

Risk Register - detailed report

Corporate Objectives	Ref	Title	Description	Controls	Risk Level (current)	Notes
To ensure that all resources are deployed to the best effect, achieving desired outcomes and value for money.	001 CRR	To achieve financial balance to achieve statutory duty	The organisation is at risk of failure to achieve financial balance leading to not achieving statutory duty to break even against revenue resource limit. This risk could impact on the organisation by leading : to failure to achieve efficiency targets, high sickness absence necessitating the use of bank staff, high levels of unplanned or extra contractual activity with mainland providers, failure to adhere to standing financial instructions and delegating limits and external changes to regulations for example VAT and pension's contributions.	1.Regular monthly reporting of performance to budget holders, CMT, Integrated CMT, the healthcare Governance and Audit Committee, the IJB and tje SGHD. 2. Production of a Financial Efficiency Plan which has been implemented and is regularly reviewed for additional measures to achieve savings. 3 Inclusion of contingency budget to provide a buffer against unforeseen costs.	High	April 2021 Update received from Debbie Bozkurt Currently working on year end accounts, projecting an underspend which will aim to be moved to IJB reserves. Financial position has been supported by SG COVID 19 funding.  Email sent requesting update - July 2021
To provide person-centred care, focusing on the evidence based health needs of our population, identifying and taking every opportunity to improve our patients' health, experience and outcomes.	006 CRR	No formal arrangements for professional direction or clinical consultant report for Laboratory services	There is a risk that unsatisfactory patient experience/patient safety incidents will occur because specialist consultant advice is not available. Non compliance with MHRA/CPA resulting from no professional direction is also a risk for the organisation.	Options paper has been discussed at CMT - and work will now proceed to establish cost of developing partnership services with one of 3 mainland Boards - MoU has been agreed between NHSWI and NHS Highland for the provision of Microbiology clinical advice and professional direction and this service has now started, further discussions are ongoing	Very High	August 2021 the risk is: likelihood = expected to recur, with a consequence of major. The Blood Transfusion service is now a hub & spoke with SnBTS based at Gartnavel Hospital. The clinical lab service does not have an agreement for support and advice with a larger mainland service. Discussions with NHH have been unsuccessful, and the new national laboratory information system workstream will bring us in line with many other areas of Scotland (but not Highland). The current state places significant burden on the Lab Manager and specialist BMS staff. A satisfactory solution is not available in the immediate future, but the LiMS workstream will facilitate closer working with our central belt & west coast mainland colleagues.

