

NHS WESTERN ISLES

THE BOARD MEETING

Meeting date: 26th June 2025

Item: 7.1

Title: Corporate Risk Register – June 2025

Responsible Executive/Non-Executive: Frances Robertson, Nurse/AHP Director and Chief Operating Officer

Report Author: Ellena MacDonald, Risk Manager and Marina Macleod, Risk Management Facilitator

1 Purpose

This is presented to the Board for:

Assurance	✓
Awareness	
Decision	
Discussion	

This report relates to a:

Annual Operating / Delivery Plan	
Emerging issue	
Government policy/directive	
Legal requirement	✓
Local policy	
NHS Board / Integration Joint Board Strategy or Direction	

This aligns to the following NHSScotland quality ambition(s):

Safe	✓
Effective	
Person Centred	

Please select the level of assurance you feel this report provides to the Board / Committee and briefly explain why:

Significant	✓
Moderate	
Limited	
None	
Not yet assessed	
Comment	
Specify:	

Please indicate which of the Boards Priorities the paper relates to:

Financial Sustainability / Recovery Plan	
Capital	
Hospital Based Services Model – Rural General Hospital / Community	
Workforce Health & Wellbeing	
Health Inequalities	
Sustainability of Community Health & Social Care Model	
Primary Care Transformation Programme	
Digital Transformation / Digital Health	
Public Protection Priorities	
Women and Children's Services	
Climate Emergency and Sustainability	
Other – please explain	✓
Comments: Safety and Risk.	

The report is directly linked to a Recovery Driver(s) within the Annual Delivery Plan:

RD01	Primary & Community Care - Improved access to primary and community care to enable earlier intervention and more care to be delivered in the community.	
RD02	Urgent & Unscheduled Care – Access to urgent and unscheduled care, including scaling of integrated frailty services to reduce admissions to hospital.	
RD03	Mental Health - Improve the delivery of mental health support and services, reflecting key priorities set out in the Mental Health and Wellbeing Strategy.	
RD04	Planned Care - Recovering and improving the delivery of planned care.	
RD05	Cancer Care - Delivering the National Cancer Action Plan (Spring 2023-2026).	
RD06	Health Inequalities and Population Health - Enhance planning and delivery of the approach to tackling health inequalities and improving population health.	
RD07	Women and Children's Health - Take forward the actions in the Women's Health Plan and support good child and maternal health, so that all children in Scotland can have the best possible start in life.	
RD08	Workforce - Implementation of the Workforce Strategy.	
RD09	Digital Services Innovation Adoption - Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access and fast track the national adoption of proven innovations which could have a transformative impact on efficient and patient outcomes.	
RD10	Climate - Climate Emergency and Environment.	
RD11	Finance & Sustainability – Approach to achieving financial balance and aligning with S&V financial improvement programme of work.	
RD12	Value Based Health & Care – Approach to embracing and adopting Value Based Health and Care.	
RD13	Integration & population Need – Boards are asked to set out the key actions to respond to population needs and how you will work in partnership to address and respond to these needs.	
RD14	Regional & National – Approach to working regionally and nationally across services through collective and collaborative approaches to planning and delivery, where required.	
	None of the above	X

This aligns to the following NHS Western Isles Corporate Objective(s):

CO1	To provide person-centred care, focusing on the evidence based health needs of our increasingly diverse population, identifying and taking every opportunity to improve our patients' health, experience and outcomes	
CO2	To protect individuals from avoidable harm to continually assessing and managing risk, learning, and improving the reliability and safety in everything we do.	X
CO3	To champion efficiency and effectiveness in our services that delivers minimum possible waiting times.	
CO4	To pro-actively stimulate and intensify our research and application of effective innovation to improve how we care for patients today and into the future.	
CO5	To promote and support people to live longer healthier lives	
CO6	To specifically target early years, health inequalities, vulnerable and underrepresented and more difficult to engage with groups.	
CO7	To continually improve and modernise our integrated healthcare services and assurance systems.	
CO8	To value, support the wellbeing of, and develop and sustain a compassionate, confident, competent, flexible and responsive workforce.	
CO9	To deliver our commitment to partnership working to deliver national standards, targets and guarantees.	
CO10	To have a sustained focus on prevention, anticipation, support self-management and care at home.	
CO11	To ensure that all resources are deployed to the best effect, achieving desired outcomes, values for money and progressive approach to sustainability.	
-	None of the above	

2 Report summary

2.1 Situation

Update received for risk assessment 001 relating to financial balance:

Update received: 26th March 2025

24/25 - The Board are forecasting a break-even position. However for the year 2025/26 starting 1 April 2025 the Board starts with a £1.8m financial gap covered by a saving plan. However the cost pressure remain specifically overspends in 2C practices, Mental Health Consultants, Delayed discharges and prescribing. The starting position however is an improvement of the last 2 financial years even with the recurring pressures. To note the current score is for the budget position for the start of new financial year 25/26. Risk scoring reduced to 16.

