

Risk Grading - Action Guidance

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	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 Working in partnership with primary care to develop pathways to signpost patients	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	Sub-group established and communicaiton process implemented with all staff Staff engagement sessions with all staff impacted by emergency general surgery provision	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 DHHPFG 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	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 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	