BOARD MEETING 26.06.2025
Item 7.1.1

		Movements			
Risk Rating	May 25 number of risks	New Risks	Closed Risks	Transfers In	Transfers out
VERY HIGH	6	0	0	0	0
HIGH	6	0	0	0	0
MEDIUM	1	0	0	0	0
LOW	0	0	0	0	0
Total	13				

			Consequence					
			Negligible	Minor	Moderate	Major	Extreme	Total
		Score	1	2	3	4	5	
Likelihood	Amost Certain	5			1	6		
	Likely	4			2	1		
	Possible	3			1	3		
	Unlikely	2						
	Rare	1						
	Total							

Risk	Immediate	0-1month	
	Short Term	1-6months	1
	Medium	6months to 2 years	3
	Long	Ever present	9

NHS Western Isles Corporate Risk Register

RISK ID	TITLE	DATE RAISED	AREA / DEPT.	EXEC LEAD	DESCRIPTION	CONTROLS (ASSURANCE)	GAPS IN CONTROLS	FURTHER MITGATION ACTIONS	INITIAL SCORE	AIM	CURRENT SCORE	PREVIOUS SCORE	TARGET SCORE	TARGET DATE TO ACHIEVE AIM	REVIEW DATE	MOVEMENT INDICATORS
Non-Clinical Risks ~ Review by Audit & Risk Committee																
001 CRR	To achieve financial balance to achieve statutory duty	01/04/2007	Board Wide	Director of Finance	**2024/25** 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 Prioritisation given to identification of further cost reductions by the senior team 2.Regular monthly reporting of performance to budget holders, CMT, Integrated CMT, the Clinical Governance Committee and Riskand Audit Committee, the Board, the IJB and the SGHD 3 Regular review and scrutiny of variances at CMT and integrated CMT and action planning to address recurrent variances 4 Production of a Financial Efficiency Plan which has been implemented and is regularly reviewed for additional measures to achieve savings 5 Regular departmental performance review meetings conducted with senior budget holders by the CEO and Director of Finance 6 Inclusion of contingency budgets to provide a buffer against unforeseen costs.	24/25 - The Board are forecasting a break-even postion. 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	Keep in Contact with SG to get earliest possible resolution to understand specific allocations	High - 16	Tolerate/Manage	High - 16	Very High - 20	High - 12	Ever present	26/06/2025	↓
002(A) CRR	Civil Contingencies - Major Incident Response	07/10/2014	Board Wide	Chief Executive Officer	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. Generic Major incident Response Plan. 2. Resilience Group 3. Business Continuity Management Systems.	Resource required to update all plans and to capture learning from debriefs into plans. Partnership Approach to Water Safety (PAWS) multi agency exercise at Aline.	1. Regular exercising of plans, both NHS only and multiagency 2. Essential debrief following incidents and exercises to ensure learning is captured and implemented 3. Recognition that capacity in event of live major incident with mass casualties will not manage without external, mainland assistance which will take time to arrive. 4. Aircraft Crash/Incident Multi Agency Familiartisation in November 2023. 5. Health Board Emergency Planning Group has been replaced by the Resiliance Group. 6. The Resilience Officer role has been appointed. 7. Major Incident Procedure review has commenced. 8. Partnership Approach to Water Safety (PAWS) multi agency exercise at Aline. 9. New airwave contract and handsets agreed.	High - 15	Tolerate/Manage	High - 15	High - 15	High - 15	Ever present	03/12/2025	↔
002(B) CRR	Civil Contingencies - Business Continuity	07/10/2014	Board Wide	Chief Executive Officer	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. Strategic Policy 2. Strategic Business Continuity Protocols and Procedures 3. Resilience Group 4. Major Incident Plan	Resource required to complete and test all plans, learning from gaps and addressing training needs. Resilience Officer post has been vacant. Emergency Planning Group was replaced by the Resilience Group in November 2023.	Resilence Officer has been appointed. BCPs have been been prioritised. Regular exercising of local BCPs. Local and national exercises undertaken.	High - 16	Tolerate/Manage	High - 16	High - 16	High - 12	Ever present	03/12/2025	↔
049 CRR	Effects of demographic changes on the Western Isles	27/10/2023	Board Wide	Chief Executive Officer	<u>Effect of Demographic Change on the Western Isles</u> There are a number of effects on NHS Western Isles and the Western Isles of changing demographics: Increased Costs, recruitment and workforce issues, lower passenger payloads on planes, higher co-morbidities and falling school rolls.	It is difficult for any one organisation within the Western Isles to fix the declining population. As a Health Board we have made the Scottish Government aware of our declining population but increasing elderly population, our reduction in births etc. We have an executive director member or senior manager on various agency and interisland groups, CPP, Transport Groups, community transport meetings, Uist repopulation zone working group for example. To note the Board will be monitoring the effect on the chnage to a smaller plane for the interisland connection and whether that will effect the retention of the current population, specifically residents with limited mobility. The Chief Executive has made the MSP & MP aware the situation the Health Board is facing. The Board has been successful in obtaining R&R for some services, has successfully recruited overseas and is looking at improving recruitment through media advertisements. By being aware of the risk across all islands it allows us to be reactive where possible and plan ahead to deal with reducing workforce, but it doesn't help with the reversal of depopulation. The reversal of depopulation has to be driven at the highest level within the country and although small measures may help slow the decline it will not reverse it. Therefore, although the Board is taking some actions and depopulation is identified with the Scottish Government as a current issue, the current control measures across the spectrum of stakeholders is weak, bordering on inadequate. Mitigation on a large scale is out with any one stakeholder.		Continue to record our population issues at the highest level of Government. Look at the ways to increase childcare, housing opportunities, improve social settings, improveing transport links. For medical posts continue to explore over seas recruitment, working with UHI with regards to courses offered, work with media to continue with recruitment campaigns. Increased engagement with schools. Increased summer placementes. Increased recruitment events.	Very High - 20	Tolerate/Manage	Very High - 20	Very High - 20	Very High - 20	Long term	02/09/2025	↔

