

Assurance Framework Report No. 2 - CRR: Principal Objectives & Board Reports (Action Plans) As at 30 June 2021

Ref	Principal objectives	Description	Risk level (current)	Synopsis (Action Plan)	Progress (Action Plan)	Done date (Action Plan)	Closed date
EMT Director: Adult Services & Prison Healthcare							
MOK2-21/22	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 again escalated their concerns to the Trust in May 2021 regarding the mixed model of care within Ward 27, Downshire Hospital.	HIGH	Agreed planning decision on the 6 bedded annex design in order to separate PICU and Low Secure Inpatient populations.	Update 1 - 30/06/21 - Planning permission obtained and build currently out to tender, initial ground testing completed June 2021 with planned work on build commencing September 2021		
Number of records for Adult Services & Prison Healthcare				1			
EMT Director:							
MOK2-21/22	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.	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 - 30/06/21 - OBC with DOH, awaiting confirmation of funding.		

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		The RQIA again escalated their concerns to the Trust in May 2021 regarding the mixed model of care within Ward 27, Downshire Hospital.					
MOK2-21/22	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 again escalated their concerns to the Trust in May 2021 regarding the mixed model of care within Ward 27, Downshire Hospital.	HIGH	Business case in progress for the development of House 10, to provide a 6 bedded unit for current slow stream rehabilitation population	Update 1 - 30/06/21 - Business case for house 10 completed June 2021. Regular meetings with providers and patient planning meeting now in place.		
Number of records for				2			
EMT Director: Adult Services & Prison Healthcare							
MOK3-21/22	Ensure safety, improve quality and test experience		HIGH				
Number of records for Adult Services & Prison Healthcare				1			
EMT Director: Children's Services & Social Work							
BC1-21/22	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	HIGH	2. Enhance young people's engagement re drugs and alcohol by exploring the co-produced	Update 1 - 30/06/21 - HOS to liaise with Rachel Gibbs and Information to be forwarded to group to consider at the next		

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	<p>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 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</p>	comic/engagement exercise	<p>meeting. Ed sipler is developing an online training strategy to support staff to develop their skills in motivational interviewing techniques to engage children and young people in their views to drugs and alcohol</p>	

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		<p>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>			
Number of records for Children's Services & Social Work			1		
EMT Director:					
BC1-21/22	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 18years. 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>	HIGH	1. Enhance approach to drug misuse by developing a community of interest/Practice across Woodlands, Hydebank and Lakewood	Update 1 - 30/06/21 - Elaine Somerville: A community of interest has been established and met on the 09/03/21. The group has representation from Woodlands, Hydebank, Lakewood, SET Drugs/alcohol workers and various voluntary agencies. The group will meet quarterly with the next meeting

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		<p>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>			
BC1-21/22	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 18years. 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.</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</p>	HIGH	3. Explore the deployment of the Start 360 programme to support young people and staff within Lakewood	Update 1 - 30/06/21 - Action identified at the Community of Interest meeting for Elaine Somerville to liaise with Rachel Gibbs, AD Prison services to identify a training programme with Start 360 that could benefit young people in Lakewood

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BC1-21/22	Ensure safety, improve quality and test experience	HIGH	6. Complete review of Health care model of nursing against the Secure Care Health Standards 2019 (England)	Update 1 - 30/06/21 - A further workforce paper was submitted identifying critical immediate posts involving nursing, AHP, Activity co-ordinator Health and well being

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Number of records for			8		
EMT Director: Finance & Estates					
WT1-21/22	Continue to improve	Ongoing lack of availability of recurrent funding, and the emerging pressures associated with funding of service change/redevelopment using non-recurrent ring-fenced	EXTREM	Continuous monitoring os savings plans	Update 1 - 30/06/20 - Indicative savings target received and discussions are ongoing with directorates to make savings in order to achieve financial breakeven.

