptions drafted and progressed to desk-top matching.</p>

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	<p>2019) and more recently delivered by the Trust. The Trust has commenced completion of capacity assessments and Trust Panel authorisations for community placements (legacy cases and current cases) and has commenced Short Term Detention authorisation processes for hospital based clients.</p> <p>There are a significant number of legacy cases (N = >3000) and current cases which require to be processed through DoL Safeguards. The Service has encountered challenges in staff recruitment, most notably medical practitioners, and in the completion of required assessments due to staff competing demands. This situation has been further exacerbated due to restrictions caused by COVID 19.</p> <p>The Trust is unlikely to deliver the Department statutory requirement for all legacy cases to be completed by December 2020. There is also a significant difficulty in achieving requirements under the Act for current cases in both Hospital and community settings. Failure to deliver this target will result in a breach of statutory requirements thus impacting on patient safety and care, and the professional reputation of the</p>			

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2775	Ensure safety, improve quality and test experience	<p>Trust.</p> <p>The Department of Health, requires H&SC Trusts to deliver partial implementation of the Mental Capacity Act (NI) 2016 (MCA) for the purpose of providing a statutory framework for the Deprivation of Liberty (DoL). This phase of implementation commenced on 2 December 2019 with full implementation proposed for December 2020.</p> <p>The Trust has established a Service Model and associated structures required to deliver our statutory obligations. An administrative team has been appointed on a temporary basis and a comprehensive training programme has been put in place, initially delivered by the Leadership Centre (Sept - Dec 2019) and more recently delivered by the Trust. The Trust has commenced completion of capacity assessments and Trust Panel authorisations for community placements (legacy cases and current cases) and has commenced Short Term Detention authorisation processes for hospital based clients.</p> <p>There are a significant number of legacy cases (N = >3000) and current cases which require to be processed through DoL</p>	MED	Review of Service Model and Governance arrangements.	Update 1 - 30/06/20 - Strategic Workshop scheduled 22 June 2020.

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		<p>Safeguards. The Service has encountered challenges in staff recruitment, most notably medical practitioners, and in the completion of required assessments due to staff competing demands. This situation has been further exacerbated due to restrictions caused by COVID 19.</p> <p>The Trust is unlikely to deliver the Department statutory requirement for all legacy cases to be completed by December 2020. There is also a significant difficulty in achieving requirements under the Act for current cases in both Hospital and community settings. Failure to deliver this target will result in a breach of statutory requirements thus impacting on patient safety and care, and the professional reputation of the Trust.</p>			
Number of records for			2		
EMT Director: Children's Services & Social Work					
2776	Ensure safety, improve quality and test experience	<p>The Regional Secure Care Centre, Lakewood provides Secure care for up to a maximum of 16 young people aged from 12 to 18 years. Children referred to the Secure care admissions panel, must meet the criteria set out in the Children's Order 1995 (Northern Ireland) Art 44 in regards to the</p>	MED	<p>2. Enhance young people's engagement re drugs and alcohol by exploring the co-produced comic/engagement exercise</p>	<p>Update 1 - 30/06/20 - Two meetings have taken place with the Trust Engagement Officer , Claire Connelly, to examine co-production approaches within Hydebank Wood and to inform future work to engaging young people within Lakewood</p>

ID	Principal objec Description	Risk level (curr Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act Closed date
	<p>risk of going missing and experiencing significant harm to self and others unless kept in Secure accommodation.</p> <p>Following a regional review of specialist residential childcare facilities, the DOH/DOJ are leading the design phase for the development of a new Secure Campus. During September 2019 a new Multi-Agency Regional Restriction of Liberty Panel was established to allocate placement based on assessment of greatest need. The Panel is independently chaired by a HSCB employee who advises SET of the outcome of the panel and decision regarding the young person to be admitted. Whilst the panel is working effectively to determine the young person deemed to be at greatest risk regionally, the new arrangements have increased risk for SET as the profile of young people prioritised for admission has changed resulting in higher numbers of older male adolescence aged 16/17 with a history of chronic drug misuse, propensity for violence and at times under paramilitary threat.</p> <p>Young people of this nature continue to attempt to procure drugs either whilst out on Trust visits or to their home community or by being supplied</p>			

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	<p>by visitors such as family members. Meetings have commenced with DOH and HSCB to address the increased risk to SET and requirement for SET to retain governance in respect of admissions to ensure clarity as to whether each proposed admission can be safely managed in the context of the profile of young people in Lakewood. SET is scoping the potential to implement additional security measures such as use of CCTV and searching which will require endorsement from RQIA, HSCB and DOH.</p>				
Number of records for Children's Services & Social Work		1			
EMT Director:					
2776	Ensure safety, improve quality and test experience	The Regional Secure Care Centre, Lakewood provides Secure care for up to a maximum of 16 young people aged from 12 to 18 years. Children referred to the Secure care admissions panel, must meet the criteria set out in the Children's Order 1995 (Northern Ireland) Art 44 in regards to the risk of going missing and experiencing significant harm to self and others unless kept in Secure accommodation. Following a regional review of specialist residential childcare	MED	1. Enhance approach to drug misuse by developing a community of interest/Practice across Woodlands, Hydebank and Lakewood	Update 1 - 30/06/20 - Bria Mongan has convened two meetings with Woodlands and Hydebank to begin initial discussions regarding a community of practice. Further development is required for this piece of work

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	<p>facilities, the DOH/DOJ are leading the design phase for the development of a new Secure Campus. During September 2019 a new Multi-Agency Regional Restriction of Liberty Panel was established to allocate placement based on assessment of greatest need. The Panel is independently chaired by a HSCB employee who advises SET of the outcome of the panel and decision regarding the young person to be admitted. Whilst the panel is working effectively to determine the young person deemed to be at greatest risk regionally, the new arrangements have increased risk for SET as the profile of young people prioritised for admission has changed resulting in higher numbers of older male adolescence aged 16/17 with a history of chronic drug misuse, propensity for violence and at times under paramilitary threat. Young people of this nature continue to attempt to procure drugs either whilst out on Trust visits or to their home community or by being supplied by visitors such as family members. Meetings have commenced with DOH and HSCB to address the increased risk to SET and requirement for SET to retain</p>			

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		governance in respect of admissions to ensure clarity as to whether each proposed admission can be safely managed in the context of the profile of young people in Lakewood. SET is scoping the potential to implement additional security measures such as use of CCTV and searching which will require endorsement from RQIA, HSCB and DOH.			
2776	Ensure safety, improve quality and test experience	<p>The Regional Secure Care Centre, Lakewood provides Secure care for up to a maximum of 16 young people aged from 12 to 18 years. Children referred to the Secure care admissions panel, must meet the criteria set out in the Children's Order 1995 (Northern Ireland) Art 44 in regards to the risk of going missing and experiencing significant harm to self and others unless kept in Secure accommodation. Following a regional review of specialist residential childcare facilities, the DOH/DOJ are leading the design phase for the development of a new Secure Campus. During September 2019 a new Multi-Agency Regional Restriction of Liberty Panel was established to allocate placement based on assessment of greatest need. The Panel is independently</p>	MED	6. Complete review of Health care model of nursing against the Secure Care Health Standards 2019 (England)	Update 1 - 30/06/20 - Outgoing Director of Social Work is completing the review of health care within Lakewood; awaiting report

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	<p>chaired by a HSCB employee who advises SET of the outcome of the panel and decision regarding the young person to be admitted. Whilst the panel is working effectively to determine the young person deemed to be at greatest risk regionally, the new arrangements have increased risk for SET as the profile of young people prioritised for admission has changed resulting in higher numbers of older male adolescence aged 16/17 with a history of chronic drug misuse, propensity for violence and at times under paramilitary threat. Young people of this nature continue to attempt to procure drugs either whilst out on Trust visits or to their home community or by being supplied by visitors such as family members. Meetings have commenced with DOH and HSCB to address the increased risk to SET and requirement for SET to retain governance in respect of admissions to ensure clarity as to whether each proposed admission can be safely managed in the context of the profile of young people in Lakewood. SET is scoping the potential to implement additional security measures such as use of CCTV and</p>			

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2776	Ensure safety, improve quality and test experience	<p>searching which will require endorsement from RQIA, HSCB and DOH.</p> <p>The Regional Secure Care Centre, Lakewood provides Secure care for up to a maximum of 16 young people aged from 12 to 18 years. Children referred to the Secure care admissions panel, must meet the criteria set out in the Children's Order 1995 (Northern Ireland) Art 44 in regards to the risk of going missing and experiencing significant harm to self and others unless kept in Secure accommodation. Following a regional review of specialist residential childcare facilities, the DOH/DOJ are leading the design phase for the development of a new Secure Campus. During September 2019 a new Multi-Agency Regional Restriction of Liberty Panel was established to allocate placement based on assessment of greatest need. The Panel is independently chaired by a HSCB employee who advises SET of the outcome of the panel and decision regarding the young person to be admitted. Whilst the panel is working effectively to determine the young person deemed to be at greatest risk regionally, the new arrangements have increased</p>	MED	5. Develop workshop on Drugs in care settings and the broader community with the HSCB, RQIA, NIGALA and Probation	Update 1 - 30/06/20 - This action is outstanding and will be addressed in the forthcoming period.