Clinical Risks ~ Review by the Clinical Governance Committee															
004 CRR	Waiting times - capacity (Theatre/ Beds to meet targets - local and Visiting Service)	01/10/2010	Board Wide	Medical Director	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. Ongoing risk that the Covid-19 pandemic impact will result in increasing waiting lists and waiting times.	1. An exception report is produced daily and highlight the demands on capacity. A plan is discussed as to how to match demand with capacity scheduling additional lists as required. 2. Weekly Theatre Schedule Group scrutinize and plan theatre activity at least three weeks in advance making adjustments as required to schedule patients with an urgent suspicion of cancer. 3. Bed capacity is measured four times a day and patient flow anticipated to manage capacity.	1. Although the waiting list is currently recovering very well, there may be further Covid related suspensions in elective activity which would adversely effect recovery. 2. Although bed capacity is regularly being monitored and managed, we are susceptible to increases in delayed discharge rates caused by capacity issues in the community. This pressure on beds could lead to the cancellation of elective activity. 3. Financial constraints restrict our ability to maximise on Waiting List Initiative opportunities. 4. In 2024 Loganair significantly reduced the flight service between Inverness and Stornoway and stopped all flights to-and-from Benbecula. This reduction has reduced capacity by 40% in many of the specialities with visiting clinicians not arriving until lunchtime and leaving again at 3pm for the return flight at 16:45. Hebridean Airways are now flying between Stornoway and Benbecula with an 8-seater aircraft on 3 days per week. The significantly smaller number of seats available is providing many challenges.	1. Pathways are being reviewed in order to ensure that the waiting list is as efficient as possible - during the pandemic a number of patients on the waiting list became clinically unfit and so validation work and pathway improvements will ensure that the waiting list comprises only of patients who are fit and ready to be listed for surgery. 2. Regular meetings are being held with Scottish Government speciality leads (Karen Adam - Orthopaedics etc) for support and advice.	Very High - 20	Tolerate/Manage	Very High - 20	Very High - 20	High - 16	Ever present	19/08/2025	⟷
006 CRR	No formal arrangements for professional direction or clinical consultant report for Laboratory services	20/06/2007	Western Isles Hospital	Medical Director	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.	1.Blood Transfusion – SLA with NSBTS to cover clinical advice (but not professional direction) 2. Hematology and Biochemistry – Clinical advice given for tests referred to NHS Highland (within terms of SLA). Informal advice provided by consultants as required – no professional direction 3. Microbiology – Informal advice from Infection Control Doctor based in Glasgow as required. IC advice is covered by SLA, microbiology advice is not – no professional direction	1. Blood sciences have no formal medical consultant input. Blood Transfusion is a hub and bespoke service with SnBTS based at Gartnavel Hospital - full medical non medical consultant oversight. 2. Histopathology services are completely outsourced to NHSH at Raigmore. Microbiology services are supported by NHSH at Raigmore; the SLA is aged; the service and support received is excellent; the service also covers infectious diseases and clinical microbiology.	Agreed in August 2023 with NHS Highland for recuring budget for providing Consultant Microbiology cover.	Very High - 25	Reduce	Medium - 9	Medium - 9	Medium - 4	End of 2025	06/08/2025	⟷
040 CRR	GP Out of Hours	22/02/2019	Board Wide	Medical Director	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.	To mitigate against these risks the Board has over the past 2 years endeavoured that at least one week per month is covered by an off-island GP, either by directly engaged locum or by an agency locum. One new substantive GP (1.0 WTE) has been appointed to OUaB January 2025 and a second round of recruitment for another 1.0 WTE is underway with interviews being held at the end of April 2025.Taken together these two posts with strengthen the OOH system.	We need to stabilise the Southern Isles as the OOH GP rosters here include the 24/7 community hospital cover. At the same time we need to reappraise the needs for L&H, by considering the roles and need and outcomes for OOH GP, H@H, AAU, U&UsC. The timescales here are based on the evaluation of a medical senior decision maker within the H@H/U&UsC service which is due summer 2024. An evalution 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.	1. The OOH- GP service on Barra is now 88% substantive and we have rotas covered for the foreseeable months. Risk scoring for service = 2 x 2 = 4 Risk scoring for finance = 3 x 2 = 6 2. The OOH GP service based at OUAB - we have one new GP (WTE 1.0) who has taken up employment and are actively recruiting another. Which will cover rotas if post successfully recruited to. Risk scoring for service = 2 x 1 = 2 Risk for finance = 4 x 3 = 12 (worst case senario) 3. L&H OOH GP service - this has become a complicated situation, with new elements of service provision being introduced ie H@H/U&UsC. Current tests of change will determine if new model i.e no GP after 10pm can be implmented after 01.08.25 with provision thereafter covered by the U&UsC Risk scoring for service = 1 x 1 = 1 Risk scoring for finance = 4 x 3 = 12.	Very High - 20	Reduce	High - 12	High - 12	Low - 3	Ever present	02/07/2025	⟷

