

**DoH  
Departmental Risk  
Register**

**2018 - 2019**

## **Executive Summary**

### **Introduction**

The Department of Health (DoH) has a statutory responsibility to promote an integrated system of health and social care (HSC) designed to secure improvement in:

- the physical and mental health of people in Northern Ireland;
- the prevention, diagnosis and treatment of illness; and
- the social wellbeing of the people in Northern Ireland

The Department's statutory responsibilities under the Health and Social Care (Reform) Act (Northern Ireland) 2009 are to:

- Develop policies;
- Determine priorities;
- Secure and allocate resources;
- Set standards and guidelines;
- Secure the commissioning of relevant programmes and initiatives;
- Monitor and hold to account its ALBs; and
- Promote a whole system approach.

The Department is also responsible for establishing arrangements for the efficient and effective management of the Fire and Rescue Services in Northern Ireland. It discharges these duties both by direct departmental action and through its 17 Arm's Length Bodies (ALBs).

### **Strategic Priorities for Health**

For the overall health, social services and public safety system, the following key strategic priorities have been identified, which include the Department's specific commitments to the wider draft Programme for Government (2016-2021):

- To improve and protect population health and wellbeing, and reduce health inequalities;
- To provide high quality, safe and effective care; to listen to and learn from patient and client experiences; and to ensure high levels of patient satisfaction; and
- To ensure that services are resilient and provide value for money in terms of outcomes achieved and costs incurred.

The vision for the transformation of health and social care over the next 10 years is set out in 'Health and Wellbeing 2026: Delivering Together. This requires a whole system transformation across primary, secondary, and community care and, a radical change to the way services are accessed. Work is underway to deliver this transformation.

### **Resources**

The Department's overall budget is in the region of £5bn. The Department directly employs some 386 (FTE) staff as at 4 April 2018.

## **EU Exit**

There remains a great deal of uncertainty around the implications of EU Exit. Officials in DoH continue to work with other Departments and counterparts in the Republic of Ireland and Great Britain as we prepare for the implications of EU Exit and determine the decisions and actions that need to be taken. This work is referenced in the Departmental Business Plan and the need for escalation to the risk register will be kept under review.

## **Risk Register**

The purpose of this document is to record and update the key risks threatening the achievement of the Department's strategic objectives for 2018/19 and beyond and to identify the controls in place, and under development, to mitigate and manage those risks.

The identification, assessment, management and monitoring of risk is integral to the achievement of strategic business objectives. The process is also essential to the proper performance of the role of the Departmental Board. The Departmental Risk Register is a living document, which is reviewed and updated on a regular basis to take account of the changing nature of risk.

The core of the Departmental Risk Register is comprised of those residual or inherent risks where the threat cannot be removed or disregarded and therefore merits continuous oversight by the Accounting Officer, supported by the Departmental Board and the Departmental Audit and Risk Assurance Committee (DARAC). In accordance with the procedures set out in the Department's Framework for Business Planning, Risk Management and Assurance, risks to the achievement of business objectives at directorate



level may also be escalated to the Departmental Risk Register. All risks have been assessed in accordance with the guidance set out in Appendix D of the Framework for Business Planning, Risk Management and Assurance. Whilst risks at this level are the corporate responsibility of all Executive Board Members, Senior Responsible Owners (SROs) are identified for the purposes of co-ordinating monitoring and reporting activity.

## Departmental Risks

Dept. Risk (DR) No.	Dept. Risk Description
DR1	That available financial resources are insufficient and are not deployed effectively to ensure that essential services are maintained and the strategic objectives for the HSC and Public Safety are progressed in 2018/19.
DR2	That planning and prioritisation of financial resources for future years is not effective in ensuring that sufficient resources are available to maintain essential services and deliver the strategic objectives for HSC and Public Safety in future years
DR3	Departmental priorities are not met due to ineffective arrangements for the management, recruitment, engagement, deployment or development of Departmental staff
DR4	The requisite HSC workforce is not recruited, retained, trained or developed, with a consequent negative impact on service provision, due to: a lack of capacity and/or resources for effective workforce planning and development; and/or, prevailing employment market conditions for the healthcare sector.
DR5	There is an adverse effect on the demand for, and quality of, HSC Services due to the ineffective delivery of those NICS Outcome Programme outcomes for which the DoH is responsible
DR6	The health and social care sector may be unable to respond to the health and social care consequences of any emergency (including those for which the DoH is the Lead Government Department) due to inadequate planning and preparedness which could impact on the health and well-being of the population
DR7	Services provided are not safe or of appropriate quality due to ineffective measures being in place for the adequate discharge of the Department's statutory responsibilities under the Health and Social Care (Reform) Act (Northern Ireland) 2009
DR8	Failure to protect children, young people and adults at risk as a result of an ineffective planning and policy response
DR9	Appropriate standards of probity and governance are not maintained due to ineffectual internal control and sponsorship of arms length bodies
DR10	The required level of transformation in the HSC is not delivered due to lack of commitment within the system, political and citizen buy-in or a failure to effectively plan and manage change
DR11	Contractual arrangements for independent practitioners become impractical or financially unviable in a significant number of areas, leading to loss of services and increased pressure on other services.
DR12	Cyber security breach leads to loss of service user data and/or prolonged loss of key services.
DR13	Failure to comply with the legislative requirements set out in the General Data Protection Regulation and DPA 2018 negatively impacts the health budget due to statutory fines, and damages Departmental reputation.

<b>DR14</b>	That Encompass and other major ehealth projects such as NIPACS, LIMS, NHAIS etc are not delivered on time, within budget, do not enable the transformational benefits to the extent they anticipate, or that the HSC is unable to manage the change and coordination between key projects effectively

## Department of Health

### Risk Appetite Statement

1. This statement outlines the Department's risk appetite, which is considered periodically by the Departmental Board and the Departmental Audit and Risk Assurance Committee.
2. The purpose of the risk appetite statement is to articulate the amount of risk the Department is prepared to accept, tolerate or be exposed to in pursuit of its strategic objectives or from other inherent issues which although not directly linked to the strategic objectives have an impact on the risk profile of the Department.
3. The following classifications of risk appetite are as set out in HM Treasury guidance *'Thinking about Risk – Managing your risk appetite: a practitioner's guide'*.