To deliver our commitment to partnership working to deliver national standards, targets and guarantees.	004 CRR	Waiting times - capacity (Theatre/ Beds to meet targets ( local and Visiting Service)	There is a risk that NHS Western Isles will not meet treatment times guarantee(TGG) legal target for inpatient/day cases without increasing capacity. The impact to the Board is insufficient capacity to meet demand in specialities provided by local and visiting services to meet HEAT waiting tie targets and treatment time guarantee legal target.	1. Resources - additional staff visiting services and local staff for increased sessions to build buffer and manage loss of service through technical service or staff sickness. Severe weather over Winter Period, could cause cancellation of elective lists, and increase pressure on TTG Target. 2.Financial - estimated £200,000 required to sustain present targets and significan tfunding (e.g. additional consultant cost at mainland providers or agency providers) required to prevent TTG breaching.	Very High	<p>May 2021</p> <p>Update received from Ronnie Murray</p> <p>Inpatient / Day Case - The below graph shows an increase in the TTG waiting list between March and October 2020 following the suspension of all elective activity due to Covid-19. As theatre activity was restored to normative levels over coming months, the waiting list recovered to pre-Covid levels. However, following a subsequent suspension of elective activity in February 2021, the waiting list sharply rose again, as shown in the graph. In March, day case procedures were resumed and 3 weeks later Inpatient activity also resumed, although bed pressures continue to threaten elective lists.</p> <p>The average number of cases carried out per month pre-Covid (2019/20) was 110. It is pleasing to note that April 2021, 133 cases were carried out in Theatre. There are currently 351 patients on the Inpatient/Day Case waiting list.</p> <p>Endoscopy - The Endoscopy waiting list is currently at pre-Covid levels although the General Surgery list is beginning to grow. This is due to an increase in bowel screening patients being referred and other urgent referrals. As these urgent referrals are listed as soon as possible, routine and review endoscopy patients are not being widely listed. In the absence of a substantive surgeon, all General Surgery procedures are being carried out by locum Angus Smith. It is however encouraging to note that the waiting list of both new and review Urology patients is very much under control with only 9 out of 10 Flexible Cystoscopies listed for May due to a lack of patients. The majority of the patients on the Urology waiting list are for repeat flow studies and so we are working hard this month to book these patients in also.</p> <p>Note the recovery in the General Surgery waiting list from 2019 when there were major issues with the scope washers.</p> <p>Outpatients - The below graph charts the Outpatient waiting list, as well as the number of appointments and referrals. This shows that the waiting list is slightly higher than pre-Covid levels (1075 at the end of April 2021 compared to 830 in April 2020). During the summer months of 2020 and at the height of the Covid outbreak, the waiting list actually decreased significantly due to remote clinics, a drop in referrals and waiting list validation exercises across many specialities. A number of Waiting List Initiatives have been carried out, particularly in ENT, with other Waiting List Initiatives planned for coming months in other specialities such as Dermatology.</p> <p>It is noteworthy that while the number of appointments per month is increasing, it will be hard to recover to pre-Covid levels (around 2,500 per month) due to longer appointment times. These longer appointments are necessary due to the increased cleaning that is now required in between patients.</p> <p>It is encouraging to note that the flight schedule is improving from June 2021 onwards. This will allow for more visiting service appointments, particularly in specialities most affected by the reduced flight service (ENT and Clinical Neurophysiology).</p>
To protect individuals from avoidable harm by continually learning, and improving the reliability and safety in everything we do.	005 CRR	Security needs to be improved at all sites throughout NHS WI	There is a risk that staff, patients, public and or resources may suffer avoidable harm, loss and/or damage due to inadequate security system and processes.	Security Group Established	High	<p>March 2021</p> <p>PRG/Winter Group meet 4times a week or as required.</p> <p>Security Situation and risk remain stable and unchanged.</p> <p>Email sent requesting update - July 2021</p>
To protect individuals from avoidable harm by continually learning, and improving the reliability and safety in everything we do.	002(A) CRR	Civil Contingencies - Major Incident Response	There is a risk that the Board may not be able to respond effectively to a Major Incident (under the auspice of the Civil Contingencies Act (2004)). This risk may impact the Board across many of the organisations risk criteria from patient safety through business interruption and organisational reputation. Given that the risk is measuring worst case scenario, catastrophic events, the impact rating is primarily extreme.	1. Development of National Mass Casualty Plan. 2. Continuous Training Programme for staff. 3. Engagement wih Local, Regional and National Emergency Management Multi-agency partnerships. 4. Development of an internal rolling programme of exercise	High	<p>August 2021</p> <p>Risk assessment has been reviewed and updated. Minor changes added and risk rating remains the same.</p> <p>Pandemic influenza is on hold as the national risk has been suspended until after the COVID pandemic to allow for a complete rewrite. As our local risk assessment is based on the national risk any upgrade to cannot be completed at present.</p> <p>This risk assessment due to cost versus benefit is an accepted risk and reviewed 6 monthly.</p>

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To protect individuals from avoidable harm by continually learning, and improving the reliability and safety in everything we do.	039 CRR	Unscheduled care of children and neonates	The risk of a COD providing care which is beyond their level of competence. Risk of an on call shift not having a defined COD. Risk of the CODs withdrawing from the service completely.	Establish a small workign group to develop unscheduled care paediatrics strategy and action plan, which will include development of enhanced support from Glasgow, the establishment of a multi disciplinary team, the probable removal f the term 'COD' and the probable establishment of furthjer speciality doctor posts in A and E. Begin training for the Speciality Doctors and existing CODs to cover likely senarios. Develop a multi disciplinary education programme. Implement unscheduled care paediatrics strategy and action plan.	Medium	August 2021 This risk assessment is now to be considered for archiving. NHS Western Isles now employs consultant paediatrician cover 24/7. NHS at Western isles Hospital continues to upskill non medical staff in paediatric care ( emergency and routine inpatient)
To protect individuals from avoidable harm by continually learning, and improving the reliability and safety in everything we do.	040 CRR	GP Out of Hours	The risks associated with the current GP out of hours service configuration is: a financial risk that the GP OOH budget will overspend as solutions that either mitigate against vulnerability, or take us along the path of service transformation, are costly. A risk to the well-being of GPs working increasing hours OOH. A clinical risk if no GP cover is in place. There are established contingency plans that rely on the GP on call in the Uists to provide clinical leadership during shifts that are uncovered by a GP based in Lewis and Harris. However, with the infrequency of invoking contingency, this risks destabilising the Uists OOH rota.	Over the last two years there is at least one week per month that is covered by an off-island GP, either by a directly engaged locum or by an agency locum. Urgent Care Transformation Programme. Continuous recruitment of speciality grade doctors. Traning and recruitment of Advanced Nurse Practitioners to staff future service model.	High	April 2021 OOH GP service is stable. Contractual issues being explored. Service transformation progressing
To continually improve and modernise our integrated healthcare services and assurance systems.	042 CRR	IT Digital Health GP IT Managed Services to GP Practices	There is a risk that our ability to extend GP information/system functionality to the wider primary care team may be compromised There is a risk that we have to maintain Windows7 / server2003/server 2008 operating systems that have gone end of life and are no longer supported by Microsoft	Operating systems are fully patched User permissions are controlled Privileged user accounts are only used when strictly necessary	Very High	April 2021 Risk remains the same particularly for Griminish and South Harris Practices.  Email sent requesting update - July 2021
To continually improve and modernise our integrated healthcare services and assurance systems.	043 CRR	IT risk of exposure to cyber risk	There is a risk of exposure to cyber risk due to the use of software/operating systems which are no longer supported by the supplier	Operating systems are fully patched Win 10 rollout continues User permissions are tightly controlled Privileged user accounts are only used when strictly necessary Nationally we are moving to WIN10 and Office 365 and are actively participating in the national programme board	Very High	April 2021 Risk ratign remains the same.  Email sent requesting update - July 2021

