

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.	Very High	August 2022: Update received from Debbie Bozkurt. Risk scoring increased to 20. NHS Western Isles are forecasting a £1.6m overspend at year end and are at a high risk of not being able to bridge that £1.6m gap to bring the Board back to a legal break-even position. Vacancies in clinical areas including primary care are resulting in high-cost agency staff having to be used (as is in all other Scottish Boards) which is the main cause of the cost pressures.
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	August 2022: Update from Medical Director: NHS WI Health Board are progressing a contractual arrangement for consultant microbiologist support. This will initially include experienced Biomedical Scientist input to support the laboratory transformation workstream. Currently the risk rating remains unchanged.

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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>	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.	Very High	<p>August 2022</p> <p>Update received from Ronnie Murray</p> <p><u>TTG</u></p> <p>There are currently 484 patients on the Inpatient/Day Case waiting list (04/08/22). This waiting list is comprised of 5 different specialities, with the majority being Orthopaedics (40%), Ophthalmology (30%) and General Surgery (20%) patients. There are also smaller numbers of Gynaecology and OMFS patients waiting for planned surgery.Prior to March 2020, NHS Western Isles maintained a 100% TTG performance with all patients receiving their planned surgery within 12 weeks. However, due to several Covid-19 related suspensions in elective activity, maintaining this performance is no longer feasible. The Clinical Prioritisation Framework introduced by the Scottish Government in 2020 has been stood down in recent weeks. The emphasis now returns to waiting times rather than clinical priority, with all boards being asked to list all patients waiting longer than 2 years by September 2022. NHS Western Isles have 0 patients waiting longer than 2 years.This month (August 2022), the theatre schedule has been revised to allow all arthroplasty patients to be listed on Mondays and Tuesdays. This initiative will provide more time for rehabilitation during the week and allow for discharge before the weekend.</p> <p>Another 23-hour Day Surgery service is being trialled in August. This project will help to improve theatre throughput, reduce waiting lists as soon as possible (particularly for laparoscopic cholecystectomies in the first instance), and ultimately move towards a 23hr Arthroplasty service.</p> <p><u>Outpatients</u></p> <p>There are currently 1,143 patients on the Outpatients waiting list (04/08/22).It is encouraging to note that over 80% of patients are being appointed within 12 weeks. Pre Covid-19, performance in this standard was generally around 85% and so it is pleasing to see the recovery made since activity was suspended in 2020. Note that in July 2020 performance had dropped to 30%.</p> <p>However, due to longer appointment times now in place to allow for additional cleaning in between patients, it will be difficult to make further improvements in performance. Furthermore, clinics are still being affected by Covid-19 with patients and clinicians regularly cancelling at short notice. This is particularly frustrating for specialities who only visit once a month, with a cancelled clinic leading to a significant drop in performance.</p> <p>Waiting Lists are being closely monitored with Waiting List Initiatives being regularly carried out in specialities such as ENT, Respiratory Medicine and Dermatology.</p> <p>New ways of working are being encouraged nationally and Active Referral Clinical Triage (ACRT) and Patient Initiated Return have both been introduced into specialities such as Orthopaedics. However, the usefulness of ACRT is uncertain with the vast majority of patients opting-in. Furthermore, we are unable to record ACRT activity as this would require a fundamental change to our Patient Management System (TOPAS).We hope to implement Digital Dermatology Assessment Service over coming months, although capacity pressures are currently impacting our ability to engage with this roll-out at present. Meetings have been held with Patient Hub software suppliers (Netcall) to ascertain whether this could improve the Outpatient service at NHS Western Isles. This software provides waiting list validation modules and an appointment reminder service for patients. There are however significant costs associated with this software and so further investigation is required.</p> <p><u>Endoscopy</u></p> <p>There are currently 147 patients waiting for a new diagnostic procedure. Excellent recovery was made with the Endoscopy waiting list in the first quarter of 2022. However, following recent suspensions in elective activity the waiting list has increased again in the second quarter.Bruce Tulloh and Angus Smith are undertaking our Endoscopy service, with capacity in place for 4 days per week.A hugely successful validation exercise was also carried out of the surveillance waiting list in May 2022. Following this exercise (undertaken by Angus Smith) 120 surveillance patients were removed from the waiting list in line with changes to guidelines for repeat diagnostics. The impact of this validation can be seen in the below table.The Colon Capsule Endoscopy (CCE) has now gone live and the first referral received into this new service. It is hoped that this will reduce the number of colonoscopies being added to the waiting list.It is hoped that a Nurse Endoscopist post will be recruited to in 2022/23 providing greater stability to the service</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 had been replaced by the Resilience Group covering security and resilience.	Medium	<p>August 2022.</p> <p>The risk assessment has been updated. The Security group has been replaced by Resilience Group which covers security and resilience.</p>

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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	April 2022 Following feedback from CMT risk ratings have been changed.
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	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.	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	High	April 2022 Following feedback from CMT risk ratings have been changed.
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 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.	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	August 2022 Update from Medical Director: Risk assessment has been reviewed and the risk rating remains unchanged.
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	August 2022 Risk assessment and risk rating remains the same. Server wise, Server 2003 has been replaced since July 2021. 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, likely some time in 2023/24. Some lessons being learned from other Boards eg NHS Shetland. Windows 10 rollout continues, expected to be complete early 2023

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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	August 2022 North Uist upgraded to W10 Oct/Nov 2021 at the same time as Barra, Benbecula and South Uist. North and South Harris, Broadbay also now complete and scheduled roll out for Group and Langabhat for October and December 2022, respectively. Branch practices will be considered at a later stage. Continued rollout of MS Defender and SOPHOS AV across devices
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	August 2022 Risk assessment reviewed. Risk rating remains the same. Covid 19 continues to have a sporadic impact on the wards and departments increasing general system pressure. Staffing remains at a manageable and effective level.
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	System pressures and Winter 2022/23	The risk of not maintaining full range of elective and emergency services during the winter of 22/23. Hazards 1. System pressure demand 2. COVID-19 outbreaks 3. Flu 4. Winter patient demand 5. Staff availability – illness/isolation 6. Adverse weather 7. Test and protect (untested at scale) 8. Vulnerability of anything U&B and Barra 9. Brexit 10. Norovirus 11. Re-design of urgent care 12. Respiratory syncytial virus (RSV) 13. Delayed discharge	Winter Pandemic Resilience Group standing until May 2023. Winter plan 22/23. Bed escalation plan. Staff redeployment plan. Service retraction plan. Maintain COVID-19 care capacity. Autumn 2022 vaccination booster campaign	High	August 2022 Impact of patients in hospital with Covid-19 is the cause of service impact. Staff absence due to isolation has consequential service interruption impact. System pressures remain, no sustained levelling out of demand. Risk and risk rating remain the same.