045 CRR	COVID 19	03/03/2020	Board Wide	Chief Executive Officer	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.	1. Covid (red) surge capacity in place 2. Covid ventilation capacity agreed and in place 3. Procedures established for safe sampling of people fitting the case definition 4. Covid patient management pathways in place for UBH and St Brendans 5. Public messaging and communications	Adequate number of single rooms to meet IPC demands for Flu, Covid 19, RSV, Pneumonia and Norovirus. Unable to provide Out of Hours lab testing. Health and Social Care staff not currently included in Spring/Summer Covid vaccination programme. Significant reduction in Covid 19 testing.	Point of Care tests are available for Covid 19 in WIH, UBH and St Brendan's. Norovirus and Flu A testign now available in laboratory WIH. Current levels of Covid 19 have reduced and in its own right Covid 19 is currently not creating significant illness in community or hospital. Targeted vaccination programmes continue with lower than expected uptake in eligible groups. Emergency Department modernisation has 10 air changes per hour ventillation installed.	Very High - 25	Tolerate/Manage	Medium - 8	High -12	Very High - 20	Ever present	03/09/2025	↓
047 CRR	System pressure and winter 2024/25	25/08/2020	Board Wide	Chief Executive Officer	The risk of not maintaining full range of elective and emergency services during the winter of 24/25. 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 14. National power outages 15. Industrial action	1. Winter Pandemic Resilience Group standing until May 2023. 2. Winter checklist 24/25. 3. Bed escalation plan. 4. Staff redeployment plan. 5. Service retraction plan. 6. Maintain COVID-19 care capacity. 7. Autumn 2024 vaccination booster and flu campaign. 8. Contingency beds at WIH. 9. Pending closure of Nursing Home and loss of capacity.	1. Unfilled vacancies. 2. Low uptake of Flu and Covid vaccination in staff. 3. Health and Social Care staff not currently included in the Spring/Summer 2024 Covid vaccination programme. 4. Reduced Care Home places available. 5. Housing with extra care largely not in service. 6. Unmet need in home care. 7. Delayed discharges. 8. Hospital at Home may reduce 2024/25	1. Targetted International recruitment. 2. Patient concern escalation plan. 3. Acute Assessment Unit. 4. Service plan for power outages and industrial action. 5. Frontline Health and Social Care staff offered Autumn/Winter 2024 vaccine. 6. Expand Hospital @ Home. 7. Continued expansion and strengthening of urgent unscheduled care. 8. Lewis and Harris and Uist to expand H@H during 2025 - funding agreed.	Very High - 20	Tolerate/Manage	Very High - 20	Very High - 20	High - 12	Ever present	03/09/2025	↔
050 CRR	In-patient beds within Western Isles Hospital	21/11/2023	Western Isles Hospital	Chief Executive Officer	There is a risk that the requirement for use of additional contingency beds due to unscheduled care demand, will result in 5 and 6 bedded care bays, breaching IPC guidance regarding safe and effective bed spacing, with the potential for patient and or staff harm. There is a risk of increased transmission of Nosocomial infection due to overcrowding in ward bays where there is sub optimal ventilation.; There is a risk of noncompliance with national guidance for patient bed spacing There is a risk that Domestic Services routine cleaning schedules are hindered due to overcrowding of bay areas with enhanced cleaning requirement and low staffing number.	All staff trained and aware of IPC guidance and procedures. Cleaning, and enhanced cleaning in place where appropriate and documented. Optimal use of single room accommodations. Regular review of risks, bed availability and patient placement. IPC guidance and advice available daily from IPC team and consultant Microbiologist. Twice daily review of beds available and scheduled and un-scheduled demand. Re-schedule elective procedure only when unavoidable. Utilise Safe Care to aid decision making regarding deployment of staff to areas with greater clinical need.		Continue to develop safe and effective alternatives to hospital admission. Maintain cleaning schedules. Resource deep clean requirements.	Very High - 20	Tolerate/Manage	Very High - 20	Very High - 20	Very High - 20	Long term	03/09/2025	↔
051 CRR	Acute Psychiatric Unit	21/11/2023	Mental Health	Chief Executive Officer	There is a risk that the lack of access to mainland acute mental health beds for those patients assessed as sufficiently complex and challenging requiring urgent transfer will result in potential staff and patient harm. In the circumstances outlines, safe effective patient centred intervention (1:1 sessions, groups) are not able to be provided in accordance with the guidance and good practice.	Regular review of patient acuity and available staff. System for acquiring in house bank and or agency staff and expertise in place. Clinician to Clinician contact to refer, gain acceptance, and expedite transfer in place. Staff training in management of violence and aggression and control and restraint is regularly reviewed and action taken. Currently the establishment of two consultant Psychiatrist is in place. Scottish Government Mental Health informed of the risk. Mental Welfare Commission informed of the risk. Increased and enhanced staff/patient observation ratio for specific individuals.	System pressure impacting on work in relation to the ligature removal action plan.	SLA to allow and agree safe and effective transfer to be established. Discussions are progressing with GGC and SG. Reviewed staff training. Action Plan and improvements regarding ligature removal and reduction.	Very High - 20	Remove	Very High - 20	Very High - 20	High - 12	Medium term	13/09/2025	↔