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	<p>care admissions panel, must meet the criteria set out in the Children's Order 1995 (Northern Ireland) Art 44 in regards to the risk of going missing and experiencing significant harm to self and others unless kept in Secure accommodation. Following a regional review of specialist residential childcare facilities, the DOH/DOJ are leading the design phase for the development of a new Secure Campus. During September 2019 a new Multi-Agency Regional Restriction of Liberty Panel was established to allocate placement based on assessment of greatest need. The Panel is independently chaired by a HSCB employee who advises SET of the outcome of the panel and decision regarding the young person to be admitted. Whilst the panel is working effectively to determine the young person deemed to be at greatest risk regionally, the new arrangements have increased risk for SET as the profile of young people prioritised for admission has changed resulting in higher numbers of older male adolescence aged 16/17 with a history of chronic drug misuse, propensity for violence and at times under paramilitary threat. Young people of this nature</p>			

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	<p>facilities, the DOH/DOJ are leading the design phase for the development of a new Secure Campus. During September 2019 a new Multi-Agency Regional Restriction of Liberty Panel was established to allocate placement based on assessment of greatest need. The Panel is independently chaired by a HSCB employee who advises SET of the outcome of the panel and decision regarding the young person to be admitted. Whilst the panel is working effectively to determine the young person deemed to be at greatest risk regionally, the new arrangements have increased risk for SET as the profile of young people prioritised for admission has changed resulting in higher numbers of older male adolescence aged 16/17 with a history of chronic drug misuse, propensity for violence and at times under paramilitary threat. Young people of this nature continue to attempt to procure drugs either whilst out on Trust visits or to their home community or by being supplied by visitors such as family members. Meetings have commenced with DOH and HSCB to address the increased risk to SET and requirement for SET to retain</p>			

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ID	Principal objec	Description	Risk level (curr Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act Closed date	
2776	Ensure safety, improve quality and test experience	<p>searching which will require endorsement from RQIA, HSCB and DOH.</p> <p>The Regional Secure Care Centre, Lakewood provides Secure care for up to a maximum of 16 young people aged from 12 to 18 years. Children referred to the Secure care admissions panel, must meet the criteria set out in the Children's Order 1995 (Northern Ireland) Art 44 in regards to the risk of going missing and experiencing significant harm to self and others unless kept in Secure accommodation. Following a regional review of specialist residential childcare facilities, the DOH/DOJ are leading the design phase for the development of a new Secure Campus. During September 2019 a new Multi-Agency Regional Restriction of Liberty Panel was established to allocate placement based on assessment of greatest need. The Panel is independently chaired by a HSCB employee who advises SET of the outcome of the panel and decision regarding the young person to be admitted. Whilst the panel is working effectively to determine the young person deemed to be at greatest risk regionally, the new arrangements have increased</p>	MED	8. Engagement with the HSCB and Department of Health re function of the Regional Panel	Update 1 - 30/06/20 - Two meetings have been convened with the HSCB and the Department of Health to advance discussion about the role and function of the Regional Panel. Further discussion to take place with the Department of Health to engage in a review of the Panel's function	

ID	Principal objec	Description	Risk level (curr Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act Closed date
2776	Ensure safety, improve quality and test experience	<p>The Regional Secure Care Centre, Lakewood provides Secure care for up to a maximum of 16 young people aged from 12 to 18 years. Children referred to the Secure</p> <p>risk for SET as the profile of young people prioritised for admission has changed resulting in higher numbers of older male adolescence aged 16/17 with a history of chronic drug misuse, propensity for violence and at times under paramilitary threat. Young people of this nature continue to attempt to procure drugs either whilst out on Trust visits or to their home community or by being supplied by visitors such as family members. Meetings have commenced with DOH and HSCB to address the increased risk to SET and requirement for SET to retain governance in respect of admissions to ensure clarity as to whether each proposed admission can be safely managed in the context of the profile of young people in Lakewood. SET is scoping the potential to implement additional security measures such as use of CCTV and searching which will require endorsement from RQIA, HSCB and DOH.</p>	MED	7. Work with Estates and Woodlands to develop CCTV monitoring in the visitors room in Lakewood	Update 1 - 30/06/20 - Estates have completed provisional design plans to deploy within Lakewood visitors room. This model will need benchmarked against the model within

ID	Principal object Description	Risk level (current Synopsis (Action Plan))	Progress (Action Plan)	Done date (Actual Closed date)
	<p>care admissions panel, must meet the criteria set out in the Children's Order 1995 (Northern Ireland) Art 44 in regards to the risk of going missing and experiencing significant harm to self and others unless kept in Secure accommodation. Following a regional review of specialist residential childcare facilities, the DOH/DOJ are leading the design phase for the development of a new Secure Campus. During September 2019 a new Multi-Agency Regional Restriction of Liberty Panel was established to allocate placement based on assessment of greatest need. The Panel is independently chaired by a HSCB employee who advises SET of the outcome of the panel and decision regarding the young person to be admitted. Whilst the panel is working effectively to determine the young person deemed to be at greatest risk regionally, the new arrangements have increased risk for SET as the profile of young people prioritised for admission has changed resulting in higher numbers of older male adolescence aged 16/17 with a history of chronic drug misuse, propensity for violence and at times under paramilitary threat. Young people of this nature</p>		Woodlands JJC	

ID	Principal obje	Description	Risk level (curr Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act Closed date
		<p>continue to attempt to procure drugs either whilst out on Trust visits or to their home community or by being supplied by visitors such as family members.</p> <p>Meetings have commenced with DOH and HSCB to address the increased risk to SET and requirement for SET to retain governance in respect of admissions to ensure clarity as to whether each proposed admission can be safely managed in the context of the profile of young people in Lakewood. SET is scoping the potential to implement additional security measures such as use of CCTV and searching which will require endorsement from RQIA, HSCB and DOH.</p>			
Number of records for			8		
EMT Director: Finance & Estates					
2754	Continue to improve	Management of savings and pressures to achieve recurrent financial balance.	EXTREM	Continuous monitoring of Savings Plans.	Update 1 - 30/06/20 - Indicative savings target received and discussions are progressing regarding savings within directorates with the aim to submitting TDP at 30/06/20.
Number of records for Finance & Estates			1		
EMT Director:					
2754	Continue to	Management of savings and	EXTREM	Agreement of Trust Delivery	Update 1 - 30/06/20 - Indicative

ID	Principal objec	Description	Risk level (curr	Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act	Closed date
	improve	pressures to achieve recurrent financial balance.		Plans internally with HSCB/DoH.	funding received, but no finalised RRL from HSCB & PHA. Trust Delivery Plan due for submission to HSCB on 30/06/20.		
Number of records for				1			
EMT Director: Finance & Estates							
2755	Ensure safety, improve quality and test experience	Risk posed to the Trust due to the ageing estate, specifically: 1. Need to improve protection against the potential of legionella (and other water-borne risks) outbreak at Ulster Hospital and other sites. 2. Need to improve protection against the potential of infection due to sewage leaks in the Ulster Hospital caused by deteriorating foul drainage pipe work. This pipe work, on several occasions, has fractured causing spillage of raw sewage into the hospital. This has the obvious risk of spreading infection. The issues regarding the failure of infrastructure within the main ward block at the Ulster Hospital may be extended for a period of 3 to 4 years if a decision to move beds from the Care of the Elderly (Functional Suitability B standard) to MWB (Functional Suitability Dx standard) is taken. 3. Risk occurring as a direct result of structural, external	EXTREM	2. Sewage / Drainage issues: Examine possible outcomes, methods of containment and investigate and manage appropriate solutions to the problem. MES funding is not ring fenced and proposed extended life of main ward block at the Ulster hospital.	Update 1 - 30/06/20 - UHD still a major risk. Will improve once clinical activities cease. LVH sewer remedials are complete. Any major issues tend to be associated with misuse and bad practice.		