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		funds.					
Number of records for Finance & Estates				1			
EMT Director:							
WT1-21/22	Continue to improve	Ongoing lack of availability of recurrent funding, and the emerging pressures associated with funding of service change/redevelopment using non-recurrent ring-fenced funds.	EXTREM	Agreement of Trust Delivery Plans internally with HSCB/DoH	Update 1 - 30/06/21 - No Budget allocation received as yet from HSCB, indicative figures only. 21-22 Trust forecast deficit position submitted to HSCB/DoH May 21. Currently under review.		
Number of records for				1			
EMT Director: Finance & Estates							
WT2-21/22	Ensure safety, improve quality and test experience	The risks posed by an aging estate around the Ulster, Downshire and Ards Hospitals. Various buildings and estate that were targeted for disposal or demolition as part of major business cases are now being retained for longer periods until those business cases are funded. A major financial investment in infrastructure, power, mechanical, water, ventilation, drainage and building fabric is required for some of our estate buildings to prolong their life.	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 - 30/06/21- Numbers continue to be logged and reported back to the WSG. Incidents tend to be operator issues.		
Number of records for Finance & Estates				1			
EMT Director:							

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WT2-21/22	Ensure safety, improve quality and test experience	<p>The risks posed by an aging estate around the Ulster, Downshire and Ards Hospitals. Various buildings and estate that were targeted for disposal or demolition as part of major business cases are now being retained for longer periods until those business cases are funded.</p> <p>A major financial investment in infrastructure, power, mechanical, water, ventilation, drainage and building fabric is required for some of our estate buildings to prolong their life.</p>	EXTREM	<p>1. Legionella / Water Safety:</p> <p>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 - 30/06/21- The water safety group manage the water systems in accordance with the water safety plan which was updated in 2020. On-going planned preventative maintenance with regards water sampling remedial works and allocation of funding to reduce the risks associated with the existing water systems. UHD water ring main works progressing. Contractor to be appointed July 2021.</p>		
WT2-21/22	Ensure safety, improve quality and test experience		EXTREM	<p>3. Paediatrics block Ulster Hospital:</p> <p>Continuing refurbishment of the Paeds block UHD. 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 distribution system to lower the risk of water safety issues. - Replace old VIR electrical cabling. - Review requirements under the Disability Discrimination Act (DDA). 	<p>Update 1 - 30/06/21- The paeds theatre project has been developed by Capital Development to 2 theatres and targeting £4 million - no timescales released. Funding secured from Invest to Save for potential windows upgrade. Estates progressing with a design for the replacement for paeds theatre ventilation system. Design to be completed by Q4 21-22..</p>		

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				<ul style="list-style-type: none"> - Drainage Issues. - Asbestos. - Windows. <p>The work shall be undertaken in small packages as access to areas is made available.</p>			
WT2-21/22	Ensure safety, improve quality and test experience	<p>The risks posed by an aging estate around the Ulster, Downshire and Ards Hospitals. Various buildings and estate that were targeted for disposal or demolition as part of major business cases are now being retained for longer periods until those business cases are funded.</p> <p>A major financial investment in infrastructure, power, mechanical, water, ventilation, drainage and building fabric is required for some of our estate buildings to prolong their life.</p>	EXTREM	<p>4. Mechanical/Electrical Services:</p> <p>Risks regarding mechanical and electrical systems failures / risks posed by an aging estate.</p>	<p>Update 1 - 30/06/21- 400K secured from Invest to Save + 200K from MES funding for building management system (controls the heating ventilation and air conditioning of building) replacement as existing operating system is now obsolete.</p> <p>Oxygen bulk storage installation complete at UHD providing improved oxygen storage and delivery flow rates to site.</p> <p>A recent report from our Authorising Engineer (AE) for HV and LV electricity has indicated a risk associated with the lack of Authorised Persons (APs) on the Ulster and North Down sectors. Current recruitment process on-going.</p> <p>Existing ward block - Consultants have been appointed to look into the future use of the existing main ward block. The clinical teams along with Capital Development will need to engage in a process of developing these ideas.</p> <p>Mechanical, electrical and building upgrades will be required for continued use.</p> <p>RQIA Enforcement notice for</p>		

