

Corporate Objectives	Ref	Detailed Objectives	Description	Controls (Assurance)	Progress notes	Governance Committee	Barriers to non-compliance
To ensure that all resources are deployed to the best effect, achieving desired outcomes and value for money.	001 CRR	Urgent attention to be given to identifying the savings shortfalls and eliminating or compensating for high risk schemes by scrutinizing financial performances at all operational management team meetings and to develop service planning in conjunction with financial planning	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.	Update June 2018 Risk rating remains the same	The Board reviews and scrutinises the Corporate Risk Register at each Board meeting for assurance that risks on the register are being managed efficiently and effectively	Financial
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	Develop formal network with laboratory service that is part of a larger mainland health board to satisfy requirement for both professional direction and clinical advice	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	Update June 2018 - Risk rating remains the same Formal arrangements for professional direction still to be completed.	The Board reviews and scrutinises the Corporate Risk Register at each Board meeting for assurance that risks on the register are being managed efficiently and effectively	Resources- Capacity and Capability

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.	014 CRR	That the Board will be able to provide a safe and effective decontamination service	<p>There is a risk that the CDU washers could have a catastrophic failure due to age (replacement date was 2012), and availability of components.</p> <p>The unit may not maintain standards due to lack of accommodation.</p> <p>The effect to the Board is services will either have to be stopped or reduced due to lack of decontamination facilities</p>	Draft CDU lay out produced for architects to develop proposal and options for new unit within Western Isles Hospital footprint.	April 2018 - It was agreed the CDU mainland visit was not required. In terms of washers there hasn't been any new ones ordered but they are in the process of installing a third washer into the wash room at this point, that had been purchased last year.	The Board reviews and scrutinises the Corporate Risk Register at each Board meeting for assurance that risks on the register are being managed efficiently and effectively	Financial
To deliver our commitment to partnership working to deliver national standards, targets and guarantees.	004 CRR	To ensure Performance Group ('Activity, Capacity & Cancer Group), Service Level Agreement Monitoring Committee and Theatre Scheduling Group have plans in place to meet demand in specialties provided by local and visiting services to meetn HEAT waiting time targets, and TTG legal target.	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 specialties 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 significant funding (e.g. additional consultant cost at mainland providers or agency providers) required to prevent TTG breaching.	April 2018 - Still at risk of breaching, but fewer cases making it so close to breach date. Average ongoing wait is down by a week since end of December. Bed occupancy went from high of 112.8% occupancy on the 9th January 2018 to 66.7% across Erisort, Medical Ward1, Medical Ward 2 and Surgical. We were in contingency in at least one of the above wards for 85.5% of December and January. This has reduced to 71.0% in March 2018. Between 21/03/2018 and 04/04/2018, we've only been in contingency 7% of days (one day, Surgical Ward on 22nd March).	The Board reviews and scrutinises the Corporate Risk Register at each Board meeting for assurance that risks on the register are being managed efficiently and effectively	Resources- Capacity and Capability

To protect individuals from avoidable harm by continually learning, and improving the reliability and safety in everything we do.	005 CRR	NHS WI to have a security system in place at all sites that mitigates the risk to staff, patients, public and or resources of avoidable harm, loss, damage due to inadequate system and processes.	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	Update June 2018 Resilience Group have not yet met. Meeting scheduled to take place in July.	The Board reviews and scrutinises the Corporate Risk Register at each Board meeting for assurance that risks on the register are being managed efficiently and effectively	Resources- Capacity and Capability
To protect individuals from avoidable harm by continually learning, and improving the reliability and safety in everything we do.	018 CRR	The GP OOH service is able to provide access to GPs for patients requiring general practice services when practices are closed i.e. 6pm-8am weekdays and 24 hours over weekends.	The risks associated with the current service configuration are; 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 increased hours OOH; a clinical risk if no GP cover can be found, especially as we move into winter. The impact is that the GPP OOH service is on the brink of breakdown and not sustainable in its current format. It is to the credit of local doctors and administrative staff that the service invoked contingency plans only twice in the last 12 months. In 2012, 15 local GPs participated in the OOH service provision at least monthly; this is reduced to eight doctors in 2017, with all of the doctors doing more shifts than their stated maximum. Daytime over weekends are particularly difficult to cover exacerbating the situation, of the eight doctors only 4 can cover all aspects of the OOH service, leading to an increasingly complex OOH rota. One of the eight doctors has now indicated that from November onwards she will no longer work OOH, and another has indicated that she will reduce the number of shifts she covers from 2019 onwards. Three doctors cover almost 50% of shifts between them.	covered by an off island GP, either by a directly engaged locum or by an agency locum. OOH paediatricians and/or A&E are covered by a mixture of middle grade locum doctors, the locum paediatrician, local GPs only on call for CODs and the two speciality grade doctors to cover A&E plus paediatrics (when recruited). Resulting in some nights 4 different doctors covering GP OOH, Emergency Department, Paediatrics and FME. All putting pressure on the OOH budget. We are now trying to recruit to the speciality doctor posts via agencies with a resultant finder's fee as well as trying to establish a cohort of speciality doctor locums. Currently a speciality trainee locum on fixed term contract is working 40hrs per week Emergency Department, thus enabling the OOH GP to focus on primary care out of hours work, as well as a clinical development fellow who covers one shift per week most weeks.	providing 3 nights A&E & CODs cover. A 2nd post had a successful applicant but difficulties with visa led to his withdrawal. The post has been re-advertised and exploring the possibility of a 3rd. The plan for this doctor to also be 1st-on-call for NHS24 with the GP providing support from home and FME cover has been reviewed. The intensity of work in the evening is such that this was not practical and we are trialling a move to a split shift for NHS24 (specialty doc on 00.00-08.00 with GP 1st-on from 18.00-00.00). There has been a slight increase in availability of GPs with these changes but this will be cancelled out by the loss of a key member of the team in the middle of May. Working with nursing colleagues in acute, community and ED, to consider the long term future of the service. Suggest moving to a team providing all urgent & emergency care regardless of the patient's POE. Include the urgent care provision currently provided by general practice in the "in-hours period". Program manager post has been developed. The team will be reliant on strong leadership, consistent management, redesign of nursing posts, additional posts (HCA,	The Board reviews and scrutinises the Corporate risk register at each meeting for assurance that risks on the register are being managed efficiently and effectively.	Financial, Resources- Capacity and Capability, Resources- Staffing, Resources- Time