Classification	Description
Averse	Avoidance of risk and uncertainty is a key organisational objective.
Minimalist	Preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward.
Cautious	Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.
Open	Willing to consider all potential delivery options and choose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc.)
Hungry	Eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk.

4. In general the Department strives for a **Hungry** risk appetite in relation to most categories of risk, but recognises the need to be **Open** in relation to some areas where the Department cannot afford to fail, for example statutory responsibilities.

5. This reflects the Department's desire to accept a calculated level of risk in order to enable the pursuit of the most effective method of achieving its desired outcomes. This includes the consideration of innovative or less safe delivery methods where the risks are calculated to be appropriately balanced with the level of reward.
6. Where a **Hungry** risk appetite is agreed for a particular area of work, corporate responsibility is assumed.

## Assessment of Risk – Impact

The impact of a risk on the successful achievement of a business objective is measured on a rising scale of 1 to 5, where 1 represents ‘insignificant’ impact and 5 stands for ‘catastrophic’ impact. The table below is provided as helpful guidance to illustrate the differing levels of impact a realised risk may have on a number of Departmental criteria. Measurement is generally subjective so, when recording an impact assessment, it is important to document the assumptions underlying the assessment.

Impact	Non-achievement of key objectives	Reputation/ Publicity	Financial consequence	Litigation
	Anything that poses a threat to the achievement of the department’s objectives, programmes or service delivery for citizens	Anything that could damage the reputation of a department or undermine the public’s confidence in it	Failure to guard against impropriety, malpractice waste or poor value for money (financial scale indicative only)	Failure to comply with regulations such as those covering health and safety and the environment
<b>1. Insignificant</b>	Minor non-compliance	Within unit Local press <1 day coverage	Negligible financial loss - less than £1,000	Minor out-of-court settlement
<b>2. Minor</b>	Single failure to meet internal standards	Regulator concern Local press <7 day of coverage	Low financial loss - between £1,000 and £9,999	Civil action Improvement notice
<b>3. Moderate</b>	Repeated failures to meet internal standards	National media <3 day coverage Department executive action	Medium financial loss - between £10,000 and £99,999	Class action Criminal prosecution Prohibition Notice
<b>4. Major</b>	Failure to meet national standards	National media >3 day of coverage  Questions in the Assembly	High financial loss – between £100,000 and £499,999	Criminal prosecution – no defence
<b>5. Catastrophic</b>	Gross failure to meet professional standards	Full Public Enquiry	Extreme financial loss - £500,000 or more	Executive officer fined or imprisoned


### Assessment of Risk – Likelihood

The likelihood of a risk occurring is also measured on five-part scale, rising from 1 (rare) to 5 (almost certain to occur). Again, as experience and subjectivity play a large part in this assessment, it is important to document the assumptions underlying the assessment. The table below illustrates the degrees of assessed likelihood.

CODE	DESCRIPTOR	DESCRIPTION
1	Rare	<5% likelihood of impact happening
2	Unlikely	5% to 20% likelihood of occurrence
3	Possible	20% to 50% likelihood of occurrence
4	Likely	50% to 80% likelihood of occurrence
5	Almost Certain	>80% likelihood of occurrence

## Assessment of Risk – Level of Risk

Level of risk is a product of the values for Impact and Likelihood, and is determined by applying each of these to the matrix below. The four parameters are Low, Medium or High. For example, a risk with a 'Moderate' impact and 'Almost Certain' likelihood would have High level of risk whereas a risk with a 'Moderate' impact and 'Possible' likelihood would constitute a Medium level of risk.

IMPACT	Risk Quantification Matrix				
5 - Catastrophic	Low (5)	Medium (10)	High (15)	High (20)	High (25)
4 – Major	Low (4)	Medium (8)	High (12)	High (16)	High (20)
3 - Moderate	Low (3)	Medium (6)	Medium (9)	High (12)	High (15)
2 – Minor	Low (2)	Low (4)	Medium (6)	Medium (8)	Medium (10)
1 – Insignificant	Low (1)	Low (2)	Low (3)	Low (4)	Low (5)
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
	Likelihood 				



## Risk Register – Key to Terms Used

<b>1</b>	<b>Identifier:</b>	Unique identifier assigned to the Departmental Risk
<b>2</b>	<b>Risk:</b>	Uncertainty of outcomes of actions or events (may provide positive opportunities or negative threats)
<b>3</b>	<b>Objective(s):</b>	Departmental Business Plan Objective(s) that relate to the Departmental Risk
<b>4</b>	<b>SRO:</b>	Senior Responsible Officer for the management of the risk and any additional action necessary
<b>5</b>	<b>Risk Appetite:</b>	The amount of risk the Department is prepared to accept, tolerate or be exposed to in pursuit of its strategic objectives
<b>6</b>	<b>Residual Risk (Current):</b>	The level of risk remaining after current internal control actions have been exercised. It should be acceptable and justifiable within the risk appetite
<b>7</b>	<b>Treated Risk (Target):</b>	The expected status of the risk after planned actions have been taken
<b>8</b>	<b>Action Planned, Target Date &amp; Owner:</b>	Planned enhancements to existing controls to mitigate against risks, date for implementation and Business Area responsible for implementation
<b>9</b>	<b>Actions Completed, Completion date &amp; Owner</b>	Completed enhancements to existing controls to mitigate against risks, date implemented and Business Area responsible for implementation

**DR1:** Sufficient financial resources and their effective deployment are essential to ensure that the strategic objectives for HSC and Public Safety can be delivered in 2018/19. Resources should be deployed appropriately taking account of Departmental and HSC priorities in line with current business needs.