ID	Principal objec Description	Risk level (curr Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act Closed date	
	<p>enveloping and building services failure at the Paediatric block and Paediatric theatres, Ulster Hospital.</p> <p>4. Failure of mechanical and electrical systems i.e. site heating services at both the Ulster Hospital and Ards Hospital leading to compromised patient care.</p> <p>5. The ageing estate, particularly the Ulster Hospital, also has significant risk of fire safety - both in fabric of building and evacuation issues.</p>				
Number of records for Finance & Estates		1			
EMT Director:					
2755	<p>Ensure safety, improve quality and test experience</p>	<p>Risk posed to the Trust due to the ageing estate, specifically:</p> <p>1. Need to improve protection against the potential of legionella (and other water-borne risks) outbreak at Ulster Hospital and other sites.</p> <p>2. Need to improve protection against the potential of infection due to sewage leaks in the Ulster Hospital caused by deteriorating foul drainage pipe work. This pipe work, on several occasions, has fractured causing spillage of raw sewage into the hospital. This has the obvious risk of spreading infection. The issues regarding the failure of infrastructure within the main</p>	EXTREM	<p>1. Legionella / Water Safety: Lower the risk involving legionella bacteria and other water-borne organisms in the water systems within the Trust. Manage the on-going remedial action plans with the added pressure with the reduction of MES funding.</p>	<p>Update 1 - 30/06/20 - Water safety plan in operation. Water Safety Group in conjunction with Estates have implemented copper silver treatment to deal with non-compliance in relation to Drinking Water Inspectorate requirement for residual disinfection measurement when abstracting own water. Copper silver agreed with the HSE and DWI. Now live in IWB from February 2020. Order raised for ASB. The legionella monitoring plan now forms part of the Water Safety Plan. Water Safety Plan has been updated and processed in June 2020.</p>

ID	Principal objec	Description	Risk level (curr Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act Closed date
		<p>ward block at the Ulster Hospital may be extended for a period of 3 to 4 years if a decision to move beds from the Care of the Elderly (Functional Suitability B standard) to MWB (Functional Suitability Dx standard) is taken.</p> <p>3. Risk occurring as a direct result of structural, external enveloping and building services failure at the Paediatric block and Paediatric theatres, Ulster Hospital.</p> <p>4. Failure of mechanical and electrical systems i.e. site heating services at both the Ulster Hospital and Ards Hospital leading to compromised patient care.</p> <p>5. The ageing estate, particularly the Ulster Hospital, also has significant risk of fire safety - both in fabric of building and evacuation issues.</p>		<p>Significant CRL allocated for water safety remedial works in LVH and UHD.</p> <p>LVH and IWB and the UHD MWB are major risks.</p> <p>Major risk of re-colonisation in IWB as the building is fully dependant on Patient Experience staff flushing infrequently used outlets. This is outside Estate's control.</p> <p>Existing main ward block is being re-occupied increasing the risk of colonisation through infrequently used outlets.</p> <p>Water ring main at UHD due to be replaced this year due to frequent bursts.</p> <p>Water safety group have issued an all-user email reminding staff of the requirement of flushing.</p>	
2755	Ensure safety, improve quality and test experience	<p>Risk posed to the Trust due to the ageing estate, specifically:</p> <p>1. Need to improve protection against the potential of legionella (and other water-borne risks) outbreak at Ulster Hospital and other sites.</p> <p>2. Need to improve protection against the potential of infection due to sewage leaks in the Ulster Hospital caused by deteriorating foul drainage pipe work. This pipe work, on several occasions, has</p>	EXTREM	<p>3. Paediatrics block Ulster Hospital:</p> <p>Continuing refurbishment of the Paeds block UHD.</p> <p>Business case development and funding bid for:</p> <ul style="list-style-type: none"> - Paeds theatres (Cap Dev) - Old admin redesign (Users) - Outpatients (Users) <p>To address the following risks:</p> <ul style="list-style-type: none"> - On-going analysis of structural issues. - Upgrade of Fire alarm system. - Upgrade of the water 	<p>Update 1 - 30/06/20 - Critical that this work progresses as soon as possible. Currently with CPD Health and Capital Development. An extant risk assessment is in place. This should be updated by the theatres management team.</p>

ID	Principal objec	Description	Risk level (curr	Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act Closed date
2755	Ensure safety, improve quality and test experience	<p>Risk posed to the Trust due to the ageing estate, specifically:</p> <ol style="list-style-type: none"> 1. Need to improve protection against the potential of legionella (and other water-borne risks) outbreak at Ulster Hospital and other sites. 2. Need to improve protection 	EXTREM	<p>5. Fire Safety: The programme of fire risk assessments continue to highlight fire safety issues. Issues include:</p> <ul style="list-style-type: none"> " Fire Risk Assessments <ul style="list-style-type: none"> o Fire prevention shortfalls <ul style="list-style-type: none"> - Fire loading on primary 	<p>Update 1 - 30/06/20 - Only 50% of departments showing adequate training numbers. Planning will be required for ASB staff training. Covid-19 has disrupted in the availability of staff and training rooms. Training had to be</p>	

ID	Principal object Description	Risk level (current Synopsis (Action Plan))	Progress (Action Plan)	Done date (Actual Closed date)
	<p>against the potential of infection due to sewage leaks in the Ulster Hospital caused by deteriorating foul drainage pipe work. This pipe work, on several occasions, has fractured causing spillage of raw sewage into the hospital. This has the obvious risk of spreading infection. The issues regarding the failure of infrastructure within the main ward block at the Ulster Hospital may be extended for a period of 3 to 4 years if a decision to move beds from the Care of the Elderly (Functional Suitability B standard) to MWB (Functional Suitability Dx standard) is taken.</p> <p>3. Risk occurring as a direct result of structural, external enveloping and building services failure at the Paediatric block and Paediatric theatres, Ulster Hospital.</p> <p>4. Failure of mechanical and electrical systems i.e. site heating services at both the Ulster Hospital and Ards Hospital leading to compromised patient care.</p> <p>5. The ageing estate, particularly the Ulster Hospital, also has significant risk of fire safety - both in fabric of building and evacuation issues.</p>	<p>escape routes (more retail / storage use than hospital use).</p> <ul style="list-style-type: none"> - Fire door wedging. - Compartmentation breaches. o Local Fire Safety Management <ul style="list-style-type: none"> - Missing Fire Risk Assessments. - Missing Evacuation Sheltering Plans. - Lapsed Fire Drills. - Lapsed Fire Training. - Escape Route Blocking. " Fire risk due to substance abuse within Trust facilities. " Lapsed fire alarm system maintenance. " Design Teams / Contractors missing key fire safety aspects of design guidance and good construction practice. " NIFRS audits have identified: <ul style="list-style-type: none"> - Bed-blocking in main wards. - Fire doors not closing properly. - Fire door wedging. - Ineffective No-Smoking Policy. " IWB / ASB External Walls: <ul style="list-style-type: none"> - Curtain Wall Fire Test not undertaken. - No date agreed to rectify vertical fire barriers (IWB only). 	<p>temporarily suspended, a structured restart has commenced.</p> <p>Vertical Cavity barriers in IWB still have not commenced.</p> <p>Large scale test of the ASB external wall system may not take place until Autumn 2020. Must pass prior to the issue of a building completion certificate.</p> <p>Estates fire team continue to uncover fire safety issues with leased buildings e.g. missing fire safety information and structural fire safety precautions missing.</p> <p>Compartment surveys by Oakleaf being planned for 2020-21 for the LVH site and Thompson House, these are likely to commence August 2020.</p> <p>FRAs and fire safety audits are showing trust wide circa 50% of areas are not undertaking the annual fire drills, maintaining accurate fire safety records or fully understanding their duties with regard to the evacuation and sheltering planning.</p> <p>Receipted goods and waste remains high on some escape routes and at final exits.</p> <p>Estates are to present to EMT on key fire safety issues occurring Trust wide e.g. Training shortfalls, incomplete fire safety information folders etc.</p> <p>Audits are highlighting many</p>	