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					Ward 27 Downshire Hospital. Actions: - New PICU unit to be Sept 2021 (£1.3M) - Minor works instructed for redecoration, window replacement, toilet upgrade (£300-400K) for 31st Mar 2022 - Decant of some residents (being managed by Mental Health team).		
WT2-21/22	Ensure safety, improve quality and test experience	The risks posed by an aging estate around the Ulster, Downshire and Ards Hospitals. Various buildings and estate that were targeted for disposal or demolition as part of major business cases are now being retained for longer periods until those business cases are funded. A major financial investment in infrastructure, power, mechanical, water, ventilation, drainage and building fabric is required for some of our estate buildings to prolong their life.	EXTREM	5. Fire Safety: The programme of fire risk assessments continue to highlight fire safety issues. Issues include: - Fire Risk Assessments o Fire prevention shortfalls - Fire loading on escape routes (more retail / storage use than hospital use) - Fire door wedging - Compartmentation breaches o Local Fire Safety Management - 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	Update 1 - 30/06/21- FRAs ongoing. No new issues. The presence and upkeep of fire manuals and fire log books continue to be an issue. Vertical evacuation training poorly attended. Wards are reminded of the requirements to undertake this training. The number of fire wardens and fire drills should be higher. Continuing support of design teams takes up substantial amount of Estates Fire Officer time. Our external consultant's (NIFRS) audits still suspended (covid). IWB Fire test successful. Solution required for the flue insulation in ASB.		

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			<ul style="list-style-type: none"> - 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"> On-going issue of rectification of vertical fire barriers (IWB only) 	
Number of records for			4	
EMT Director: Hospital Services				
DR1-21/22	Ensure safety, improve quality and test experience	EXTREM		
Number of records for Hospital Services			1	
EMT Director: Human Resources & Corporate Affairs				
CS1-21/22	Ensure safety, improve quality and test experience	EXTREM	To continue to work in partnership with the DoH, BSO, PHA and other Trusts to deliver solutions to address the shortage of a range of professional staff and mitigate the impact of these shortages within SET.	Update 1 - 30/06/21 - NURSING There are fortnightly local interviews for nursing staff alongside a variety of recruitment events. A regional pilot of a student streamlining process has completed. This process to look at allocating student nurses their preferred choice of post. A

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	events and / or sub optimal outcomes for patients and clients.		<p>review of the process is to follow.</p> <p>International recruitment will recommence for the regional project at the end of June. The current tender via PALS is currently under review.</p> <p>Student Streamline Pilot is being undertaken within Nursing Branch to improve candidate and manager experience and will be rolled out across further Branches following evaluation</p> <p>MEDICAL</p> <p>There is a regional working group set up recently to focus on international medical recruitment and to evaluate the challenges and pressures to help improve the process and make it more effective. This will be vital when the new framework is awarded as agencies will require significant input and support from HSC.</p> <p>The Single Employer model (NIMDTA based) for junior doctors is proceeding with an end date of December 2021 to have all junior medical staff employed by the Single Employer entity. This will significant reduce sign on issues and ensure greater changeover experience for the junior doctor and greater clarity over ownership of issues. This work is currently on-going with</p>	