1 Identifier	2 Risk	3 Objective(s)	4 SRO	5 Risk Appetite	6		7		8 Action Planned, Target Date & Owner	9 Actions completed, Completion Date & Owner
					Assessment Residual Risk (Current)		Assessment Treated Risk (Target)			
					Overall Rating		Overall Rating			
					20 (High)		16 (High)			
					Impact	Likelihood	Impact	Likelihood		
DR1	That available financial resources are insufficient and are not deployed effectively to ensure that essential services are maintained and the strategic objectives for the HSC and Public Safety are progressed in 2018/19.	DO1.1 DO1.2 DO2.1 DO3.1 DO3.2	Name Redacted	Open	4	5	4	4	<ul style="list-style-type: none"> <li>Bidding process to identify additional funding needs to DoF. In line with timetables set by DoF Ongoing (RPMG)</li> <li>Ongoing engagement with DoF to obtain early insight on the emerging position at a NI Block level and the potential for further additional becoming available. Ongoing (RPMG)</li> <li>Regular reporting to Departmental Board, TMG and DoF. Ongoing (RPMG)</li> </ul>	<ul style="list-style-type: none"> <li>Detailed input provided to DoF and NIO as part of 2018/19 budget process, and Permanent Secretary exchange of correspondence with DoF on handling of £59m resource gap as part of in-year monitoring process. Complete March 2018 (RPMG)</li> <li>With exception of NIFRS all opening allocations of resource funding have been made for 2018/19 following TMG/Permanent Secretary approvals.</li> </ul>

1 Identifier	2 Risk	3 Objective(s)	4 SRO	5 Risk Appetite	6		7		8 Action Planned, Target Date & Owner	9 Actions completed, Completion Date & Owner
					Assessment		Assessment			
					Residual Risk (Current)		Treated Risk (Target)			
					Overall Rating		Overall Rating			
					20 (High)		16 (High)			
Impact	Likelihood	Impact	Likelihood							
									<ul style="list-style-type: none"> <li>• Bi-annual accountability Meetings with ALBs Ongoing (RPMG)</li> <li>• Regular Strategic Investment and Finance Group meetings with each ALB. Regular SFF meetings with Directors of Finance. Ongoing engagement with HSCB. Ongoing (RPMG)</li> <li>• Formal system of capital priorities review to determine capital allocations against strategic planning need. Ongoing (RPMG)</li> <li>• Issue formal notification of resource allocation to NIFRS. 30 June 2018 (RPMG)</li> </ul>	<ul style="list-style-type: none"> <li>• Complete 30 May 2018 (RPMG)</li> <li>• Unfunded control total issued to HSCB for £31m, reflecting part of £59m funding gap and in light of need to maintain existing services. Complete 15 March 2018 (RPMG)</li> <li>• Resource bid for £59m and capital bid for £20m submitted to DoF. Complete 8 March 2018 (RPMG)</li> <li>• Early allocation of available capital funding for 2018/19 Completed 30/3/18 (RPMG)</li> <li>• TMG approval for allocation of remaining capital funding 30 April 2018 (RPMG)</li> </ul>

**DR2:** Effective planning and prioritisation of resources are essential to ensure that sufficient resources are available to deliver the strategic objectives for HSC and Public Safety in future years. Resources should be deployed appropriately taking account of Departmental and HSC priorities in line with future business needs.

1 Identifier	2 Risk	3 Objective(s)	4 SRO	5 Risk Appetite	6		7		8 Action Planned, Target Date & Owner	9 Actions completed, Completion Date & Owner
					Assessment		Assessment			
					Residual Risk (Current)		Treated Risk (Target)			
					Overall Rating		Overall Rating			
					16 (High)		12 (High)			
Impact	Likelihood	Impact	Likelihood							
DR2	That planning and prioritisation of financial resources for future years is not effective in ensuring that sufficient resources are available to maintain essential services and deliver the strategic objectives for HSC and Public Safety in future years	DO1.1 DO1.2 DO2.1 DO3.1 DO3.2	Name Redacted	Open	4	4	4	3	<ul style="list-style-type: none"> <li>Bidding process to identify additional funding needs to DoF. In line with timetables set by DoF. Ongoing (RPMG)</li> <li>Bi-annual accountability meetings with ALBs Ongoing (RPMG)</li> <li>Regular Strategic Investment and Finance Group meetings with each ALB. Regular SFF meetings with Directors of Finance. Ongoing engagement with HSCB. Ongoing (RPMG)</li> </ul>	<ul style="list-style-type: none"> <li>Initial input to Budget 2019/21 Information Gathering Exercise submitted to DoF. Complete 8 May 2018 (RPMG)</li> </ul>

1	2	3	4	5	6		7		8	9
Identifier	Risk	Objective(s)	SRO	Risk Appetite	Assessment		Assessment		Action Planned, Target Date & Owner	Actions completed, Completion Date & Owner
					Residual Risk (Current)	Treated Risk (Target)				
					Overall Rating	Overall Rating				
					16 (High)		12 (High)			
					Impact	Likelihood	Impact	Likelihood		
									<ul style="list-style-type: none"> <li>Regular reporting to Departmental Board, TMG and DoF. Ongoing (RPMG)</li> <li>Formal system of capital priorities review to determine capital allocations against strategic planning need Ongoing (RPMG)</li> <li>Development of a draft multi-year capital investment plan 31 March 2019 (RPMG)</li> </ul>	

**DR3:** The provision of a skilled, competent and engaged workforce is essential to ensure that the Department is able to deliver its business objectives. The workforce should be deployed appropriately taking account of Departmental priorities and available resources and developed in line with current and future business needs. The Department needs to work collaboratively with NICS HR to secure strategic HR services.