052 CRR	Adult Psychology Provision	17/09/2024	Mental Health	Nurse Director	There is no executive Director Lead for psychological therapies as per Psychological Matrix requirement (NES 2015 extended SG/NES Nov 2023). There is a risk that the absence of qualified adult psychologist provision will result in service failure with people unable to access requisite specialist psychology assessments and interventions. There is a risk people will be diverted inappropriately to other services and for people's health needs not being addressed according to evidence based guidelines There is a risk SG will intervene in response to increasing waiting times and NHSWI's inability to meet requirements laid down in its ADP. There is a risk the absence of a medical secretary will mean people on the waiting list will not be monitored and that clinical staff will be diverted from patient care to admin duties. There is a risk patient letters will not be typed and sent to GPs. There is a risk staff who are supervised by NHSH will have to stop seeing patients as a response to NHSH withdrawing their supervision for the NHSWI psychology staff. There is a risk NHSO will also withdraw its support should they feel NHSWI's are not addressing the challenges it faces in regards to psychology provision There is a risk potential applicants for vacancies	NHSO provide supervision for the CBT trainee and the enhanced psychological practitioner. NHSH was previously supervising the CAAP but this has been with drawn with immediate effect. APU SCN provides some support in relation to triaging referrals.	Lack of substantive psychologists.	6 month SLA agreed with NHS Orkney and which will last until July 2025. Successful recruitment into the Principal Psychologist post - aiming for start date of April 2025 Medical secretary job description is in process. In the meantime 8hrs per week of bank cover is being provided (10 hours less than job will be). Develop a strategic plan for psychology that will address recruitment challenges e.g. remote working opportunities, service resilience.	Very High - 20	Reduce	Very High - 20	Very High - 20	High - 16	short term	26/06/2025	⟷
053 CRR	St Brendans and Barra Medical Practice	19/11/2024	Barra	Medical Director	There is a risk of unexpected failure of a known aging infrastructure and the potential impact that would have on services in Barra. NHSWI has reflected on the risk of an aging estate that had been planned for replacement many years ago. To ensure a full and objective review, NHS Scotland (NHSS) Assure were commissioned to lead on a review of function, utilisations and quality. Along with internal environmental reports, fire safety reports and workload data have been collated. The main risks identified are: • the replacement electrical system and heating & boiler system require replacement – in-depth expert assessment is ongoing to determine replacement options. •the impact when these works to take place and the ongoing provision of services. •no decant facilities exist on Barra.	A SLWG being set up with both CNES and NHSWI estates teams to look at the potential options. General maintenance continues.		Clear identification and quantification of the potential options. Funding agreed for boiler and heating system 2025/26. BVCC developer work recommenced following Scottish Government announcement in 2025/26 Programme for Government.	Very High - 20	Reduce	Very High - 20	Very High - 20	Medium - 5	Long term	03/09/2025	⟷