Current scoring: High - 16

Update received for risk assessment 006 relating to no formal arrangements for professional direction or clinical consultant report for laboratory services:

Update received: 6th May 2025

Risk assessment reviewed and there is no change to date.

Current scoring: Medium - 9

Update received for risk assessment 004 relating to Waiting times:

Update received: 19th May 2025.

Current scoring: High – 15

Theatre (TTG - Inpatients/day cases)

There are currently 379 patients on the Inpatient/Day Case waiting list (19/05/25), 73% of whom are being listed within 12 weeks. This waiting list is comprised of 5 different specialities – Ophthalmology (35%), Orthopaedics (30%), General Surgery (25%), and Gynaecology and OMFS who have much smaller lists. The Accident & Emergency Department refurbishment is now nearing completion upon which the Day Surgery Unit will be restored to full capacity for elective activity. Capacity has been reduced during the refurbishment with the Acute Assessment Unit being temporarily housed in the Day Surgery Unit.

In Orthopaedics we continue to utilise lists as effectively as possible, although note that the increasing number of delayed discharges is adding to hospital pressures and resulting in the cancellation of more elective arthroplasty procedures. In Ophthalmology we have arranged another 3-day waiting list initiative with Dr Andy Pyott during which 48 cataract procedures will be carried out. We note that Ophthalmology is now the speciality with the highest number of patients waiting for planned surgery. In General Surgery we are delighted that new consultant Mr Jorge Cury has settled in so well and we look forward to working with Mr Cury and making service improvements in due course. Gynaecology and OMFS have much smaller numbers of patients waiting for planned surgery. We continue to monitor waiting lists and liaise with clinical leads about performance and service improvements.

OUTPATIENTS:

There are currently 1,397 patients on the Outpatient waiting list (15/09/25). This waiting list is comprised of 18 different specialities, although 5 of these specialities account for 70% of the total number waiting (ENT 21%, Orthopaedics & Orthopaedics 17%, General Surgery & Dermatology 7% of patients).

At present 71% of new referrals are being appointed within 12 weeks which far exceeds the national performance of less than 40%. This is particularly pleasing given the significant and well documented logistical challenges that have existed over recent years and with a 40% loss of capacity across many visiting services.

We continue to liaise with clinical leads across each speciality as we monitor performance and identify productive opportunities such as ACRT (Active Clinical Referral Triage) and PIR (Patient Initiated Return). For example, an opt-in letter for 10 different conditions is soon to be introduced to our ENT service which we hope will reduce the number of face-to-face appointments that are required.

We launched Digital Dermatology at Barra Medical Practice in March. This pass-through application allows clinicians to securely attach images to Dermatology referrals and enhance decision-making in vetting. To date the uptake has been disappointing and so we will further roll out Digital Dermatology in other practices over coming months.

NHS Highland have advised that the monthly Urology visiting service will be reduced to just two visits per annum, a change that would significantly impoverish our Urology Outpatient and Endoscopy performance. We are currently clarifying the terms of the visiting service SLA. In the meantime NHS Highland will not provide a visiting service in May and June which disappointingly follows the cancellation of the February and March visits. We continue to arrange additional activity in many specialties such as ENT and Respiratory Medicine through Waiting List Initiatives.

ENDOSCOPY:

There are currently 148 patients on the General Surgery endoscopy waiting list and 65 patients on the Urology waiting list (19/05/25).

General Surgery

Our General Surgery waiting list has increased throughout 2025. We endeavour to list all USC and Urgent referrals promptly though routine referrals are now waiting much longer although. There are no long-waiting patients (1-year, 18-month, 2-year etc). The Endoscopy service is a 5-day a week, or 4-day a week service, depending on visiting specialities. With a substantive consultant now in place we can now increase capacity by extending the Monday scope list to an all-day list. This list was previously afternoon-only to allow for new locum inductions.

Endoscopy scheduling remains limited due to the refurbishment of the Accident & Emergency Department. Greater capacity and flexibility will be restored when the Acute Assessment Unit vacate the bay in the Day Surgery Unit.

Urology

The Urology endoscopy waiting list has significantly increased following the decision by NHS Highland to not provide a visiting service in February and March. We are currently seeking to establish the terms of the visiting service SLA. In the absence of a visiting service we will continue to work with Ian Russell from Dumfries & Galloway. We have also made enquiries in the availability of locum consultant Bob Meddings who we have previously worked very successfully.

CANCER SERVICES:

There are two cancer waiting times targets – a 31-day target from decision to treat to treatment, and a 62-day target from referral of USC referrals to treatment. The below tables show how many patients have breached both the 31-day and 62-day targets across each speciality.

So far in 2025 98% of patients on the 31-day pathway have achieved the target with just 1 breach out of 41 referrals. The 31-day performance for 2024 was 96% (6 breaches out of 152 patients). So far in 2025, 48% of patients on the 62-day pathway have received their treatment within the target date. This equates to 17 breaches out of 33 patients on the pathway (Colorectal x 4, Head & Neck x 1, Lung x 1, Upper GI x 1 and Urology x 10. The performance for 2024 was 74% (28 breaches out of 108 62-day patients).