1 Identifier	2 Risk	3 Objective(s)	4 SRO	5 Risk Appetite	6		7		8 Action Planned, Target Date & Owner	9 Actions completed, Completion Date & Owner
					Assessment Residual Risk (Current)		Assessment Treated Risk (Target)			
					Overall Rating		Overall Rating			
					9 (Med)		6 (Med)			
					Impact	Likelihood	Impact	Likelihood		
DR3	Departmental priorities are not met due to ineffective arrangements for the management, recruitment, engagement, deployment or development of Departmental staff	DO1.1 DO1.2 DO2.1 DO3.1 DO3.2 DO4.1	Name Redacted	Open	3	3	3	2	<ul style="list-style-type: none"> <li>Development of collaborative working with NICS HR business partners 31 March 2019 (RPMG)</li> <li>Effective analysis and reporting of HR management information to Board and TMG with action plans to address issues as appropriate 31 March 2019 (RPMG)</li> <li>Development needs identified, resourced and addressed through learning and development planning process 31 March 2019 (RPMG)</li> </ul>	

1	2	3	4	5	6		7		8	9
Identifier	Risk	Objective(s)	SRO	Risk Appetite	Assessment		Assessment		Action Planned, Target Date & Owner	Actions completed, Completion Date & Owner
					Residual Risk (Current)	Treated Risk (Target)				
					Overall Rating		Overall Rating			
					9 (Med)		6 (Med)			
					Impact	Likelihood	Impact	Likelihood		
									<ul style="list-style-type: none"> <li>Use of people survey results and engagement activity to inform the development of the Departmental staff engagement programme 31 March 2019 (RPMG)</li> </ul>	



**DR4:** The NISRA Quarterly Employment survey estimates the total size of the ‘Human, health and social work activities’ sector at 126,530 jobs as at December 2016, covering public and private/independent sectors. The Department is committed to the development of a Workforce Strategy covering all aspects of the HSC workforce, including: retention and recruitment; opportunities for introducing new job roles; and up-skilling initiatives.

1 Identifier	2 Risk	3 Objective(s)	4 SRO	5 Risk Appetite	6		7		8 Action Planned, Target Date & Owner	9 Actions completed, Completion Date & Owner
					Assessment		Assessment			
					Residual Risk (Current)		Treated Risk (Target)			
					Overall Rating		Overall Rating			
					16 (High)		12 (High)			
Impact	Likelihood	Impact	Likelihood							
DR4	The requisite HSC workforce is not recruited, retained, trained or developed, with a consequent negative impact on service provision, due to: a lack of capacity and/or resources for effective workforce planning and development; and/or, prevailing employment market	DO1.1 DO2.1 DO3.2	J Johnston	Hungry	4	4	4	3	<ul style="list-style-type: none"> <li>Assessment of workforce needs under the new models of service delivery including planning to maintain service delivery through the transition to the new models of delivery. It is anticipated that a Strategic Group will be established to oversee this programme of work following the completion of the HSC Workforce Strategy which is currently underway. Ongoing (HPG)</li> <li>The Department will closely monitor workforce needs emerging in line with service development and will factor these into the commissioning</li> </ul>	<ul style="list-style-type: none"> <li>Development of a workforce strategy covering all aspects of the HSC workforce, including retention and recruitment; opportunities for introducing new job roles; and upskilling initiatives. Completed May 2018 (HPG)</li> </ul>



1	2	3	4	5	6		7		8	9
Identifier	Risk	Objective(s)	SRO	Risk Appetite	Assessment		Assessment		Action Planned, Target Date & Owner	Actions completed, Completion Date & Owner
					Residual Risk (Current)	Treated Risk (Target)				
					Overall Rating	Overall Rating				
					16 (High)		12 (High)			
					Impact	Likelihood	Impact	Likelihood		
	conditions for the healthcare sector.								<p>and prioritisation of training and education. Ongoing (HPG)</p> <ul style="list-style-type: none"> <li>Ongoing engagement with and sponsorship of NIMDTA, and engagement with universities and other training and education providers. Ongoing (HPG)</li> <li>Working in partnership with TUS and HSC employers, and engagement on a four country basis. Ongoing (HPG)</li> </ul>	

**DR5:** An Outcome Delivery Plan has been agreed by the NICS Board that is designed to connect work across every department and provide a focus for business planning and budgeting during 2018/19 in a way that reflects the strategic direction set by the former Executive. DoH has lead responsibility for the following outcome: **‘We enjoy long, healthy active lives’**.

The availability of funding will determine the pace at which some early interventions can take place.

1 Identifier	2 Risk	3 Objective(s)	4 SRO	5 Risk Appetite	6 Assessment		7 Assessment		8 Action Planned, Target Date & Owner	9 Actions completed, Completion Date & Owner
					Residual Risk (Current)		Treated Risk (Target)			
					Overall Rating		Overall Rating			
					12 (High)		8 (Med)			
					Impact	Likelihood	Impact	Likelihood		
DR5	There is an adverse effect on the demand for, and quality of, HSC Services due to the ineffective delivery of those NICS Outcome Programme outcomes for which the DoH is responsible	DO1.1 DO1.2 DO2.1	R Pengelly	Hungry	4	3	4	2	<ul style="list-style-type: none"> <li>Work is progressing on Draft Delivery Plans and report cards. They are live documents that will continue to evolve, even after their implementation begins 31 March 2019 (CMOG, SSPG, NMAHP)</li> <li>Regular engagement with SROs to receive assurance from the SROs charged with delivering progress in the population indicators supporting this outcome around the approach they have taken</li> </ul>	<ul style="list-style-type: none"> <li>Clear links have been established between NICS Outcomes and the Departmental Business Plan associated reporting structures are in place. April 2018 (RPMG)</li> </ul>

1	2	3	4	5	6		7		8	9	
Identifier	Risk	Objective(s)	SRO	Risk Appetite	Assessment		Assessment		Action Planned, Target Date & Owner	Actions completed, Completion Date & Owner	
					Residual Risk (Current)		Treated Risk (Target)				
					Overall Rating		Overall Rating				
					12 (High)		8 (Med)				
						Impact	Likelihood	Impact	Likelihood		
									<p>31 March 2019 (CMOG, SSPG, NMAHP)</p> <ul style="list-style-type: none"> <li>Moving forward with the Delivering Together transformation agenda will underpin achievement of NICS Outcome Programme outcomes.</li> </ul> <p>31 March 2019 (Transformation)</p>		

**DR6:** The Department has a responsibility to ensure that adequate health and social care provision is available to citizens of NI in the event of any emergency. DoH is also the Lead Government Department (LGD) for responding to the health and social care consequences of emergencies from the following categories:-

- CBRNE (a Chemical, Biological, Radiological Nuclear or Explosive incident brought about either through terrorism, industrial accidents or by natural causes);
- Disruption of Medical Supply Chains;
- Human Infectious Diseases; and
- Mass Casualties.