ID	Principal objec Description	Risk level (curr Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act Closed date	
2755	Ensure safety, improve quality and test experience	<p>Risk posed to the Trust due to the ageing estate, specifically:</p> <ol style="list-style-type: none"> 1. Need to improve protection against the potential of legionella (and other water-borne risks) outbreak at Ulster Hospital and other sites. 2. Need to improve protection against the potential of infection due to sewage leaks in the Ulster Hospital caused by deteriorating foul drainage pipe work. This pipe work, on several occasions, has fractured causing spillage of raw sewage into the hospital. This has the obvious risk of spreading infection. The issues regarding the failure of infrastructure within the main ward block at the Ulster Hospital may be extended for a period of 3 to 4 years if a decision to move beds from the Care of the Elderly (Functional Suitability B standard) to MWB (Functional Suitability Dx standard) is taken. 3. Risk occurring as a direct result of structural, external enveloping and building 	EXTREM	<p>4. Mechanical/Electrical Services: Risks regarding mechanical and electrical systems failures / risks posed by an aging estate.</p>	<p>areas of the Trust are not prepared for fire or non-fire related emergency evacuations. Covid-19 has disrupted fire risk assessments. Fire risk assessments had to be temporarily suspended between March to Mid-June.</p> <p>Update 1 - 30/06/20 - The retention of the main ward block at UHD is a major risk due to the existing aging infrastructure. Estates are looking at replacing the generators at Downe Hospital to increase electrical resilience.</p> <p>A ventilation safety group has been set up and shall report through to the IPPC committee. The pipework in LVH Main Block DWH is in poor condition and leaking. Estates have replaced a small section of approx. 30m in the lower ground floor. The whole ward block will probably need re-plumbed. A plan of works would need to be developed as this re-plumb would not be straightforward. Money will need to be sought.</p>

ID	Principal objec Description	Risk level (curr Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act Closed date
	<p>services failure at the Paediatric block and Paediatric theatres, Ulster Hospital.</p> <p>4. Failure of mechanical and electrical systems i.e. site heating services at both the Ulster Hospital and Ards Hospital leading to compromised patient care.</p> <p>5. The ageing estate, particularly the Ulster Hospital, also has significant risk of fire safety - both in fabric of building and evacuation issues.</p>			
Number of records for			4	
EMT Director: Hospital Services				
2762	Ensure safety, improve quality and test experience	HIGH	Narrative awaited	
2763	Ensure safety, improve quality and test experience	HIGH	Narrative awaited	
2764	Ensure safety, improve quality and test experience	MED	Narrative awaited	
Number of records for Hospital Services			3	
EMT Director: Human Resources & Corporate Affairs				
2756	Ensure safety, There is a current global and	EXTREM	NURSING AND MEDICAL	Update 1 - 30/06/20 -

ID	Principal objec	Description	Risk level (curr	Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act	Closed date
	improve quality and test experience	local shortage of Nurses specifically Band 5 and Medical workforce within recognised hard to fill posts specifically medical specialties. This directly impacts on the ability of the Trust to meet current and future workforce requirements. External influencing factor is the impact of the HMRC regulations in relation to pensions resulting in increased risk adverse events and / or sub optimal outcomes for patients and clients.		To actively participate in the Regional work on International Recruitment to ensure that SET can recruit registered nurses and Doctors for vacancies in order to meet service pressures and professional standards.	<p>NURSING</p> <p>In this quarter the Trust had anticipated the arrival of potentially 30 international staff. International recruitment has been paused since 23/3/20 due to Covid 19. The two contracted recruitment agencies were on target to deliver the agreed number of staff across the region of 622.</p> <p>The international staff who arrived in Trust prior to 'close down' Total: 16 are working as Band 3 Senior Nursing Assistants whilst awaiting to complete their OSCE examination and attain NMC registration.</p> <p>MEDICAL</p> <p>Due to COVID-19 International Recruitment has been paused.</p>		

Number of records for Human Resources & Corporate Affairs

1

EMT Director:

2756	Ensure safety, improve quality and test experience	There is a current global and local shortage of Nurses specifically Band 5 and Medical workforce within recognised hard to fill posts specifically medical specialties. This directly impacts on the ability of the Trust to meet current and future workforce requirements. External influencing factor is the impact of the HMRC regulations in relation to pensions resulting in increased risk adverse	EXTREM	To continue to work in partnership with the DoH, BSO, PHA and other Trusts to deliver solutions to address the shortage of registered nurses and doctors regionally and mitigate the impact of these shortages within SET.	<p>Update 1 - 30/06/20 -</p> <p>NURSING</p> <p>In the event that the current suspension of the international nurse recruitment programme being lifted later this year, that DOH has approved a future call-off of a further 350 International Nurses.</p> <p>This will allow us - should the suspension be lifted - to use the existing contractors until the end of December, to provide an</p>		
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ID	Principal objec	Description	Risk level (curr	Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act Closed date
		events and / or sub optimal outcomes for patients and clients.			uninterrupted supply of international nurses whilst a new procurement process is conducted. MEDICAL Due to COVID-19 International Recruitment has been paused - To continue to engage with a regional recruitment approach to target potential staff members.	
2756	Ensure safety, improve quality and test experience	There is a current global and local shortage of Nurses specifically Band 5 and Medical workforce within recognised hard to fill posts specifically medical specialties. This directly impacts on the ability of the Trust to meet current and future workforce requirements. External influencing factor is the impact of the HMRC regulations in relation to pensions resulting in increased risk adverse events and / or sub optimal outcomes for patients and clients.	EXTREM	To work closely with regional colleagues and designated recruitment partners to deliver International Recruitment in order to fill required nursing and medical vacancies over next 2 years.	Update 1 - 30/06/20 - NURSING Web based interviews were also paused in March 20 due to Covid 19. The reinstating of web based interviews is being kept under review and as soon as restrictions are lifted these will recommence. As per previously agreed regional format SET will facilitate all interviews for CCS recruitment agency which is agreed currently at 2-3 days per month and the four other Trusts are rotating responsibility for TTM Health Care agency which involves interviewing 5 days per month each every quarter. MEDICAL Due to COVID-19 International Recruitment has been paused - Continue to engage with a regional recruitment approach to target potential staff members when need identified.	

ID	Principal objec Description	Risk level (curr Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act Closed date
Number of records for		2		
EMT Director: Human Resources & Corporate Affairs				
2757	Ensure safety, improve quality and test experience The current laundry cannot implement the BS EN 14065 as per HTM01-04 neither can it continuously provide a reliably effective linen decontamination service to meet the needs of both internal and external users due to the age (40+ year old) of the decontamination equipment inadequate building infrastructure.	HIGH	Implementation of BS EN 14065 as per HTM01-04.	Update 1 - 30/06/20 - contingent on the provision of the new building - no update.
Number of records for Human Resources & Corporate Affairs		1		
EMT Director:				
2757	Ensure safety, improve quality and test experience The current laundry cannot implement the BS EN 14065 as per HTM01-04 neither can it continuously provide a reliably effective linen decontamination service to meet the needs of both internal and external users due to the age (40+ year old) of the decontamination equipment inadequate building infrastructure.	HIGH	RFID traceability system required to enable traceability of linen.	Update 1 - 30/06/20 - Discussions with the company to explore RFID occurred June 2020.
2757	Ensure safety, improve quality and test experience The current laundry cannot implement the BS EN 14065 as per HTM01-04 neither can it continuously provide a reliably effective linen decontamination service to meet the needs of both internal and external users due to the age (40+ year old) of	HIGH	New Laundry infrastructure and decontamination equipment required.	Update 1 - 30/06/20 - Building work due to commence Late 2020 (Nov-Dec). Interdependency as the stores being converted are currently being used for supply of PPE.

