

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 Efficency 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.	Medium	April 2022 The board will be breaking even for 21/22 and therefore the current risk is low 6 or 8. However for 22/23 there are still over £1 million on unidentified savings to be found and no further COVID/Winter Surge funding will be forthcoming and therefore a breakeven position for 22/23 at present is high at likelihood 4 X severity 4 = 16.
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	Medium	April 2022 Update from the Medical Director is that the risk and risk rating remains the same.

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)	<p>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.</p> <p>Ongoing risk that the Covid-19 pandemic impact will result in increasing waiting lists and waiting times.</p>	<p>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 absence. Severe weather over Winter Period, could cause cancellation of elective lists, and increase pressure on TTG Target. 2.Financial - non-recurruing funding is required regularly to sustain present targets and significant funding (e.g. additional consultant cost at mainland providers or agency providers) required to prevent TTG breaching.</p>	Very High	<p>March 2022</p> <p>Update received from Ronnie Murray:</p> <p>TTG:</p> <p>At present there are around 500 patients on the Inpatient/Day Case waiting list.</p> <p>This waiting list is comprised of 5 different specialities, with the majority being Orthopaedics (40%), Ophthalmology (30%) and General Surgery (25%) patients. There are also smaller numbers of Gynaecology and OMFS patients waiting for planned surgery.</p> <p>Since the outbreak of the Covid-19 pandemic, there have been several suspensions of elective activity. Prior to March 2020, NHS Western Isles maintained a 100% TTG performance, with all patients receiving their planned surgery within 12 weeks. This performance is no longer feasible with patients now being listed according to clinical priority rather than by waiting times. Due to bedding and staff pressures throughout the Western Isles Hospital, current elective activity is predominantly for day case procedures only. 1 arthroplasty patient is being scheduled each week although several cancellations due to bed pressures on the day have already affected this activity. Day Case activity across all specialities is being scheduled on restricted days of the week (Tuesday, Wednesday and Thursday only), although Day Surgery Unit (DSU) capacity is a limiting factor. Aside from Theatre activity, the DSU also hosts Endoscopy, Flow Study, Eye Injection and other patients. DSU capacity was reduced to 10 due to social distancing requirements in the bays, but this will now increase back to 14 with 6 trolleys in each bay (plus 2 side rooms).</p> <p>As more minor surgery cases are being scheduled per list (ie 4 minors rather than 1 major), there are pre-op and theatre utilisation challenges to be overcome.</p> <p>OUTPATIENTS:</p> <p>The number of patients waiting for a new patient appointment is beginning to increase, despite good recovery in 2021.</p> <p>There are currently around 1,100 patients on the Outpatients waiting list, 70% of whom have been appointed within 12 weeks.</p> <p>In order to reduce waiting lists, new ways of working are being explored and implemented. Active Referral Clinical Triage (ACRT) has been successful in Orthopaedics, and the Digital Dermatology Assessment Service is currently being rolled out. Equipment has also been purchased to enable virtual Ophthalmology clinics, and Near Me is being successfully utilised across many specialities. Furthermore, Waiting List Initiatives are being regularly arranged in specialities such as ENT, Urology, Respiratory Medicine and Dermatology. There are concerns that demand is exceeding supply in some specialities, and meetings are being arranged with SLA providers in order to increase capacity or to improve the effectiveness of current capacity.</p> <p>Due to increased cleaning in between appointments, and restricted seating in waiting areas, there are now fewer patients being seen on each clinic. Pre Covid-19, an all-day clinic would have 20 patients, whereas this number has been reduced to 14 in many cases.</p> <p>The flight service between mainland Scotland the islands has provided challenges, as has the inter-island service. This week (w/c 14th March 2022) Loganair announced that the morning flight service between Stornoway and Benbecula will be restricted to just 2 days per week. This will affect a number of specialities such as Orthopaedics, Medical and Audiology.</p> <p>ENDOSCOPY:</p> <p>The Endoscopy service was maintained throughout recent suspensions of elective activity.</p> <p>Following Covid-19, there was a significant increase in the number of urgent diagnostic referrals from Primary Care. With all urgent referrals and bowel screeners being prioritised, this increase resulted in few routine or surveillance patients being listed.</p> <p>An audit of Surgical referrals is currently being undertaken to establish the appropriateness of these urgent referrals.</p> <p>There are currently around 75 patients waiting for a new Endoscopy procedure. This is significantly less than in 2021 when up to 150 patients were waiting.</p> <p>Since the passing of substantive consultant Mr Elbanna in July 2020, the endoscopy service has been solely undertaken by Mr Angus Smith. However, in March 2022 Mr Bruce Tulloh has joined the Endoscopy team, and will share the workload with Mr Smith.</p> <p>Colon Capsule Endoscopy (CCE) will hopefully be introduced to the Western Isles in April 2022. This will reduce the number of colonoscopies being added to the waiting list. Now that the new patient Endoscopy waiting list is stable, more surveillance patients are being added. A waiting list validation exercise is also being undertaken with patients being removed where clinically appropriate. There are currently over 100 patients on the surveillance waiting list who are overdue their target date.</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	Medium	<p>April 2022 Risk rating has been reduced to 9 (3x3).</p> <p>PRG stood down (Feb 22) Resilience Group stood up (Feb 22) Site security in terms of physical security staff is increasingly challenging as remobilisation gathers pace. UK security threat level reduced from Severe (Nov 21) to Substantial (Feb 22). Additional and renewed CCTV in place.</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	<p>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)).</p> <p>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.</p>	<p>1. Development of National Mass Casualty Plan. 2. Continuous Training Programme for staff. 3. Engagement with Local, Regional and National Emergency Management Multi-agency partnerships. 4. Development of an internal rolling programme of exercise</p>	High	<p>April 2022 Following feedback from CMT risk ratings have been changed.</p>
To protect individuals from avoidable harm by continually learning, and improving the reliability and safety in everything we do.	002(B) CRR	Civil Contingencies - Business Continuity	<p>There is a risk that the Boards current Business Continuity Management System may not be able to continue to provide critical services during failures. The impact to the Board is that NHS WI faces inherent threats which could have an impact upon the continuity of critical services provided by the Health Board. The threats are diverse, but can be split down into different aspects of service provision including: staffing, resources, capacity, geographical isolation, financial constrain, IT failure and malicious acts.</p>	<p>1. Development of Departmental Business Continuity Plans across the entire Health Board. 2. Continuous Training Programme for staff.3. Engagement with Local, Regional and National Partners.4. Development of an internal rolling programme of exercises</p>	High	<p>April 2022 Following feedback from CMT risk ratings have been changed.</p>
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	<p>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 unaffordable. A risk to the well-being of GPs working increasing hours OOH. A note of an increasingly diminishing number of GPs participating in Out of Hours. 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.</p>	<p>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. Training and recruitment of Advanced Nurse Practitioners to staff future service model.</p>	High	<p>April 2022 Update from the Medical Director is that the risk and risk rating remains the same.</p>