To provide person-centred care, focusing on the evidence based health needs of our population, identifying and taking every opportunity to improve our patients' health, experience and outcomes.	045 CRR	COVID 19	<p>There is a risk that failure to effectively identify and control th number of people infected with Covid-19 will lead to widespread disease throughout the Western Isles. This is highly likely to:</p> <ul style="list-style-type: none"><li>* Impact on ability to meet emergency demand</li><li>* Cause increased mortality especially among the elderly and those with chronic health conditions and immunosuppression.</li><li>* Lead to increased levels of staff sickness or self isolation of staff, both locally and visiting specialists.</li><li>* Impact on routine activity within the NHS leading to cancellations of routine operations and a wider impact of achieving TTG and other services.</li></ul>	<p>Up to date guidance issued by Health Protection Scotland for Primary Care, Secondary Care, Laboratories and Health Protection Teams.</p> <p>Staff engagement/reassurance/communications</p> <p>Step up resilience planning groups to manage as necessary</p> <p>Core staff in hospitals and community identified and face fit tested for respirators</p> <p>Procedures established for safe sampling of people fitting the case definition</p> <p>Identification of initial and subsequent areas for patients (Day Hospital WIH; Rooms 11 and 12 OUAB; community Barra escalating to cohort management in Castlebay Hall)</p> <p>Identification of registered staff able to be called to clinical duties</p> <p>Identification of staff affected by possible school closures</p> <p>Training and preparation of staff to be re-deployed into care areas</p> <p>Public messaging and communications</p> <p>Discharging patients no longer requiring hospital care</p> <p>Prioritise service delivery and manage resources, training and deployment</p> <p>Decision to postpone procedures</p> <p>Care in the community and home</p>	Very High	<p>April 2021</p> <p>Risk remain unchanged. Covid 19 mass vaccination campaign continues with 74% of eligible adult population received 1st dose.</p> <p>Email sent requesting update - July 2021</p>
To provide person-centred care, focusing on the evidence based health needs of our population, identifying and taking every opportunity to improve our patients' health, experience and outcomes.	047 CRR	Winter 20/21 Maintaining full range of elective and emergency services	<p>The risk of not maintaining full range of elective and emergency services during the winter of 20/21.</p> <p>Hazards</p> <ol style="list-style-type: none"><li>1. COVID-19 outbreaks</li><li>2. Flu</li><li>3. Winter patient demand</li><li>4. Staff availability – illness/isolation</li><li>5. Adverse weather</li><li>6. Test and protect (untested at scale)</li><li>7. Vulnerability of anything U&amp;B and Barra</li><li>8. Brexit</li><li>9. Norovirus</li><li>10. Re-design of urgent care</li></ol>	<p>Winter Pandemic Resilience Group standing until May 2021.</p> <p>Winter plan 20/21.</p> <p>Bed escalation plan.</p> <p>Staff redeployment plan.</p> <p>Service retraction plan.</p> <p>Maintain COVID-19 care capacity.</p>	Very High	<p>March 2021</p> <p>Risk remains unchanged primarily due to impact of Covid 19 hospital admissions, winter emergency admission demand and high number of delayed discharges.</p> <p>Email sent requesting update - July 2021</p>