1 Identifier	2 Risk	3 Objective(s)	4 SRO	5 Risk Appetite	6 Assessment		7 Assessment		8 Action Planned, Target Date & Owner	9 Actions completed, Completion Date & Owner
					Residual Risk (Current)		Treated Risk (Target)			
					Overall Rating		Overall Rating			
					12 (High)		9 (Med)			
					Impact	Likelihood	Impact	Likelihood		
DR6	The health and social care sector may be unable to respond to the health and social care consequences of any emergency (including those for which the DoH is the Lead Government)	DO1.1 DO1.2	M McBride	Open	4	3	3	3	<ul style="list-style-type: none"> <li>• Develop and review strategic frameworks on emergency preparedness and response policies in line with emerging UK policy and best practice. 31 December 2018. (CMO Group)</li> <li>• Review and develop pan flu preparedness in NI by participating in the UK Pandemic Flu Readiness Board and leading the CCG(NI) subgroup on pandemic flu in NI, in order to:</li> </ul>	

1 Identifier	2 Risk	3 Objective(s)	4 SRO	5 Risk Appetite	6		7		8 Action Planned, Target Date & Owner	9 Actions completed, Completion Date & Owner
					Assessment		Assessment			
					Residual Risk (Current)		Treated Risk (Target)			
					Overall Rating		Overall Rating			
					12 (High)		9 (Med)			
Impact	Likelihood	Impact	Likelihood							
	Department) due to inadequate planning and preparedness which could impact on the health and well-being of the population								<ul style="list-style-type: none"> <li>- contribute to a UK Bill by 31 December 2018 (CMO Group)</li> <li>- oversee development of pan flu guidance for NI incorporating primary, secondary and social care by June 2019 (CMO Group in partnership with policy G5s across DoH)</li> <li>• Deliver a work programme to include Training, Testing and Exercising to ensure clear understanding of roles and responsibilities of key responders and familiarisation with key activities and processes. 31 March 2019 (CMO Group)</li> <li>• Management of Health Countermeasure Stockpiles including replenishment, storage and distribution arrangements following NHS BSA cycling/ procurement changes.</li> </ul>	

1	2	3	4	5	6		7		8	9
Identifier	Risk	Objective(s)	SRO	Risk Appetite	Assessment		Assessment		Action Planned, Target Date & Owner	Actions completed, Completion Date & Owner
					Residual Risk (Current)	Treated Risk (Target)				
					Overall Rating		Overall Rating			
					12 (High)		9 (Med)			
					Impact	Likelihood	Impact	Likelihood		
									31 March 2019.(CMO Group)	

**DR7:** The need to ensure the Quality and Safety of services provided by Health and Social care bodies is at the heart of the Department's Policy Agenda. This is underpinned by the Department's Quality 2020 (Q2020) strategy. It is also underpinned structurally by the roles and responsibilities assigned to the Regulation and Quality Improvement Authority, the Patient and Client Council, the HSCB, PHA, HSC Trusts. Their responsibilities are further clarified in legislation through the 2009 Reform Act and the 2003 Quality, Improvement and Regulation Order which amongst other things imposed a Statutory Duty of Quality on HSC Bodies. A review of the 2003 Order is currently underway which will examine the broader regulatory framework and provide clarification as to which services ought to be regulated and how that regulation will take place. The absence of a Minister/Executive has the potential to impact on the delivery of this work.

1 Identifier	2 Risk	3 Objective(s)	4 SRO	5 Risk Appetite	6		7		8 Action Planned, Target Date & Owner	9 Actions completed, Completion Date & Owner
					Assessment		Assessment			
					Residual Risk (Current)		Treated Risk (Target)			
					Overall Rating		Overall Rating			
					25 (High)		16 (High)			
Impact	Likelihood	Impact	Likelihood							
DR7	Services provided are not safe or of appropriate quality due to ineffective measures being in place for the adequate discharge of the Department's statutory responsibilities under the Health and	DO1.1 DO1.2 DO2.1	M McBride	Open	5	5	4	4	<ul style="list-style-type: none"> <li>To develop a policy on the principles of regulation, including the scope and regulatory approach of the regulator 31 March 2019 (CMOG)</li> <li>To establish an IHRD Implementation Programme to implement the recommendations of the IHRD report 30 September 2018 (CMOG)</li> </ul>	

1	2	3	4	5	6		7		8	9
Identifier	Risk	Objective(s)	SRO	Risk Appetite	Assessment		Assessment		Action Planned, Target Date & Owner	Actions completed, Completion Date & Owner
					Residual Risk (Current)	Treated Risk (Target)				
					Overall Rating	Overall Rating				
					25 (High)	16 (High)				
Impact	Likelihood	Impact	Likelihood							
	Social Care (Reform) Act (Northern Ireland) 2009									



**DR8:** Some people in Northern Ireland, due to their age or personal circumstances, are vulnerable to abuse or harm inflicted by others. The Department works to ensure that effective legislative, standards, planning and accountability frameworks are in place, underpinned by appropriate training and resources, to safeguard those most at risk and to promote their welfare.