The Cancer Steering group meet monthly to discuss operational updates, returns for the Framework for Effective Management and to liaise with service managers at NHS Highland. Most of the below cancer pathways exist with NHS Highland.

Current scoring: Very High - 20

Update received for risk assessment 002(a) relating to Civil Contingencies – Major incident response:

Update received: 3rd June 2025

Partnership Approach to Water Safety (PAWS) multi agency exercise at Aline. New airwave contract and handsets agreed.

Current scoring: High - 15

Update received for risk assessment 002(b) relating to Civil Contingencies – business continuity:

Update received: 3rd June 2025

Risk assessment reviewed and no changes identified.

Current scoring: High - 16

Update received for risk assessment 040 relating to GP out of hours:

Update received: 2nd April 2025

The risk has been fully reviewed and updated to include that an evaluation of 12 months of Lewis and Harris OOH data 23-24 demonstrated 2.5 patient calls between 10pm and 8am. A new 'front door model' for Lewis and Harris OOH is proposed whereby the GP will finish @ 10pm with monies redistributed for whole systems transformation to enable substantive employment for H@H. doctors. Two tests of change are proposed in April and May/June will implementation planned in August 2025.

Current scoring: High - 12

Update received for risk assessment relating to 045 Covid-19:

Update received: 3rd June 2025

Risk reviewed and updated to include the Emergency Department modernisation has 10 air changes per hour ventilation installed.

Current scoring: Medium - 8

Update received for Risk Assessment relating to 047 System Pressures and Winter 2024/25:

Update received: 3rd June 2025.

Risk reviewed and updated to include that Lewis, Harris and Uist to expand H@H during 2025 – funding agreed.

Current scoring: Very High - 20

Update received for Risk Assessment relating to depopulation - 049 CRR – Effects of demographic changes on the Western Isles

Update received: 2nd June 2025

Risk assessment reviewed and no further update to add.

Current scoring: Very High – 20

Risk assessment relating to in-patient beds in Western Isles Hospital – 050 CRR

Update received: 3rd June 2025.

Risk reviewed – no further changes.

Current scoring: Very High 20

Risk assessment relating to the Acute Psychiatric Unit – 051 CRR.

Update received: 3rd June 2025.

Risk reviewed – no further update to add.

Current scoring: Very High 20

Risk assessment relating to Adult Psychology provision – 052 CRR

Update received: 26th March 2025

The principal psychologist starts on 14th April and the consultant psychologist post is on job train. The medical secretary post remains vacant although job description has now been approved by CEO. There is a new additional risk which is that even when we recruit the psychologists our waiting list will exceed our capacity to manage the waiting list effectively when the SLA comes to an end. We have been informed NHSWI will be subject to stage 2 SG scrutiny because of our waiting list.

Current scoring: Very high - 20

Risk assessment relating to St Brendan's and Barra Medical Practice – 053 CRR:

Update received: 3rd June 2025

This risk has been reviewed and updates as funding has been agreed fir boiler and heating system 2025/26. BVCC development work has recommenced following Scottish Government announcement in 2025/26 programme for government.

Current scoring: Very High 20

2.2 Background

Provides information on risks which departments and divisions are unable to respond to within their control.

2.3 Assessment

Provide analysis of the situation and considerations. Assess the current position, identifying any organisational risks, stakeholder considerations and evidence base to help inform decision making.

2.3.1 Quality/ Patient Care

Aspects of the risks contained within the Corporate Risk Register noted may have quality and patient care implications.

2.3.2 Workforce

Aspects of the risks contained within the Corporate Risk Register noted may have workforce implications.

2.3.3 Financial

There is no financial implication contained within the report.

Name – Director of Finance / Finance Manager	Signature
Comment from the Director of Finance / Finance Manager	

2.3.4 Risk Assessment/Management

The reports presented denotes the level of risk attributed to the corporate function of the Board and each risk advises of the work being undertaken to mitigate the risks, where possible.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed due to the report relating to the Board's Corporate Risks, rather than any single specific service development.

2.3.6 Climate Emergency and Sustainability Development

The risks noted within the report may be relevant to the climate and sustainability issues.

1	Sustainable Buildings & Land	
2	Sustainable Travel	
3	Sustainable Goods and Services	
4	Sustainable Care	
5	Sustainable Communities	
Describe other relevant impacts:		

2.3.7 Other impacts

There are no other impacts to note for this report.

2.3.8 Communication, involvement, engagement and consultation

The report does not require engagement beyond discussion and review of the appropriate department head and the responsible Executive Director.

2.3.9 Route to the Meeting

This report has been discussed at the Corporate Management Team meeting.

2.4 Recommendation

- **Assurance.**

3 List of appendices

The following appendices are included with this report:

- Appendix 1 - Corporate Risk Register June 2025.

END