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			<p>various cohorts of specialities transitioning to SE in key stages since 2019.</p> <p>No other significant shortages in medical specialities currently. AHPs</p> <p>The Trust is participating in Regional Recruitment Exercises to improve efficiency in the system. Student Streamlining will also be scoped for AHPs post nursing pilot.</p> <p>SOCIAL WORK</p> <p>The Trust is working closely with RSSC to improve current arrangements in relation to the recruitment of social workers. A QI project is underway and all learning will be shared to ensure best practice moving forward.</p>	
Number of records for Human Resources & Corporate Affairs			1	
EMT Director: CS1-21/22	<p>Ensure safety, improve quality and test experience</p> <p>There is a current shortage of staff within a wide range of professions locally, regionally and nationally. This directly impacts on the ability of the Trust to meet current and future workforce requirements.</p> <p>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.</p>	EXTREM	<p>To review and develop action plans to address problems and evaluate impact.</p> <p>Update 1 - 30/06/21 -</p> <p>NURSING</p> <p>International Nurse recruitment bespoke programme has paused. Regional recruitment is on-going with 6 nurses being recruited each month</p> <p>There is on-going local recruitment looking towards the opening of ASB</p> <p>MEDICAL</p> <p>No immediate requirement to develop action plans as medical recruitment performing</p>	

Ref	Principal obje	Description	Risk level (curr	Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act	Closed d
					satisfactorily. No significant service gaps currently. AHPs As above		
CS1-21/22	Ensure safety, improve quality and test experience	<p>There is a current shortage of staff within a wide range of professions locally, regionally and nationally. This directly impacts on the ability of the Trust to meet current and future workforce requirements.</p> <p>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.</p>	EXTREM	<p>All Hard to Fill Professional Posts Across Trust</p> <p>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>	<p>Update 1 - 30/06/21 - NURSING</p> <p>In this quarter the Trust has had a successful International Nurse Recruitment bespoke programme which will have recruited 251 registrants. This has been to fill current vacancies and in anticipation of the opening of the Acute Services Block.</p> <p>The project has been paused but the Trust will continue to participate in the Regional Recruitment process and look to recruiting 6 nurses per month.</p> <p>MEDICAL</p> <p>The Trust actively participates in International Recruitment and is currently in the process of formal contract adjudication for the new international medical recruitment framework, focusing on recruiting from both EEA and non EEA countries. This framework will have a far greater emphasis on pastoral care than previous frameworks and should help support international doctors ore on a personal level, when they commence clinical positions in SET.</p> <p>There are no international</p>		

Ref	Principal objec Description	Risk level (curr Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act Closed d
			doctors currently in the pipeline for SET at the moment but there is no significant service pressures. AHPs Given shortages across the region in certain AHP groups, international recruitment is being scoped.	
Number of records for			2	
EMT Director: Human Resources & Corporate Affairs				
CS2-21/22	Ensure safety, improve quality and test experience Aged Laundry Building & Equipment - with increasing prevalence of breakdowns The current laundry infrastructure is not compliant with current guidance or standards i.e. Health Technical Memorandum 01 -04 (Decontamination of linen for health and social care) or BS EN 14065:2016 (Risk Analysis and Bio contamination Control (RABC) in Laundries). The decontamination equipment is >40 years old, frequently breaks down and is difficult to repair as parts are not no longer available commercially and have to be specifically made. Service continuity to both internal and external users is difficult to achieve due to downtime caused by equipment failures.	HIGH	Installation of new Laundry and Preparation Review e.g. Operational hours. Staff Rotas. Delivery schedules. Benchmarker software upgrade or replacement for invoicing.	Update 1 - 30/06/21 - Commenced reviewing the new equipment brochures to write draft SOP

Ref	Principal objec Description	Risk level (curr Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act Closed d
Number of records for Human Resources & Corporate Affairs			1	
EMT Director:				
CS2-21/22	Ensure safety, improve quality and test experience	Aged Laundry Building & Equipment - with increasing prevalence of breakdowns The current laundry infrastructure is not compliant with current guidance or standards i.e. Health Technical Memorandum 01 -04 (Decontamination of linen for health and social care) or BS EN 14065:2016 (Risk Analysis and Bio contamination Control (RABC) in Laundries). The decontamination equipment is >40 years old, frequently breaks down and is difficult to repair as parts are not no longer available commercially and have to be specifically made. Service continuity to both internal and external users is difficult to achieve due to downtime caused by equipment failures.	HIGH	Installation of RFID - to track linen
CS2-21/22	Ensure safety, improve quality and test experience	HIGH	Review current Laundry Sewing room processes and broken/obsolete equipment. Develop an operational procedure and training programme.	Update 1 - 30/06/21 - Commenced sewing room review