1 Identifier	2 Risk	3 Objective(s)	4 SRO	5 Risk Appetite	6		7		8 Action Planned, Target Date & Owner	9 Actions completed, Completion Date & Owner
					Assessment Residual Risk (Current)		Assessment Treated Risk (Target)			
					Overall Rating		Overall Rating			
					12 (High)		6 (Med)			
					Impact	Likelihood	Impact	Likelihood		
DR8	Failure to protect children, young people and adults at risk as a result of an ineffective planning and policy response	DO1.1 DO1.2	S Holland	Open	3	4	3	2	<ul style="list-style-type: none"> <li>A range of policies, legislation, standards, guidance and resourcing in place (subject to regular review). 31 March 2019 (SSPG)</li> <li>A framework for accountability and reporting on the discharge of delegated statutory functions is in place and fully embedded in accountability review arrangements for ALBs. 31 March 2019 (SSPG)</li> <li>Effective partnership arrangements in place and regular engagement with HSCB and HSC Trusts</li> </ul>	<ul style="list-style-type: none"> <li>Regular meetings between Office of Social Services (OSS) and Family &amp; Children's Policy Directorate (FCPD) on issues emerging from Delegated Statutory Functions (DSF) report</li> <li>Regular meetings with HSCB/H SCT Directors of Social Work and Children. Attendance at meetings of CSIB/AD Forum as required.</li> </ul>

1	2	3	4	5	6		7		8	9
Identifier	Risk	Objective(s)	SRO	Risk Appetite	Assessment		Assessment		Action Planned, Target Date & Owner	Actions completed, Completion Date & Owner
					Residual Risk (Current)	Treated Risk (Target)				
					Overall Rating	Overall Rating				
					12 (High)	6 (Med)				
					Impact	Likelihood	Impact	Likelihood		
									<p>31 March 2019 (SSPG)</p> <ul style="list-style-type: none"> <li>Participation in bidding process to secure funding to effect transformation in children's services and address opportunities to enhance current provision. 31 March 2019 (SSPG)</li> <li>Ongoing monitoring of the impact of the closure of the HSCB on the exercise of the HSCB's current functions relating to children's and adult social care. 31 March 2019 (SSPG)</li> </ul>	

**DR9:** The roles and responsibilities of a Sponsor Department are set out in Managing Public Money NI. The relationship between a Department and its ALB is articulated in the Management Statement and Financial Memorandum. The Department has 17 ALBs. A sponsorship handbook sets out the Department's approach to sponsorship of its ALBs to ensure as far as possible that there is consistency of approach and proportionality of application.

1 Identifier	2 Risk	3 Objective(s)	4 SRO	5 Risk Appetite	6		7		8 Action Planned, Target Date & Owner	9 Actions completed, Completion Date & Owner
					Assessment		Assessment			
					Residual Risk (Current)		Treated Risk (Target)			
					Overall Rating		Overall Rating			
					10 (Med)		10 (Med)			
Impact	Likelihood	Impact	Likelihood							
DR9	Appropriate standards of probity and governance are not maintained due to ineffectual internal control and sponsorship of arms length bodies	DO1.2 DO2.1 DO3.1	<b>Name Redacted</b>	Open	5	2	5	2	<ul style="list-style-type: none"> <li>Regular Strategic Investment and Finance Group meetings with each ALB. Regular SFF meetings with Directors of Finance. Ongoing engagement with HSCB. Ongoing (RPMG)</li> <li>Working with CPD-HP and BHSCT to identify lessons learned from Maternity and Children's Hospital Projects and implement action plans for improvement Ongoing (RPMG)</li> <li>Working with ALBs and DoF to ensure clarification of and full</li> </ul>	<ul style="list-style-type: none"> <li>Appropriate business case processes in place to assess and approve all capital expenditure (RPMG)</li> <li>Timed action plans in place for the regularisation of leasing position with most Trusts (RPMG)</li> <li>The Department has in place a twice yearly accountability process that is supported by a range of governance and accountability tools Ongoing (RPMG).</li> </ul>

1 Identifier	2 Risk	3 Objective(s)	4 SRO	5 Risk Appetite	6		7		8 Action Planned, Target Date & Owner	9 Actions completed, Completion Date & Owner
					Assessment		Assessment			
					Residual Risk (Current)		Treated Risk (Target)			
					Overall Rating		Overall Rating			
					10 (Med)		10 (Med)			
Impact	Likelihood	Impact	Likelihood							
									<p>compliance with leasing DAO. Ongoing (RPMG)</p> <ul style="list-style-type: none"> <li>Review of Governance Statement process and update of associated guidance. 31 July 2018 (RPMG)</li> <li>Final report on Controls Assurance Standards Review. 31 July 2018 (RPMG)</li> <li>The Department has in place a twice yearly accountability process that is supported by a range of governance and accountability tools. Ongoing (RPMG).</li> <li>Annual review of Sponsorship Handbook. 31 March 2019 (RPMG)</li> </ul>	

1	2	3	4	5	6		7		8	9
Identifier	Risk	Objective(s)	SRO	Risk Appetite	Assessment		Assessment		Action Planned, Target Date & Owner	Actions completed, Completion Date & Owner
					Residual Risk (Current)	Treated Risk (Target)				
					Overall Rating	Overall Rating				
					10 (Med)		10 (Med)			
					Impact	Likelihood	Impact	Likelihood		
									<ul style="list-style-type: none"> <li>Updated guidance to ALBs on risk management processes. 31 July 2018 (RPMG)</li> <li>The Oversight Scrutiny Committee (OSC) set up to examine the outcome of the Counter Fraud report on domiciliary care for all Trusts will continue to meet regularly. The report identified potential risk of over claim by independent sector providers of domiciliary care. Work continues to validate the findings and identify improvements. The OSC anticipates a final report and handing over to mainstream structures once all critical outputs are secured and in the interim is reporting to DARAC regularly. Ongoing (RPMG)</li> </ul>	

1	2	3	4	5	6		7		8	9
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					Residual Risk (Current)	Treated Risk (Target)				
					Overall Rating		Overall Rating			
					10 (Med)		10 (Med)			
					Impact	Likelihood	Impact	Likelihood		
									<ul style="list-style-type: none"> <li>G3s in Resources and Performance Management Group and Social Services Policy Group are considering the impact of a recent setting aside of a domiciliary care procurement in Belfast Trust and what if any regional next steps may be required in conjunction with the Service to ensure such procurements can be completed where they are required. Ongoing (RPMG &amp; SSPG)</li> <li>A Risk Assessment team will complete an assessment of potential risks resulting from the transition of the HSCB to its closure. April 2018 (HPG)</li> </ul>	