ID	Principal obje	Description	Risk level (curr Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act Closed date
		the decontamination equipment inadequate building infrastructure.			
Number of records for			2		
EMT Director: Planning, Performance & Informatics					
2765	Ensure safety, improve quality and test experience	Performance and Service Delivery Targets: Waiting Lists Inability to deliver against the commissioned performance targets Trust wide (Commissioning Plan Direction/Commissioning Plan/Service & Budget Agreement) due to increased financial constraints within health and social care, increased elective demand, consequence of Covid-19 and impact of growth within unscheduled care resulting in reduced capacity to deliver elective services. This is resulting in increased waiting times to access certain services to investigate, diagnose, and treat. This causes potential increased risk for patient/ service user clinical outcomes.	EXTREM	Develop a corporate approach to local needs prioritisation and associated investment	Update 1 - 30/06/20 - No update.
Number of records for Planning, Performance & Informatics			1		
EMT Director:					
2765	Ensure safety, improve quality and test experience	Performance and Service Delivery Targets: Waiting Lists Inability to deliver against the commissioned performance	EXTREM	To streamline Community information provision in relation to Community Care (inc: Dom care, Nursing / Residential,	Update 1 - 30/06/20 - Trust engaged with Northern Trust on LCID working group to enable reporting via data warehouse.

ID	Principal objec	Description	Risk level (curr	Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act Closed date
		<p>targets Trust wide (Commissioning Plan Direction/Commissioning Plan/Service & Budget Agreement) due to increased financial constraints within health and social care, increased elective demand, consequence of Covid-19 and impact of growth within unscheduled care resulting in reduced capacity to deliver elective services. This is resulting in increased waiting times to access certain services to investigate, diagnose, and treat. This causes potential increased risk for patient/ service user clinical outcomes.</p>		<p>care, supported living)</p>	<p>Trust represented at Regional Community Information Group. New Maxims system implemented and mental health services are moving to system use rather than manual data handling. Initial data cleanse exercise completed pre implementation of sharing Child Protection Register on ECR and regular monitoring in place. Business case approved for the electronic brokerage system. Project plan developed and work to commence to implement. Community data quality / returns continue to be discussed at regional level via the Information Standards Board which Trust attends.</p>	
2765	<p>Ensure safety, improve quality and test experience</p>	<p>Performance and Service Delivery Targets: Waiting Lists Inability to deliver against the commissioned performance targets Trust wide (Commissioning Plan Direction/Commissioning Plan/Service & Budget Agreement) due to increased financial constraints within health and social care, increased elective demand, consequence of Covid-19 and impact of growth within unscheduled care resulting in reduced capacity to deliver elective services. This is</p>	EXTREM	<p>Spend any allocated resources and robustly monitor performance and quality for Independent sector and In house Waiting List Initiative (WLI) activity put in place to address back logs and waiting times as agreed with Commissioner.</p>	<p>Update 1 - 30/06/20 - All IS monies allocated and spent, complying with volumes agreed</p>	

ID	Principal objec	Description	Risk level (curr Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act Closed date
2765	Ensure safety, improve quality and test experience	<p>resulting in increased waiting times to access certain services to investigate, diagnose, and treat. This causes potential increased risk for patient/ service user clinical outcomes.</p> <p>Performance and Service Delivery Targets: Waiting Lists Inability to deliver against the commissioned performance targets Trust wide (Commissioning Plan Direction/Commissioning Plan/Service & Budget Agreement) due to increased financial constraints within health and social care, increased elective demand, consequence of Covid-19 and impact of growth within unscheduled care resulting in reduced capacity to deliver elective services. This is resulting in increased waiting times to access certain services to investigate, diagnose, and treat. This causes potential increased risk for patient/ service user clinical outcomes.</p>	EXTREM	Support the improvement and innovation that results in development of additional capacity to transform services	Update 1 - 30/06/20 - See CRR RC3.
2765	Ensure safety, improve quality and test experience	<p>Performance and Service Delivery Targets: Waiting Lists Inability to deliver against the commissioned performance targets Trust wide (Commissioning Plan Direction/Commissioning Plan/Service & Budget Agreement) due to increased</p>	EXTREM	Engage regionally on plans for transformational changes associated with Draft Programme for Government outcomes, "Delivering Together" Minister's Vision to initiate and continue with necessary reform activities associated with "New Decade,	Update 1 - 30/06/20 - See RCS .

ID	Principal objec	Description	Risk level (curr	Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act	Closed date
		financial constraints within health and social care, increased elective demand, consequence of Covid-19 and impact of growth within unscheduled care resulting in reduced capacity to deliver elective services. This is resulting in increased waiting times to access certain services to investigate, diagnose, and treat. This causes potential increased risk for patient/ service user clinical outcomes.		New approach"			
2765	Ensure safety, improve quality and test experience	Performance and Service Delivery Targets: Waiting Lists Inability to deliver against the commissioned performance targets Trust wide (Commissioning Plan Direction/Commissioning Plan/Service & Budget Agreement) due to increased financial constraints within health and social care, increased elective demand, consequence of Covid-19 and impact of growth within unscheduled care resulting in reduced capacity to deliver elective services. This is resulting in increased waiting times to access certain services to investigate, diagnose, and treat. This causes potential increased risk for patient/ service user clinical outcomes.	EXTREM	Ensure that there is regular clinical review of longest waiters, cleansing and validation of the waiting lists, development of resilience plans for areas experiencing pressure, monitoring of performance and ensure that when performance is below core to work with Operational teams to prepare, implement and monitor performance against improvement plans. Issue waiting list times by speciality (new OPD/ review OPD/ inpatient / day case) to GP's/ Primary care colleagues. Timely engagement with Local Commissioners about over-delivery against core to seek additional investment against recognised growth.	Update 1 - 30/06/20 - Detailed review of patients with long waits continues, lists validated regularly. Trust reviews and quality checks list as issued by HSCB. Current waiting times by specialty are shared with GPs/ Primary care and are available to the public.		
2765	Ensure safety,	Performance and Service	EXTREM	To continue to strengthen	Update 1 - 30/06/20 - Enhanced		

ID	Principal objec	Description	Risk level (curr	Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act Closed date
	improve quality and test experience	<p>Delivery Targets: Waiting Lists Inability to deliver against the commissioned performance targets Trust wide (Commissioning Plan Direction/Commissioning Plan/Service & Budget Agreement) due to increased financial constraints within health and social care, increased elective demand, consequence of Covid-19 and impact of growth within unscheduled care resulting in reduced capacity to deliver elective services. This is resulting in increased waiting times to access certain services to investigate, diagnose, and treat. This causes potential increased risk for patient/ service user clinical outcomes.</p>		<p>normal governance arrangements and reporting to existing monthly Director level Performance and Improvement Meeting, Trust Performance and Finance subcommittee and Trust Board within the Trust to include both Population level outcomes and performance Trajectories.</p>	<p>Performance Accountability embedded in Trust. Performance trajectories stood down at this time, however rebuild volumes are under discussion</p>	
2765	Ensure safety, improve quality and test experience	<p>Performance and Service Delivery Targets: Waiting Lists Inability to deliver against the commissioned performance targets Trust wide (Commissioning Plan Direction/Commissioning Plan/Service & Budget Agreement) due to increased financial constraints within health and social care, increased elective demand, consequence of Covid-19 and impact of growth within unscheduled care resulting in reduced capacity to deliver elective services. This is</p>	EXTREM	<p>To consider the impact of new ways of working on the monitoring of activity and to work with regional counterparts to agree new definitions and currencies to enable accurate data collection</p>	<p>Update 1 - 30/06/20 - Trust is engaged in regional groups to agree definitions and progress new monitoring arrangements in line with changes in service delivery including virtual contacts</p>	

ID	Principal obje	Description	Risk level (curr	Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act	Closed date
		resulting in increased waiting times to access certain services to investigate, diagnose, and treat. This causes potential increased risk for patient/ service user clinical outcomes.					
2765	Ensure safety, improve quality and test experience	Performance and Service Delivery Targets: Waiting Lists Inability to deliver against the commissioned performance targets Trust wide (Commissioning Plan Direction/Commissioning Plan/Service & Budget Agreement) due to increased financial constraints within health and social care, increased elective demand, consequence of Covid-19 and impact of growth within unscheduled care resulting in reduced capacity to deliver elective services. This is resulting in increased waiting times to access certain services to investigate, diagnose, and treat. This causes potential increased risk for patient/ service user clinical outcomes.	EXTREM	To work collaboratively with Health and Social care Board (HSCB/ Local Commissioning Group (LCG) to progress towards an agreed Service and Budget Agreement (SBA) for all Trust Services	Update 1 - 30/06/20 - Work paused with HSCB/ LCG on agreeing SBA currencies and definitions due to pandemic		
Number of records for				8			
EMT Director: Planning, Performance & Informatics							
2766	Ensure safety, improve quality and test experience	Information security across the HSC is of critical importance to delivery of care, protection of information assets and many related business processes. If	HIGH	Continue to implement internal Audit recommendations.	Update 1 - 30/06/20 - Ongoing (% completion to be assessed).		