Ref	Principal objec	Description	Risk level (curr Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act Closed d
		<p>EN 14065:2016 (Risk Analysis and Bio contamination Control (RABC) in Laundries). The decontamination equipment is >40 years old, frequently breaks down and is difficult to repair as parts are not no longer available commercially and have to be specifically made. Service continuity to both internal and external users is difficult to achieve due to downtime caused by equipment failures.</p>			
CS2-21/22	Ensure safety, improve quality and test experience	<p>Aged Laundry Building & Equipment - with increasing prevalence of breakdowns The current laundry infrastructure is not compliant with current guidance or standards i.e. Health Technical Memorandum 01 -04 (Decontamination of linen for health and social care) or BS EN 14065:2016 (Risk Analysis and Bio contamination Control (RABC) in Laundries). The decontamination equipment is >40 years old, frequently breaks down and is difficult to repair as parts are not no longer available commercially and have to be specifically made. Service continuity to both internal and external users is difficult to achieve due to downtime caused by equipment</p>	HIGH	<p>Review current Laundry clean room processes and equipment required. Develop an operational procedure for Laundry clean room and training programme. Require Traceability system.</p>	<p>Update 1 - 30/06/21 - VFM-Reduced number of small packs being produced and replaced by commercial sterile packs Draft Clean room Procedure completed.</p>

Ref	Principal objec	Description	Risk level (curr Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act Closed d
		failures.			
Number of records for			3		
EMT Director: Medical Director's Office					
CM1-21/22	Ensure safety, improve quality and test experience	Infusion Pumps and associated consumables are required for the administration of products to patients - including blood, TPN and chemotherapy. Becton Dickinson (BD) has notified MHRA that the sterility of some of their devices cannot be guaranteed due to quality issues with their third-party sterilisation provider. Although the devices are likely to be sterile this cannot be guaranteed so there is a very small risk of infection from treatment with these devices. There will be supply disruption whilst BD transfer products to a new sterilisation provider. The quality issue was recently identified but ongoing for a number of years. No infection issues have been identified relating to these products. The BD FSN/ MHRA Safety alert (NatPSA) has been used to inform controls below. The NatPSA was disseminated via the Trust internal communications process on 11 March 2021. An Early Alert was issued to the Department of Health identifying potential impact across Trust services	MED	Ensure further training on alternative infusion pumps progressed in conjunction with Baxter representatives as required and recorded. Person/s responsible for co-ordinating implementation of action - Medical Devices Manager/Working Group.	Update 19/5/21 22/06/2021 Training delivered in ICU/Renal/LVH with further sessions available. Downe training not yet commenced but dates to be confirmed by Baxter. Update 22.6.21 Training delivered in ICU/Renal/LVH and Downe with further sessions available as required. Last training scheduled for 13 July. Any further training will be rolled out via Train the Trainer/Baxter still available if required. Ongoing roll out as required.