**DR10:** Delivering together (2016-2026) set out the need to transform the delivery of health and social care services over the next 10 years to meet the future needs of patients and service users. Through transformation we will alleviate the pressures on our health and social care services, sustain improvements in waiting times and deliver better outcomes for patients

1 Identifier	2 Risk	3 Objective(s)	4 SRO	5 Risk Appetite	6		7		8 Action Planned, Target Date & Owner	9 Actions completed, Completion Date & Owner
					Assessment Residual Risk (Current)		Assessment Treated Risk (Target)			
					Overall Rating		Overall Rating			
					12 (High)		6 (Med)			
					Impact	Likelihood	Impact	Likelihood		
DR10	The required level of transformation in the HSC is not delivered due to lack of commitment within the system, political and citizen buy-in or a failure to effectively plan and manage change	DO1.1 DO1.2 DO2.1 DO3.2	S Gallagher	Hungry	4	3	3	2	<ul style="list-style-type: none"> <li>Regular engagement with key stakeholders within the HSC, political representatives and in wider public arenas Ongoing (Transformation)</li> <li>Adoption of Co-Production approach in development and implementation initiatives is a key enabler for public participation in transformation activity Ongoing (NMAHP)</li> <li>Governance arrangements in place that incorporate key HSC stakeholders Ongoing (Transformation)</li> </ul>	



1	2	3	4	5	6		7		8	9
Identifier	Risk	Objective(s)	SRO	Risk Appetite	Assessment		Assessment		Action Planned, Target Date & Owner	Actions completed, Completion Date & Owner
					Residual Risk (Current)	Treated Risk (Target)				
					Overall Rating	Overall Rating				
					12 (High)	6 (Med)				
					Impact	Likelihood	Impact	Likelihood		
									<ul style="list-style-type: none"> <li>Transformation programme outcomes aligned with other strategic work including Making Life Better, Community Planning and Programme for Government (2016-2021) Ongoing (Transformation)</li> <li>Ensure proposed £200m allocated for transformation is targeted towards actions which fully align with the vision and will accelerate change 31 March 2019 (Transformation)</li> </ul>	



**DR11:** Around 11m consultations a year are undertaken by GPs in Northern Ireland, with the majority of first contacts with the HSC through GPs. Dentists and ophthalmologists also act as first points of contact and deliver a significant volume of care. A number of dental practices have closed in recent years and the number of GP practices has been steadily reducing, with significant recruitment and retention problems evidenced. Lack of capacity in these primary care areas can lead to far greater pressures in more specialist services as referral rates rise as access becomes more difficult.

1 Identifier	2 Risk	3 Objective(s)	4 SRO	5 Risk Appetite	6 Assessment		7 Assessment		8 Action Planned, Target Date & Owner	9 Actions completed, Completion Date & Owner
					Residual Risk (Current)		Treated Risk (Target)			
					Overall Rating		Overall Rating			
					12 (High)		9 (Med)			
					Impact	Likelihood	Impact	Likelihood		
DR11	Contractual arrangements for independent practitioners become impractical or financially unviable in a significant number of areas, leading to loss of services and increased pressure on other services.	DO1.1 DO2.1 DO3.2	J. Johnston	Open	4	3	3	3	<ul style="list-style-type: none"> <li>Careful monitoring of number of providers, financial viability and number of mergers by HSCB. 31 March 2019 (HPG)</li> <li>Support for mergers, consolidations and where necessary consideration of site closures. Ongoing (HPG)</li> <li>Implement GP-led care review recommendations depending on funding 31 March 2019 (HPG)</li> <li>Key steps already taken, including expanding GP training</li> </ul>	

1	2	3	4	5	6		7		8	9
Identifier	Risk	Objective(s)	SRO	Risk Appetite	Assessment		Assessment		Action Planned, Target Date & Owner	Actions completed, Completion Date & Owner
					Residual Risk (Current)		Treated Risk (Target)			
					Overall Rating		Overall Rating			
					12 (High)		9 (Med)			
					Impact	Likelihood	Impact	Likelihood		
									<p>numbers and addressing workload through Practice Based Pharmacy scheme. Ongoing (HPG)</p> <ul style="list-style-type: none"> <li>• Implementation of Doctors and Dentists Remuneration Body (DDRB) recommendations taking account of budget considerations. Ongoing (HPG)</li> <li>• Contingency planning for GP resignations Ongoing (HPG)</li> <li>• Investment in multidisciplinary teams and other transformation measures Ongoing (HPG)</li> <li>• Providing funds to meet demographic and other pressures such as increased indemnity costs</li> </ul>	

1	2	3	4	5	6		7		8	9
Identifier	Risk	Objective(s)	SRO	Risk Appetite	Assessment		Assessment		Action Planned, Target Date & Owner	Actions completed, Completion Date & Owner
					Residual Risk (Current)	Treated Risk (Target)				
					Overall Rating	Overall Rating				
					12 (High)	9 (Med)				
					Impact	Likelihood	Impact	Likelihood		
									Ongoing (HPG) <ul style="list-style-type: none"> <li>Implement discussion on community pharmacy contract within an agreed financial envelope.</li> </ul> Ongoing (CMOG)	

**DR12** – Following a ransomware malware attack on the NHS in May 2017 the Department and HSC organisations have been considering the vulnerability of the HSC to a similar attack. There are considered to be some significant vulnerabilities and a programme of work to boost cyber security and put in place appropriate mechanisms to deal with the consequences of a successful attack is being taken forward.