AIM
Remove
Reduce
Tolerate/Manage

Risk Quantification Criteria

Likelihood Definitions

Descriptior	Rare	Unlikely	Possible	Likely	Almost Certain
Likelihood	Can't believe this would happen again - will only happen in exceptional circumstances	Not expected to happen, but definate potential exists - unlikely to occur	May occur occasionally, has happened before on occasions - reasonable chance of occurring	Strong possibility that this could occur - likely to occur	This is expected to occur frequently/in most circumstances - more likely to occur than not

	Consequence/Impact				
Likelihood	**Negligible (1)**	**Minor (2)**	**Moderate (3)**	**Major (4)**	**Extreme (5)**
Almost Certain (5)	Medium	High	High	V High	V High
Likely (4)	Medium	Medium	High	High	V High
Possible (3)	Low	Medium	Medium	High	High
Unlikely (2)	Low	Medium	Medium	Medium	High
Rare (1)	Low	Low	Low	Medium	Medium

Very High	Senior Management Action to confirm the level of risk identified and produce an action plan to eliminate/reduce or transfer the risk.
High	Service Head Action to confim the level of risk identified and produce an action plan to elimiate /reduce or transfer the risk.
Medium	Ward/Dept Head to confirm the level of risk identified and produce an action plan to elimiate/reduce or transfer the risk.
Low	Ward/Dept Head to confim the level of risk identified and manage using routine procedures.

Impact/Consequence Definitions

Descriptor	Negligible	Minor	Moderate	Major	Extreme
Patient Experience	- Reduced quality patient experience/clinical outcome not directly related to delivery of clinical care	- Unsatisfactory patient experience/clinical outcome directly related to care provision - readily resolvable	- Unsatisfactory patient ecperience/clinical outcome, short term effects - expected recovery less than 1wk. - Increased level of care/stay less than 7 days	- Unsatisfactory patient experience/clinical outcome, long term effects - expected recovery over more than 1 week. - Increased level of care/stay more than 7-15 days	- Unsatisfactory patient experience/clinical outcome, continued ongoing long term effects.
Objectives/Project	- Barely noticeable reduction in scope/quality/schedule	- Minor reduction in scope/quality/schedule	- Reduction in scope/quality/project objectives or schedule	- Significant project over-run	- Inability to meet project/corporate objectives, reputation of the organisation seriously damaged.
Injury/illness (physical and psychological) to patient/visitor/staff	- Adverse event leading to minor injury not requiring first aid. - No staff absence	- Minor injury or illness, first aid treatment required. - Up to 3 days staff absence	- Agency reportable, e.g. Police (violent and aggressive acts) - Significant injury requiring medical treatement and/or councelling - RIDDOR over 7 day absence due to injury/dangerous occurances	- Major injuries/long term incapacity/disability (e.g. loss of limb), requiring, medical treatment and/or councelling - RIDDOR over 7 day absence due to major injury/dangerous occurances	- Incident leading to death(s) or major permanent incapacity
Complaints/claims	- Locally resolved verbal complaint	- Justified written complaint peripheral to clinical care	- Below excess claim. - Justified complaint involving lack of appropriate care	- Claim above excess level - Multiple justified complaints	- Multiple claims or single major claim - Complex justified complaint