ID	Principal object Description	Risk level (current Synopsis (Action Plan))	Progress (Action Plan)	Done date (Actual Closed date)
	<p>a Cyber incident should occur, without effective security and controls, HSC information, systems and infrastructure may become unreliable, not accessible when required (temporarily or permanently), or compromised by unauthorised 3rd parties including criminals. This could result in unparalleled HSC-wide disruption of services due to the lack of /unavailability of systems that facilitate HSC services (e.g. appointments, admissions to hospital, ED attendances) or data contained within. The significant business disruption could also lead to increased waiting lists, delayed urgent clinical interventions, suboptimal clinical outcomes and potentially bring liabilities for the service.</p> <p>It could also lead to unauthorised 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>			
Number of records for Planning, Performance & Informatics		1		
EMT Director:				
2766	<p>Ensure safety, improve quality and test Information security across the HSC is of critical importance to delivery of care, protection of</p>	HIGH	NIS self assessment.	Update 1 - 30/06/20 - Delayed to September 2020 due to COVID-19.

ID	Principal object Description	Risk level (current Synopsis (Action Plan))	Progress (Action Plan)	Done date (Actual Closed date)
experience	<p>information assets and many related business processes. If a Cyber incident should occur, without effective security and controls, HSC information, systems and infrastructure may become unreliable, not accessible when required (temporarily or permanently), or compromised by unauthorised 3rd parties including criminals. This could result in unparalleled HSC-wide disruption of services due to the lack of /unavailability of systems that facilitate HSC services (e.g. appointments, admissions to hospital, ED attendances) or data contained within. The significant business disruption could also lead to increased waiting lists, delayed urgent clinical interventions, suboptimal clinical outcomes and potentially bring liabilities for the service.</p> <p>It could also lead to unauthorised 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>	HIGH	Financial analysis/impact and	Update 1 - 30/06/20 - DoH letter
Number of records for		1		
EMT Director: Planning, Performance & Informatics				
2767	Ensure safety, Inability to sustain the	HIGH	Financial analysis/impact and	Update 1 - 30/06/20 - DoH letter

ID	Principal object Description	Risk level (current Synopsis (Action Plan))	Progress (Action Plan)	Done date (Actual Closed date)
improve quality and test experience	<p>transformation portfolio and its associated outcomes and benefits as a result of funding restrictions; and the potential impact of this on patients, clients, staff and the Trust's wider reform agenda.</p> <p>TRANSFORMATION</p> <p>The risk that the continued progress in the delivery of the Transformation of Health and Social Care (HSC) services is not made due to:</p> <ul style="list-style-type: none"> - Failure to secure funding beyond the lifetime of Transformation funding in 2020/21. - Inability to retain sufficient and appropriate workforce into 2020/21 to continue transformation programmes. - Risk of incurring additional at risk costs to continue projects beyond 31/03/20 without formal confirmation of funding from Department of Health (DOH) and Health and Social care Board (HSCB). - External influences which delay or stop continued reform / transformation, for example the risk posed by impact of Covid-19. - Trust resource and capacity to continue to manage report and evaluate ongoing reform / transformation activity without funding for additional project management resources from DOH. 	<p>monitor spend against allocation and sustainability beyond end March 2020.</p>	<p>8 June 2020 has identified £80.3m non recurrent funding towards existing Transformation pressures.</p> <p>The Trust awaits confirmation of its share of non recurrent funding by Project to determine if projects are funded to the anticipated 2020/21 level.</p> <p>This position is after stop/stopping a number of projects.</p> <p>Ring-fenced monitoring by project continues, with month 2 spend submitted 19 June 2020.</p> <p>The Trust still needs to develop a sustainability plan for 2021/22 and beyond.</p> <p>The Trust awaits business case guidance from DoH for this non Recurrent funding.</p>	

- Stakeholder buy-in to mainstreaming transformation programmes is not secured.
 - Risk of ceasing, or down turning projects in 2020/21 as a result of lack of funding, and the impact of this on patients/clients and staff in post across services. Additionally, risk to the Trust 'reputation of ceasing services which patients and clients have availed of for the past two years.

Number of records for Planning, Performance & Informatics

1

EMT Director:

2767	Ensure safety, improve quality and test experience	Inability to sustain the transformation portfolio and its associated outcomes and benefits as a result of funding restrictions; and the potential impact of this on patients, clients, staff and the Trust's wider reform agenda. TRANSFORMATION The risk that the continued progress in the delivery of the Transformation of Health and Social Care (HSC) services is not made due to: - Failure to secure funding beyond the lifetime of Transformation funding in 2020/21. - Inability to retain sufficient and appropriate workforce into 2020/21 to continue transformation programmes.	HIGH	Continue to enhance and ensure robust internal oversight and governance arrangements.	Update 1 - 30/06/20 - Regular updates and reports to Trust Board and Executive Management Team. SET Transformation team continues to work as a virtual Team to support and plan with operational directorates in relation to ensuring robust oversight and governance arrangements continue to be effective. Transformation a standing agenda item at Directorate SMT meetings.
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ID	Principal objec	Description	Risk level (curr Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act Closed date
2767	Ensure safety, improve quality and test experience	<p>Inability to sustain the transformation portfolio and its associated outcomes and benefits as a result of funding restrictions; and the potential impact of this on patients, clients, staff and the Trust's</p>	HIGH	Trust Human resources team to work with service leads to evaluate impact on staff of sustainability plans; Ongoing monitoring of workforce issues.	Update 1 - 30/06/20 - HR Work ongoing. Partnerships with HR Business partners and project leads linked to services.

ID	Principal objec Description	Risk level (curr Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act Closed date
	<p>wider reform agenda. TRANSFORMATION The risk that the continued progress in the delivery of the Transformation of Health and Social Care (HSC) services is not made due to:</p> <ul style="list-style-type: none"> - Failure to secure funding beyond the lifetime of Transformation funding in 2020/21. - Inability to retain sufficient and appropriate workforce into 2020/21 to continue transformation programmes. - Risk of incurring additional at risk costs to continue projects beyond 31/03/20 without formal confirmation of funding from Department of Health (DOH) and Health and Social care Board (HSCB). - External influences which delay or stop continued reform / transformation, for example the risk posed by impact of Covid-19. - Trust resource and capacity to continue to manage report and evaluate ongoing reform / transformation activity without funding for additional project management resources from DOH. - Stakeholder buy-in to mainstreaming transformation programmes is not secured. - Risk of ceasing, or down turning projects in 2020/21 as a result of lack of funding, and the 			

ID	Principal objec	Description	Risk level (curr Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act Closed date
2767	Ensure safety, improve quality and test experience	<p>impact of this on patients/clients and staff in post across services. Additionally, risk to the Trust 'reputation of ceasing services which patients and clients have availed of for the past two years.</p> <p>Inability to sustain the transformation portfolio and its associated outcomes and benefits as a result of funding restrictions; and the potential impact of this on patients, clients, staff and the Trust's wider reform agenda.</p> <p>TRANSFORMATION</p> <p>The risk that the continued progress in the delivery of the Transformation of Health and Social Care (HSC) services is not made due to:</p> <ul style="list-style-type: none"> - Failure to secure funding beyond the lifetime of Transformation funding in 2020/21. - Inability to retain sufficient and appropriate workforce into 2020/21 to continue transformation programmes. - Risk of incurring additional at risk costs to continue projects beyond 31/03/20 without formal confirmation of funding from Department of Health (DOH) and Health and Social care Board (HSCB). - External influences which delay or stop continued reform / transformation, for example the 	HIGH	Continue to monitor and evaluate the impact of transformation project on outcomes and activity.	<p>Update 1 - 30/06/20 -</p> <p>Operational teams continue to collect data against project performance measures and targets.</p> <p>Ongoing work across many project areas between Trust leads and with regional counterparts in relation to measuring project outcomes.</p> <p>Trust continues to develop and review OBA report cards.</p> <p>Involvement and engagement of patients and clients in Trust outcomes work.</p>

