

Risk Grading - Action Guidance

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| Green | Very low risk however action should be taken particularly where such risks can be easily minimised or eliminated |
| Yellow | Low risk. Normally actioned locally within Directorates / Programmes / facilities / departments / teams |
| Amber | Moderate Risk. Forwarded to the Directorate Risk Register for management action or onward referral to the Risk Review Panel of the risk cannot be managed locally due to excessive costs or the risks being out of the individual control of the Directorate. |
| Red | High Risk. Forwarded to the Corporate Risk Register for management action or onward referral to the Risk Review Panel if the risk cannot be managed locally due to excessive costs or the risks being out of the individual control of the Directorate. |

Updated February 23

| Identifier | Description | Impact | Counter-measures | Owner | Author | Date Identified | Date last updated | Level of Risk and Status |
|------------|--|---|--|------------------|-----------------|-----------------|-------------------|--------------------------|
| 1 | Emergency Surgical services cannot be maintained on both sites | Patient Safety | Implement a contingency plan and move emergency surgical services to CAH site until full public consultation has taken place and a new service model agreed and approved | Project Director | Project Manager | Sep-21 | Jun-22 | |
| 2 | Patient safety | Consultant staffing levels will impact the service being delivered across both sites. | Implement a contingency plan and move emergency surgical services to CAH site until full public consultation has taken place and a new service model agreed and approved. Have internal transfer arrangements in place | Project Director | Project Manager | Sep-21 | Jun-22 | |
| 3 | Impact on NIAS if Trust moves to a contingency model | Greater number of transfers between both hospital sites Increased transfer time if bypass protocols are put in place | The Trust is liaising closely with NIAS Trust are exploring other means of providing internal transfer between CAH and DHH. | Project Director | Project Manager | Jan-22 | Feb-22 | |

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| 4 | Impact on CAH ED if the Trust moves to a contingency model | Increased levels of patients attending CAH ED due to emergency surgery being moved to CAH | <p>Communicaiton with all stakeholders to advise that DHH ED is still operational and a level 1 ED. Protocols will be in place for those patients requiring surgical assessment at DHH</p> <p>Working in partnership with primary care to develop pathways to signpost patients</p> | Project Director | Project Manager | 01/01/2021 | Feb-22 | |
| 5 | Impact on other Specialties if Trust moves to a contingency model | no surgical support provided to these services on DHH site | Engagement with all specialties and all issues and concerns discussed. Procedures and protocols put in place. All specialties will be involved in discussions around a new service model. | Project Director | Project Manager | Jan-21 | Jun-22 | |
| 6 | Bed capacity on CAH and DHH site | Insufficient beds for all surgical admissions and medical outliers | Bed modeling exercise to be finalised which will provide an indication of accommodation requirements. Works and Equipment to be scoped following this exercise. | Project Director | Project Manager | Jan-21 | Feb-22 | |
| 7 | Impact on medical beds on both CAH and DHH sites | Insufficient beds for all medical patients on both acute sites | Bed modeling exercise to be finalised which will provide an indication of accommodation requirements. Works and Equipment to be scoped following this exercise. | Project Director | Project Manager | Jan-21 | Feb-22 | |
| 8 | Workforce impacts | insufficient staff to provide service on DHH and CAH sites | <p>Sub-group established and communicaiton process implemented with all staff</p> <p>Staff engagement sessions with all staff impacted by emergency general surgery provision</p> | Project Director | Project Manager | Jan-21 | Jun-22 | |

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| 9 | Infrastructure requirements | Insufficient equipment and suitable ward accommodation available for surgery provision | Bed modeling exercise to be finalised which will provide an indication of accommodation requirements. Works and Equipment to be scoped following this exercise. Team will bid for funding through CAG to take this forward | Project Director | Project Manager | Feb-22 | Feb-22 | |
| 10 | Public and political objections | Mixed messages received by local communities causing stress and anxiety Delay to implementation of contingency model Trust reputation | Raise public understanding via good communication Trust monitor and respond to all press enquiries. Trust to deliver key message to all stakeholders Service User Reference Group to be established Close liaison with DHHFPG and Future Group | Project Director | Project Manager | Jan-22 | Feb-22 | |
| 13 | Unable to recruit consultant general surgeons due to the lack of availability at both regional and local level. | unsustainable service on both CAH and DHH sites | Discussions are ongoing with regards to job planning with RCS. HR continue to liaise with RCS regarding this. Recruitment ongoing | Project Director | Project Manager | Sep-21 | Feb-22 | |
| 14 | Impact on DHH ED | Increased pressure on staff in ED | Communication with all stakeholders to advise that DHH ED is still operational and a level 1 ED. Protocols will be in place for those patients requiring surgical assessment at DHH Working in partnership with primary care to develop pathways to signpost patients to the right hospital Working with Urgent Care Centres to signpost patients to the right hospital | Project Director | Project Manager | Jan-22 | Feb-22 | |

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| 15 | Impact of COVID | Ward closures and staff absences due to covid outbreaks | Manage patients as outliers on other wards | Project Director | Project Manage | Apr-22 | Apr-22 | |
| 16 | Impact of pause on consultation process | public and political objections | Raise public understanding via good communicaiton Trust monitor and respond to all press enquiries. Trust to deliver key message to all stakeholders | Project Director | Project Manage | 23-Jun-22 | Jun-22 | |
| 17 | Impact on the Trust with the Western Trust implementing interim arrangements for EGS in SWAH | Increase in the number of patients attending craigavon Area Hospital | Safety Huddles are being held | Project Director | Project Manage | 06-Dec-22 | Feb-23 | |