Ref	Principal obje	Description	Risk level (curr Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act Closed d
		(EA07.21), The potential impact on the Trust may result in harm to patients particularly in groups of those immunosuppressed, unsatisfactory patient experience, significant financial loss and /or damage to reputation.			
Number of records for Medical Director's Office			1		
EMT Director:					
CM1-21/22	Ensure safety, improve quality and test experience	Infusion Pumps and associated consumables are required for the administration of products to patients - including blood, TPN and chemotherapy. Becton Dickinson (BD) has notified MHRA that the sterility of some of their devices cannot be guaranteed due to quality issues with their third-party sterilisation provider. Although the devices are likely to be sterile this cannot be guaranteed so there is a very small risk of infection from treatment with these devices. There will be supply disruption whilst BD transfer products to a new sterilisation provider. The quality issue was recently identified but ongoing for a number of years. No infection issues have been identified relating to these products. The BD FSN/ MHRA Safety alert (NatPSA) has been used	MED	Training for Fresenius pumps to be arranged with company. Person/s responsible for co-ordinating implementing action - Medical Devices Manager/Working Group.	Update 19/5/21 19/05/2021 Training delivered by Fanna's in MacDermott Ward complete Update 22.6.21 Training delivered by Fannan's in MacDermott Ward complete.

Ref	Principal objec	Description	Risk level (curr Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act Closed d
		to inform controls below. The NatPSA was disseminated via the Trust internal communications process on 11 March 2021. An Early Alert was issued to the Department of Health identifying potential impact across Trust services (EA07.21), The potential impact on the Trust may result in harm to patients particularly in groups of those immunosuppressed, unsatisfactory patient experience, significant financial loss and /or damage to reputation.			
CM1-21/22	Ensure safety, improve quality and test experience	Infusion Pumps and associated consumables are required for the administration of products to patients - including blood, TPN and chemotherapy. Becton Dickinson (BD) has notified MHRA that the sterility of some of their devices cannot be guaranteed due to quality issues with their third-party sterilisation provider. Although the devices are likely to be sterile this cannot be guaranteed so there is a very small risk of infection from treatment with these devices. There will be supply disruption whilst BD transfer products to a new sterilisation provider. The quality issue was recently identified but ongoing for a number of years. No infection	MED	To monitor and liaise with BSO re ongoing supply of consumables. Person/s responsible for co-ordinating implementation of action - Trust Working Group.	Update 19/5/21 Regular product updates ongoing Update 22.6.21 Regular product updates ongoing but mostly all lines reverting to Business as usual. Ongoing for duration of interruption

Ref	Principal objec	Description	Risk level (curr	Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act	Closed d
		<p>issues have been identified relating to these products. The BD FSN/ MHRA Safety alert (NatPSA) has been used to inform controls below. The NatPSA was disseminated via the Trust internal communications process on 11 March 2021. An Early Alert was issued to the Department of Health identifying potential impact across Trust services (EA07.21),</p> <p>The potential impact on the Trust may result in harm to patients particularly in groups of those immunosuppressed, unsatisfactory patient experience, significant financial loss and /or damage to reputation.</p>					
CM1-21/22	Ensure safety, improve quality and test experience	<p>Infusion Pumps and associated consumables are required for the administration of products to patients - including blood, TPN and chemotherapy. Becton Dickinson (BD) has notified MHRA that the sterility of some of their devices cannot be guaranteed due to quality issues with their third-party sterilisation provider. Although the devices are likely to be sterile this cannot be guaranteed so there is a very small risk of infection from treatment with these devices. There will be supply disruption whilst BD transfer products to a</p>	MED	<p>Complete the allocation of Baxter and Fresenius Infusion pumps to Directorates. Person/s responsible for co-ordinating implementation of the action - Trust Working Group.</p>	<p>Update 19/5/21 Decision on allocation of Baxter pumps and roll out and go live date determined once training complete. Update 22.6.21 Small surplus remains of Baxter pumps - and will remain stored on UHD site</p>	22/06/2021	