ID	Principal objec	Description	Risk level (curr Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act Closed date
2767	Ensure safety, improve quality and test experience	<p>Inability to sustain the transformation portfolio and its associated outcomes and benefits as a result of funding restrictions; and the potential impact of this on patients, clients, staff and the Trust's wider reform agenda.</p> <p>TRANSFORMATION</p> <p>The risk that the continued progress in the delivery of the Transformation of Health and Social Care (HSC) services is not made due to:</p> <ul style="list-style-type: none"> - Failure to secure funding beyond the lifetime of Transformation funding in 	HIGH	Continue to work with DOH and HSCB to identify and secure funding for Transformation projects in to 20/21.	<p>Update 1 - 30/06/20 - Trust CEO and Director of Planning continue to influence regional planning and decision-making through Transformation Operational Group (TOG) and Transformation Implementation Group (TIG).</p> <p>Regional Directors of Planning ongoing collaborative work to influence project prioritisation and sustainability at departmental level.</p> <p>Ongoing regional partnership working between Trust ADs and transformation teams to ensure optimal and effective planning</p>

ID	Principal object Description	Risk level (current Synopsis (Action Plan))	Progress (Action Plan)	Done date (Actual Closed date)
	<p>2020/21.</p> <ul style="list-style-type: none"> - Inability to retain sufficient and appropriate workforce into 2020/21 to continue transformation programmes. - Risk of incurring additional at risk costs to continue projects beyond 31/03/20 without formal confirmation of funding from Department of Health (DOH) and Health and Social care Board (HSCB). - External influences which delay or stop continued reform / transformation, for example the risk posed by impact of Covid-19. - Trust resource and capacity to continue to manage report and evaluate ongoing reform / transformation activity without funding for additional project management resources from DOH. - Stakeholder buy-in to mainstreaming transformation programmes is not secured. - Risk of ceasing, or down turning projects in 2020/21 as a result of lack of funding, and the impact of this on patients/clients and staff in post across services. Additionally, risk to the Trust 'reputation of ceasing services which patients and clients have availed of for the past two years. 		<p>for project sustainability into 2020/21 and beyond.</p>	

Number of records for

4

ID	Principal objec	Description	Risk level (curr	Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act	Closed date
EMT Director: Nursing, Primary Care & Elderly							
2758	Ensure safety, improve quality and test experience	Risk of Healthcare-associated Infection including emerging multi-resistant microorganisms, outbreaks of COVID-19 team prolonged length of stay, poor patient outcomes and negative public perception. Pressures due to COVID-19 from January 2020.	HIGH	Review the need for additional surveillance/audit/data collection resources given the DoH/PHA plans to improve surveillance initiatives & additional Covid-19 surveillance systems regarding CT tracing and nosocomial infections.	Update 1 - 30/06/20 - PHA COVID-19 contact tracing has been initiated resource to be identified- for OHS and IPC teams.		
Number of records for Nursing, Primary Care & Elderly				1			
EMT Director:							
2758	Ensure safety, improve quality and test experience	Risk of Healthcare-associated Infection including emerging multi-resistant microorganisms, outbreaks of COVID-19 team prolonged length of stay, poor patient outcomes and negative public perception. Pressures due to COVID-19 from January 2020.	HIGH	Seek resource to provide Consultant Microbiologist cover (No trainees likely to be available this year). Post has not been filled. Limited clerical support (Microbiologist/IPC team). Review of IPC Nursing structure, seek resource for additional posts.	Update 1 - 30/06/20 - Locum Consultant Microbiologist cover. Resource for clerical support to be identified. Review of IPC Nursing team structure, succession planning and resource to be identified		
2758	Ensure safety, improve quality and test experience	Risk of Healthcare-associated Infection including emerging multi-resistant microorganisms, outbreaks of COVID-19 team prolonged length of stay, poor patient outcomes and negative public perception. Pressures due to COVID-19 from January 2020.	HIGH	Seek resource to develop further eForms through eDams to promote best practice around management of invasive devices and management of patients with HCAI.	Update 1 - 30/06/20 - ICT resource to be obtained.		
Number of records for				2			

ID	Principal objec	Description	Risk level (curr	Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act	Closed date
EMT Director: Nursing, Primary Care & Elderly							
2759	Ensure safety, improve quality and test experience	Demand for Domiciliary Care continues to grow due to demography which presents financial pressures and concerns regarding capacity to meet demand. Potential growth in the demand in community following the COVID -19 pandemic. Recruitment to both Independent sector and to the SET Domiciliary Care Service has been challenging and workforce issues are impacting on the ability of the service to meet the level of demand.	HIGH	Recruit to SET Domiciliary Care teams.	Update 1 - 30/06/20 - Proactive recruitment to SET team has continued. As of 24th June SET Domiciliary Care service is fully staffed. Ongoing additional posts to be recruited to address COVID-19 demands and the rebuild of services. As of 24th June 2020 the number of unmet need is 25.		
Number of records for Nursing, Primary Care & Elderly				1			
EMT Director:							
2759	Ensure safety, improve quality and test experience	Demand for Domiciliary Care continues to grow due to demography which presents financial pressures and concerns regarding capacity to meet demand. Potential growth in the demand in community following the COVID -19 pandemic. Recruitment to both Independent sector and to the SET Domiciliary Care Service has been challenging and workforce issues are impacting on the ability of the service to meet the level of demand.	HIGH	Engage with Independent Sector Domiciliary providers to develop new models of working which are geographically aligned.	Update 1 - 30/06/20 - he Reform of Care and Support project has progressed to implementation in 4 areas in SET and IS partners are engaged in service provision. Outcomes are very positive. Await DoH decision re ongoing transformation agenda and funding.		

ID	Principal obje	Description	Risk level (curr	Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act	Closed date
2759	Ensure safety, improve quality and test experience	Demand for Domiciliary Care continues to grow due to demography which presents financial pressures and concerns regarding capacity to meet demand. Potential growth in the demand in community following the COVID -19 pandemic. Recruitment to both Independent sector and to the SET Domiciliary Care Service has been challenging and workforce issues are impacting on the ability of the service to meet the level of demand.	HIGH	Monitor the level of community care spend to ensure budget is managed within existing resources	Update 1 - 30/06/20 - On-going monitoring with finance partners and across Directorates/C Contracts at Community care forum. Finance review - monthly and SMT		
2759	Ensure safety, improve quality and test experience	Demand for Domiciliary Care continues to grow due to demography which presents financial pressures and concerns regarding capacity to meet demand. Potential growth in the demand in community following the COVID -19 pandemic. Recruitment to both Independent sector and to the SET Domiciliary Care Service has been challenging and workforce issues are impacting on the ability of the service to meet the level of demand.	HIGH	Agree allocation of Demographic Funding to meet Community Care demands in 2020 / 21	Update 1 - 30/06/20 - Demography funding will be agreed according to allocation and to meet increased demand - Director of Finance and Director of PCOP.		
Number of records for			3				
EMT Director: Nursing, Primary Care & Elderly							
2760	Ensure safety, improve quality	If current capacity limitations and activity levels across all	HIGH	WORKFORCE As a result of COVID19, an	Update 1 - 30/06/20 - Immediate establishment of		

ID	Principal objec	Description	Risk level (curr	Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act Closed date
and test experience	Trust services remain or increase, the Trust may not be able to meet the increased demand placed on management of Coronavirus (Covid-19) patients, resulting in possible harm to patients, clients and staff.	urgent response will be required to maintain essential services and ensure that the Trust is able to increase its workforce capacity across the HSC system. The Trust will also need to put in additional support to managers and staff to ensure the health and wellbeing of all staff.	Covid 19 Workforce Workstream (comprising key stakeholders in the Trust) which delivered a range of Workforce solutions to maintain essential services and focus on workforce issues during Covid: - Redeployment Protocols. - Use of HSC Workforce Appeal to accelerate recruitment to increase workforce capacity against demand combined with redeployment of staff and additional staffing resources (student nurses and medical students, retirees). - Recruitment arrangements during Covid e.g. medical panel composition amended. - Annual leave principles for mgrs. and staff during Covid-19 surge and for 2020 and 2021 carryover. - Flexible Working Arrangements E.g. home working to facilitate social distancing , use of virtual meeting platforms e.g. Zoom etc. & homeworking survey. - Alternative Hotel Accommodation Arrangements for Staff. - Regionally agreed Frequently Asked Questions - Risk Assessment and Manager Guidance for dealing with Vulnerable Groups (e.g. BAME, Pregnant Workers, Clinically vulnerable, over 70s). - Fit testing programme of FFP3			