Service/Business Interruption	- Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service	- Short term disruption to service with minor impact on patient care/service provision	- Some disruption in service with unacceptable impact on patient care - Temporary loss of ability to provide service - Resources stretched - Potenitally impaired operating capacity - Pressure on service provision	- Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked - Potentially impaired operating capability - Temp service closure	- Permanent loss of core service/facility - Disruption to facility leading to significant "knock on" effect - Inability to function
Staffing and competence	- Short term low staffign level temporarily reduces service quality (less than 1 day) - Short term low staffing level (>1 day), where there is no disruption to patient care	- Ongoing low staffing level reduces service quality - Minor error due to lack of/ineffective training/implementation of training	- Late delivery of key objective/service/care due to lack of staff - Moderate error due to lack of/ineffective training/implementation of training - Ongoing problems with staffing levels	- Uncertain delivery of key objective/service/care due to lack of staff - Major error due to lack of/ineffective training/implementation of training	- Non delivery of key objective/service/care due to lack of staff - Loss of key staff - Critical error due to lack of/ ineffective training/ implementation of training
Financial (including Damage/Loss/Theft/ Fraud)	- Negligible organisational/ personal financial loss up to £100k	- Minor organisational/ personal finanical loss of £100K - £250k	- Significant organisational/personal finanical loss £250K - £500K	- Major organisational/personal finanical loss £500K - £1m	- Severe organisational finanical loss of more than £1m
Inspection/Audit	- Small number of recommendations which focus on minor quality improvement issues	- Recommendations made which can be addressed by low level of management action	- Challanging recommendations that can be addressed with appropriate action plan - Improvement notice	- Enforcement/prohibition action - Low rating - Critical report	- Prosecution - Zero rating - Severely critical report
Adverse Publicity/ Reputation	- Rumers, no media coverage - Little effect on staff morale	- Local media coverage - short term - Some Public embarrassment - Minor effect on staff morale/public attitudes	- Local media - long term adverse publicity - Significant effect on staff morale/public perception of the organisation - Local MSP/SEHD interest	- National media adverse publicity less than 3 days - Public confidence in the organisation undermined - Use of services affected	- National/International media/adverse publicity, more than 3 days - MSP/MP/SEHD concern (Questions in Parliament) - Court Enforcement/ Public Enquiry/ FAI

NHS Western Isles Risk Appetite Statement 2023

Healthcare systems are increasingly complex organisations. Risk is ever present across and throughout our systems, services and care delivery. Many decisions are underpinned by risk assessment, identifying action,

NHS Western Isles, as a healthcare provider, operates within a low overall risk range. As an organisation we place patient safety as our highest priority, and will not accept known, unmanaged risks that materially

action(s) to reduce to reasonably acceptable levels, identified risks that originate from or are present within current or planned care and treatment systems, options, equipment, and environment. NHS WI acknowledges that the chosen option(s) may contain a level of risk that is unable to be mitigated or

We have a marginally higher risk appetite towards delivery of corporate objectives, including service/clinical st

Our highest risk appetite relates to the pursuit of innovation in new models of integrated care delivery and the introduction of digital technology, where significant positive gains in terms of patient experience and

The Board and all employees are required to work within our established risk management, reporting and escalation systems, and are expected at all levels, to proactively identify, assess , manage, mitigate, remove

footing the Board accepts the fluid, escalating and rapidly changing nature of such events, decisions will be taken and recorded in the face of presenting situation, available information, resource availability and real time risk based prioritisation. It may not be possible to have comprehensive, live, documented risk

trategies, finance and health improvement, the impact(s) of which may be longer term.