Ref	Principal objec	Description	Risk level (curr Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act Closed d
		<p>new sterilisation provider. The quality issue was recently identified but ongoing for a number of years. No infection issues have been identified relating to these products. The BD FSN/ MHRA Safety alert (NatPSA) has been used to inform controls below. The NatPSA was disseminated via the Trust internal communications process on 11 March 2021. An Early Alert was issued to the Department of Health identifying potential impact across Trust services (EA07.21),</p> <p>The potential impact on the Trust may result in harm to patients particularly in groups of those immunosuppressed, unsatisfactory patient experience, significant financial loss and /or damage to reputation.</p>			
CM1-21/22	Ensure safety, improve quality and test experience	<p>Infusion Pumps and associated consumables are required for the administration of products to patients - including blood, TPN and chemotherapy. Becton Dickinson (BD) has notified MHRA that the sterility of some of their devices cannot be guaranteed due to quality issues with their third-party sterilisation provider. Although the devices are likely to be sterile this cannot be guaranteed so there is a very</p>	MED	<p>To evaluate procedures required with regard to re-introduction of BD Alaris Pumps when consumable supplies are re-established. Person/s responsible for co-ordinating implementation of the action - Trust Working Group.</p>	<p>Update 19/5/2021 Unaffected products available for order Update 22.6.21 - ICU planning to move back to Alaris.</p>

Ref	Principal objec	Description	Risk level (curr Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act Closed d
		<p>small risk of infection from treatment with these devices. There will be supply disruption whilst BD transfer products to a new sterilisation provider. The quality issue was recently identified but ongoing for a number of years. No infection issues have been identified relating to these products. The BD FSN/ MHRA Safety alert (NatPSA) has been used to inform controls below. The NatPSA was disseminated via the Trust internal communications process on 11 March 2021. An Early Alert was issued to the Department of Health identifying potential impact across Trust services (EA07.21),</p> <p>The potential impact on the Trust may result in harm to patients particularly in groups of those immunosuppressed, unsatisfactory patient experience, significant financial loss and /or damage to reputation.</p>			
CM1-21/22	Ensure safety, improve quality and test experience	<p>Infusion Pumps and associated consumables are required for the administration of products to patients - including blood, TPN and chemotherapy. Becton Dickinson (BD) has notified MHRA that the sterility of some of their devices cannot be guaranteed due to quality issues with their third-party</p>	MED	<p>To confirm the agreed regional approach system to be adopted to record any infections and reporting of incidents in conjunction with the Trusts/PHA/SWLG. Person/s responsible for co-ordinating implementation of the action - Trusts/PHA/SWLG.</p>	<p>Update as at 1 April 2021 - completed. 31/03/2021</p>

Ref	Principal object Description	Risk level (current Synopsis (Action Plan))	Progress (Action Plan)	Done date (Actual Closed date)
	sterilisation provider. Although the devices are likely to be sterile this cannot be guaranteed so there is a very small risk of infection from treatment with these devices. There will be supply disruption whilst BD transfer products to a new sterilisation provider. The quality issue was recently identified but ongoing for a number of years. No infection issues have been identified relating to these products. The BD FSN/ MHRA Safety alert (NatPSA) has been used to inform controls below. The NatPSA was disseminated via the Trust internal communications process on 11 March 2021. An Early Alert was issued to the Department of Health identifying potential impact across Trust services (EA07.21), The potential impact on the Trust may result in harm to patients particularly in groups of those immunosuppressed, unsatisfactory patient experience, significant financial loss and /or damage to reputation.			
Number of records for		5		
EMT Director: Planning, Performance & Informatics				
RC1-21/22	Ensure safety, Performance and Service improve quality Delivery Targets: Waiting Lists	EXTREM	Develop a corporate approach to local needs prioritisation and	Update 1 - 30/06/21 -

Ref	Principal objec	Description	Risk level (curr	Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act	Closed d
	and test experience	Inability to deliver against the commissioned performance targets Trust wide (Commissioning Plan Direction/ Commissioning Plan/Service & Budget Agreement/Rebuild plans) 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 Trustwide. This causes potential increased risk for patient/service user clinical outcomes.			associated investment in particular for new planning models/PFG.		
Number of records for Planning, Performance & Informatics				1			
EMT Director:							
RC1-21/22	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/Rebuild plans) due to increased financial constraints within health and social care, increased elective demand, consequence of Covid-19 and	EXTREM		To streamline Community information provision in relation to Community Care (inc: Dom care, Nursing / Residential, care, supported living)	Update 1 - 30/06/21 -	