ID	Principal objec Description	Risk level (curr Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act Closed date
			<p>Masks.</p> <ul style="list-style-type: none"> - Dedicated Workforce Helplines - Including HR, Psychology (plus drop -in centre and wobble rooms), OH Health line and Covid Testing (covering staff and family members) and set up immediate OH referral link for dermatology health issues. - Health and wellbeing survey to staff. - Health and Wellbeing group linked to HR work stream and actioned key issues. - Bereavement information re Death in Service and manager guidance. - Absence Guidance and Support for mgrs. on recording and reporting. - Regular workforce dashboard and key metrics to EMT. <p>Throughout, regularly participated on HR regional cell to agree and produce HR Guidance and FAQs for consistency and escalated key HR issues to Silver cell if necessary.</p> <p>This work will continue as part of the Trust Rebuild programme, incorporating lessons learnt from this workstream, to build on what has already been achieved.</p>	
Number of records for Nursing, Primary Care & Elderly		1		

ID	Principal objec	Description	Risk level (curr	Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act	Closed date
EMT Director:							
2760	Ensure safety, improve quality and test experience	If current capacity limitations and activity levels across all Trust services remain or increase, the Trust may not be able to meet the increased demand placed on management of Coronavirus (Covid-19) patients, resulting in possible harm to patients, clients and staff.	HIGH	OXYGEN USE Estates Dept have requested upgrade to Duty/Standby VIE C11 panels and vaporisers in order to accommodate early possession of ASB. As Covid Quality Improvement measure they are also planning installation of 3 x VIE flow meters and 3 x sub-meters to aid LIVE monitoring of local usage in CCU, ASB & IWB.	Update 1 - 30/06/20 - In terms of ASB, funding has been obtained and raised order to upgrade liquid oxygen plant serving UHD site (6 month lead time). This is required in order to supply ASB with medical oxygen without demolishing or removing MWB from ring as was originally planned. The small standby tank in Renal car park is complete and ready to be filled when the need should arise. Estates to organise QC pharmacist test for this asap.		
2760	Ensure safety, improve quality and test experience	If current capacity limitations and activity levels across all Trust services remain or increase, the Trust may not be able to meet the increased demand placed on management of Coronavirus (Covid-19) patients, resulting in possible harm to patients, clients and staff.	HIGH	PPE Clinical assessment and screening of all PPE orders to ensure appropriate use of scarce products. Daily supply chain calls with PaLS to keep abreast of planned product issues. Longer term solution to the operational management of demand managed items required. Phased plan to re-size hospital services that takes into consideration PPE supply issues.	Update 1 - 30/06/20 - All orders clinically assessed during April to Jun 2020. Daily Supply Chain Calls with Pals participated in. Now reduced to twice weekly. SEHSCT are putting in place structures for the demand management of PPE for the next 6 to 12 months. PPE supply is acknowledged as a factor in the re-sizing of hospitals. PPE forecasting for PaLs requires input from information colleagues.		
2760	Ensure safety, improve quality and test experience	If current capacity limitations and activity levels across all Trust services remain or increase, the Trust may not be able to meet the increased demand placed on	HIGH	TESTING Seek resource to introduce COVID-19 laboratory testing in the South Eastern H&SC Trust.	Update 1 - 30/06/20 - - Rapid COVID-19 testing currently available on the UHD site (15-20 tests/day). - Additional batch testing equipment ordered with		

ID	Principal objective	Description	Risk level (current)	Synopsis (Action Plan)	Progress (Action Plan)	Done date (Actual)	Closed date
		management of Coronavirus (Covid-19) patients, resulting in possible harm to patients, clients and staff.			delivery anticipated mid-July; - The Trust has contributed to regional business case, submitted to HSCB for additional resource for COVID-19 laboratory testing		
2760	Ensure safety, improve quality and test experience	If current capacity limitations and activity levels across all Trust services remain or increase, the Trust may not be able to meet the increased demand placed on management of Coronavirus (Covid-19) patients, resulting in possible harm to patients, clients and staff.	HIGH	FIT TESTING PROGRAMME The Trust under its health and safety responsibilities will need to ensure that all staff who are required to be fit tested will be tested against an FFP3 mask which is available.	Update 1 - 30/06/20 - The Trust put in place a Mass fit testing programme to ensure all staff including those working in the Independent Sector were fit tested against a mask for AGPs. By end of June 20, a total of 5,340 fit tests were completed. The Trust is currently conducting a review of fit testing as a result of fit test certificates being issued against the standard not applied in Northern Ireland (UK standard) 363 staff required to be refit tested including IS. 237 have been retested to date. A Health Helpline has been provided for staff and managers if they have any concerns on this. The Trust will be required to take part in a regional SAI process.		
2760	Ensure safety, improve quality and test experience	If current capacity limitations and activity levels across all Trust services remain or increase, the Trust may not be able to meet the increased demand placed on management of Coronavirus	HIGH	PRIMARY CARE (ISPS, STATUTORY AND DOM CARE) Care Home Response team established to co-ordinate the in reaching staff. Work in progress to develop this further.	Update 1 - 30/06/20 - The care home workstream met every day to analyse the current status of the care homes across the SET. The HSCB/DoH care home monitoring matrix informed the RAG status		

ID	Principal object Description	Risk level (current Synopsis (Action Plan))	Progress (Action Plan)	Done date (Actual Closed date)
	(Covid-19) patients, resulting in possible harm to patients, clients and staff.		<p>reviewed on a daily basis and reported through the daily sitrep. This included the staffing, IPC, MDT, ECAH and patient experience input and support to the care homes.</p> <p>The contingency staffing available to the care home response hub has been reliant on the redeployment of staff from other areas of the Directorate in particular the AHP teams. The redeployed staff have returned to their own service areas during June and the staff contingency available has been reduced.</p> <p>As of the end of June the care home response hub and the testing team have been absorbed into the Permanent Placement team and will operate an on call arrangement over 7 days to maintain a responsive testing and emergency response to care homes</p>	
2760	<p>Ensure safety, improve quality and test experience</p> <p>If current capacity limitations and activity levels across all Trust services remain or increase, the Trust may not be able to meet the increased demand placed on management of Coronavirus (Covid-19) patients, resulting in possible harm to patients, clients and staff.</p>	HIGH	<p>CORPORATE GOVERNANCE AND ASSURANCE COMMITTEES</p> <p>High level and lower level sub committees in place to ensure Integrated Governance requirements are met</p>	<p>Update 1 - 30/06/20 - Corporate Control Committee and associated sub committees stood down on 20/3/20 due to Covid19. Next meeting of CCC scheduled for 15 July and consideration of resumption of sub committees to be discussed.</p>

ID	Principal objec	Description	Risk level (curr	Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act	Closed date
Number of records for			6				
EMT Director: Nursing, Primary Care & Elderly							
2761	Ensure safety, improve quality and test experience	Difficulty in recruiting sufficient GPs to maintain required GPOOH Service across 3 sites resulting in reduced local access for patients and clients.	HIGH	Explore opportunities regarding skill mix review & developments to reduce reliance on GP workforce. E.g. Nurse Practitioners, Non-medical Pharmacist prescribers, consider alternative methods to deliver home visits, remote triage	Update 1 - 30/06/20 - We have continued to utilise paramedic services to assist with home visits, thus reducing demand on GPs. During Quarter 1 (COVID-19 outbreak) face to face assessments have decreased - however there is an upward trend in demand towards end of June.		
Number of records for Nursing, Primary Care & Elderly			1				
EMT Director:							
2761	Ensure safety, improve quality and test experience	Difficulty in recruiting sufficient GPs to maintain required GPOOH Service across 3 sites resulting in reduced local access for patients and clients.	HIGH	Monitor unfilled shifts & impact on service provision	Update 1 - 30/06/20 - Medical Staffing availability has been relatively stable across the first quarter. Activity decreased as a result of COVID-19 Outbreak.		
Number of records for			1				
Total number of records		73					