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 2022 Update received from Carol Mac Donald Risk assessment and risk rating remains the same. to further reduce the risk all practices will move from 2008 to server 2016 when it is proven to be successful across other boards and we have supplier engagement.
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	High	April 2022 23/04/2022 Update received from Carol Mac Donald Risk assessment and risk rating remains the same. Progress continues to be made with North Harris now upgraded and South Harris due next week.(27th and 28th April). Broadbay practices WIO upgrade is scheduled w/c 23rd May. Full rollout will continue and at this time remains on track for mid to late 2022.
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	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: * Impact on ability to meet emergency demand * Cause increased mortality especially among the elderly and those with chronic health conditions and immunosuppression. * Lead to increased levels of staff sickness or self isolation of staff, both locally and visiting specialists. * Impact on routine activity within the NHS leading to cancellations of routine operations and a wider impact of achieving TTG and other services.	Up to date guidance issued by Health Protection Scotland for Primary Care, Secondary Care, Laboratories and Health Protection Teams. Staff engagement/reassurance/communications Pandemic/Winter Resilience (Gold) in place Covid (red) surge capacity in place Covid ventilation capacity agreed and in place Training and supply of PPE secured Procedures established for safe sampling of people fitting the case definition Training and preparation of staff to be re-deployed into care areas Covid patient management pathways in place for UBH and St Brendans Mass vaccination Public messaging and communications Identification of registered staff able to be called to clinical duties Identification of staff affected by possible school closures Care in the community and home	High	April 2022 Spring booster campaign underway. 5-11 universal vaccination underway. Staff absence due to isolation remains moderate to high. Risk scoring reduced to 12 (4x3).
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	The risk of not maintaining full range of elective and emergency services during the winter of 20/21. Hazards 1. COVID-19 outbreaks 2. Flu 3. Winter patient demand 4. Staff availability – illness/isolation 5. Adverse weather 6. Test and protect (untested at scale) 7. Vulnerability of anything U&B and Barra 8. Brexit 9. Norovirus 10. Re-design of urgent care 11. Respiratory syncytial virus (RSV)	Winter Pandemic Resilience Group standing until May 2021. Winter plan 20/21. Bed escalation plan. Staff redeployment plan. Service retraction plan. Maintain COVID-19 care capacity.	High	April 2022 Impact of patients in hospital with Covid 19 and not because of Covid 19 is the cause of service impact. Staff absence due to isolation has consequential service interruption impact. Risk rating reduced to 12 (4x3) High