Ref	Principal obje	Description	Risk level (curr Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act Closed d
		<p>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 Trustwide. This causes potential increased risk for patient/service user clinical outcomes.</p>			
RC1-21/22	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/Rebuild plans) 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 Trustwide. This causes potential increased risk for patient/service user clinical outcomes.</p>	EXTREM	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.	Update 1 - 30/06/21 -
RC1-21/22	Ensure safety, improve quality and test		EXTREM	Support the improvement and innovation that results in development of additional	Update 1 - 30/06/21 -

Ref	Principal obje	Description	Risk level (curr	Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act	Closed d
	experience	<p>commissioned performance targets Trust wide (Commissioning Plan Direction/ Commissioning Plan/Service & Budget Agreement/Rebuild plans) 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 Trustwide. This causes potential increased risk for patient/service user clinical outcomes.</p>		capacity to transform services			
RC1-21/22	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/Rebuild plans) 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</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, New approach".	Update 1 - 30/06/21 -		

Ref	Principal objec	Description	Risk level (curr Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act Closed d
		waiting times to access certain services to investigate, diagnose, and treat Trustwide. This causes potential increased risk for patient/service user clinical outcomes.			
RC1-21/22	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/Rebuild plans) 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 Trustwide. 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 - 30/06/21 -
RC1-21/22	Ensure safety, improve quality and test experience		EXTREM	To continue to strengthen 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	Update 1 - 30/06/21 -

Ref	Principal obje	Description	Risk level (curr	Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act	Closed d
		plans) 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 Trustwide. This causes potential increased risk for patient/service user clinical outcomes.			include both Population level outcomes, performance Trajectories and rebuild metrics.		
RC1-21/22	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/Rebuild plans) 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 Trustwide. This causes potential increased risk for patient/service user	EXTREM	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	Update 1 - 30/06/21 -		

Ref	Principal objec	Description	Risk level (curr	Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act	Closed d
		clinical outcomes.					
RC1-21/22	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/Rebuild plans) 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 Trustwide. 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 - 30/06/21 -		
Number of records for				8			
EMT Director: Planning, Performance & Informatics							
RC2-21/22	Ensure safety, improve quality and test experience		HIGH				
RC4-21/22	Ensure safety, improve quality and test experience	Inability to provide appropriate and robust governance arrangements and assurances across all Independent Sector	HIGH	Develop further targeted training for Trust staff	Update 1 - 30/06/21 -		

Ref	Principal obje	Description	Risk level (curr	Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act	Closed d
		Providers to assure the Trust of the safe and effective delivery of services and compliance with contract terms and conditions/ legislation					
Number of records for Planning, Performance & Informatics			2				
EMT Director:							
RC4-21/22	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	Enhance incident and complaint reporting processes and engage other Trusts with a view to regional agreement on consistent approach.	Update 1 - 30/06/21 -		
RC4-21/22	Ensure safety, improve quality and test experience		HIGH	Post project evaluation to be completed of cross directorate investment in respect of IS governance.	Update 1 - 30/06/21 -		
RC4-21/22	Ensure safety, improve quality and test experience		HIGH	Develop enhanced monitoring and review of medication incidents in line with internal audit recommendations	Update 1 - 30/06/21 -		

Ref	Principal objec Description	Risk level (curr Synopsis (Action Plan)	Progress (Action Plan)	Done date (Act Closed d
Number of records for			3	
EMT Director: Nursing, Primary Care & Elderly NP3-21/22	Ensure safety, improve quality and test experience	HIGH		
Number of records for Nursing, Primary Care & Elderly			1	
Total number of records	49			