1 Identifier	2 Risk	3 Objective(s)	4 SRO	5 Risk Appetite	6		7		8 Action Planned, Target Date & Owner	9 Actions completed, Completion Date & Owner
					Assessment		Assessment			
					Residual Risk (Current)		Treated Risk (Target)			
					Overall Rating		Overall Rating			
					16 (High)		9 (Med)			
Impact	Likelihood	Impact	Likelihood							
DR12	Cyber security breach leads to loss of service user data and/or prolonged loss of key services.	DO2.1 DO3.1 DO4.1	J Johnston NR	Open	4	4	3	3	<ul style="list-style-type: none"> <li>Membership of the NICS Cyber Leadership Board to ensure the Department is aware of developments at a National level in cyber security in order to take appropriate action. Ongoing (RPMG)</li> <li>Development of a Regional Cyber Programme and associated business case to boost cyber security across the HSC organisations. 31 May 2018 (HPG)</li> <li>Membership of the Regional Cyber Security Programme Board and the HSC Business</li> </ul>	<ul style="list-style-type: none"> <li>Regional Cyber Programme Board established with membership from all HSC Trusts, HSCB, BSO and PHA. This will oversee the full cyber programme to be developed. Ongoing (HPG/HSCB)</li> <li>Emergency funding provided to increase BSO resources and expertise, and purchase products to increase technical resilience. Complete July 2017 (HPG)</li> <li>Regional Business Continuity Forum established to ensure ALB Business Continuity</li> </ul>

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					Residual Risk (Current)		Treated Risk (Target)			
					Overall Rating		Overall Rating			
					16 (High)		9 (Med)			
Impact	Likelihood	Impact	Likelihood							
									<p>Continuity Forum. Ongoing (HPG)</p> <ul style="list-style-type: none"> <li>Close working with NCSC to ensure HSCNI is benefiting from their expertise and resources, and that communication channels exist to maintain HSC threat level awareness up to date. Ongoing (HPG)</li> <li>Further testing of business continuity plans to ensure these are fit for purpose for a regional cyber event. 31 October 2018 (HPG/HSCB/BSO)</li> </ul>	<p>Plans are fit for purpose for a cyber-attack. Complete September 2017 (HPG)</p> <ul style="list-style-type: none"> <li>Initial HSC Cyber workshop held with colleagues from PSNI and the National Cyber Security Centre (NCSC) to develop contacts between HSC and NCSC, and increase awareness of risk and hear learning from elsewhere in the UK. Complete June 2018 (HPG)</li> </ul>

**DR13:** The new Data Protection Act 2018 and GDPR must be complied with from 25 May 2018. Each public body has a statutory responsibility to know what personal data it holds, how and why it is processed, who has access to it, and with whom it is shared.

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					Residual Risk (Current)		Treated Risk (Target)			
					Overall Rating		Overall Rating			
					12 (High)		8 (Med)			
					Impact	Likelihood	Impact	Likelihood		
DR13	Failure to comply with the legislative requirements set out in the General Data Protection Regulation and DPA 2018 negatively impacts the health budget due to statutory fines, and damages Departmental reputation.	DO1.1 DO2.1 DO4.1	Name Redacted	Open	4	3	4	2	<ul style="list-style-type: none"> <li>Oversee provision of training (CAL) L2 30 June 2018 (RPMG)</li> <li>Communications on GDPR compliance Ongoing (RPMG)</li> <li>Participation in NICS IAR 31 October 2018 (RPMG)</li> <li>Prioritised plan and action to reinforce GDPR compliance Ongoing (RPMG)</li> <li>Statements of compliance 31 December 2018 (RPMG)</li> </ul>	<ul style="list-style-type: none"> <li>CAL provided L1 training to DoH staff beginning 27 April. <b>Complete</b></li> <li>Compilation of Departmental Information on Asset Register. <b>Complete</b> 25 May 2018</li> <li>An approved Data Access Agreement template and Privacy Notice template and guidance are in place across the Department. THE DPO has reviewed all PNs developed to date and provided comments. A number of the PNs have now been finalised and published on a dedicated webpage on the DoH website</li> </ul>

1	2	3	4	5	6		7		8	9
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					Residual Risk (Current)	Treated Risk (Target)				
					Overall Rating		Overall Rating			
					12 (High)		8 (Med)			
Impact		Likelihood		Impact		Likelihood				
										Complete 25 May 2018



**DR14:** The use of technology is a key enabler for whole system transformation. The Encompass programme will provide a strong platform for this and enable the HSC to innovate in how it delivers health and care. A number of other key ehealth programmes (e.g. LIMS, NIPACS, NHAIS) are running in parallel, creating challenges in terms of the scale and pace of change and in ensuring they are all able to meet their delivery targets.

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					Residual Risk (Current)		Treated Risk (Target)			
					Overall Rating		Overall Rating			
					12 (High)		12 (High)			
Impact	Likelihood	Impact	Likelihood							
DR14	That Encompass and other major ehealth projects such as NIPACS, LIMS, NHAIS etc are not delivered on time, within budget, do not enable the transformational benefits to the extent they anticipate, or that the HSC is unable to manage the change and coordination	DO1.1 DO1.2 DO2.1 DO3.2	J Johnson	Hungry	4	3	4	3	<ul style="list-style-type: none"> <li>Procurement process to utilise pre-determined scenarios to assess bidders on their approach to the service delivery aspects where transformation would be intended. This will help ensure the contractor is able to meet our clinical and transformational needs. Ongoing (CMO)</li> <li>Quarterly ehealth programme board meetings; separate Encompass programme board meeting quarterly; individual programme workstreams</li> </ul>	<ul style="list-style-type: none"> <li>Review of ehealth governance completed and revised structures and group membership currently being implemented. This will improve coordination between the various projects and programmes within the ehealth realm, and provide opportunities for identifying risks early. (HSCB)</li> <li>Group established to manage the coordination between the three largest</li> </ul>



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					Overall Rating		Overall Rating			
					12 (High)		12 (High)			
					Impact	Likelihood	Impact	Likelihood		
	between key projects effectively								<p>developed for other major projects such as NIPACS and LIMS. Ongoing (HPG; CMO)</p> <ul style="list-style-type: none"> <li>Regular meetings with ehealth Director in HSCB to monitoring overall strategic direction and progress. Ongoing (HPG)</li> <li>Regular reporting to Departmental Board, TMG and DoF. Ongoing (HPG)</li> <li>Formal system of capital priorities review, including regular meetings and communication with the HSCB, to determine capital allocations against strategic planning need Ongoing (RPMG)</li> </ul>	<p>projects – LIMS, NIPACS, Encompass (HPG)</p>