To protect individuals from avoidable harm by continually learning, and improving the reliability and safety in everything we do.	002(A) CRR	To ensure that our contingency plans for managing a major incident response are in place and up to date, this includes policies and procedures and also table top exercises.	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 with Local, Regional and National Emergency Management Multi-agency partnerships. 4. Development of an internal rolling programme of exercise	Update June 2018 Risk rating remains the same	The Board reviews and scrutinises the Corporate Risk Register at each Board meeting for assurance that risks on the register are being managed efficiently and effectively	Resources- Capacity and Capability
To protect individuals from avoidable harm by continually learning, and improving the reliability and safety in everything we do.	002(B) CRR	To ensure that a business continuity management system (BCMS) is in place to allow for some forward looking assessment of the risks involves and the ability to invoke pre-agreed actions to attempt to minimise the impact of negative incidents	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	Update June 2018 Risk rating remains the same	The Board reviews and scrutinises the Corporate Risk Register at each Board meeting for assurance that risks on the register are being managed efficiently and effectively	Resources- Capacity and Capability
To deliver our commitment to partnership working to deliver national standards, targets and guarantees.	011 CRR	To be compliant with the MHRA action plan within the agreed timescales	There is a risk that the NHS Western Isles Blood Transfusion Service activity will be suspended if MHRA consider that a) the action plan to correct non compliance is inadequate b) progress to correct non - compliance does not progress within an acceptable time frame. This will impact on service provision for blood transfusion	Updated MHRA action plan. Support from SNBTS. Appointment to the Quality Manager Post	Update June 2018 Risk rating remains the same as we are now awaiting the next visit from the MHRA inspector	The Board reviews and scrutinises the Corporate Risk Register at each Board meeting for assurance that risks on the register are being managed efficiently and effectively	Resources- Capacity and Capability

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.	013 CRR	To achieve efficiency savings and reduced the unidentified savings to zero	There is a risk that the Board will not identify a significant proportion of its required efficiency savings target; the Board will effectively not have a robust balanced budget with a deliverable financial efficiency plan from the outset; the Board will not deliver on the efficiencies that it does not identify for the LDP; and the board will once again rely on non recurrent savings in place of required recurrent savings. In addition the establishment of the Integrated Joint Board may have an impact on the identification and delivery of efficiencies within the delegated budgets. The impact to the Board is that it may not deliver on the efficiencies that it does identify for the Local Delivery Plan and it may have to rely on non-recurrent savings in place of required recurrent savings.	Early and sustained work on identifying recurrent efficiencies through action plans arising from the sustainability and value programme boards.	Update June 2018 Risk rating remains the same	The Board reviews and scrutinises the Corporate Risk Register at each Board meeting for assurance that risks on the register are being managed efficiently and effectively	Financial
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.	015 CRR	That the Board is able to provide a safe and effective OOH Laboratory Service	There is a risk that the current out of hour's service in the laboratory could not be covered in the impact of sickness. This is due to the fact that from 20/05/16 there are only 2 members of staff able to provide cover The impact to the Board is that Laboratory services OOH will become unsustainable.	Training of BMS staff to join the on call Rota ongoing.	Update June 2018 Risk rating remains the same. Currently there are 4 locums employed in the laboratory and the quality manager is still acting as interim laboratory manager	The Board reviews and scrutinises the Corporate Risk Register at each Board meeting for assurance that risks on the register are being managed efficiently and effectively	Resources- Capacity and Capability

To continually improve and modernise our integrated healthcare services and assurance systems.	016 CRR	To have adequate IT infrastructure in place to be effective for the population of NHS WI and General Practitioner system requirements	<p>There is a risk to the Board that due to no adequate planning process to enable us to understand future broadband availability for each of our sites, timescales presented are at best optimistic and do not necessarily reflect service levels caused by lack of available infrastructures.</p> <p>The impact to the Board is that the next generation of GP systems will not be usable.</p>	NHS Western Isles IT are working with NSS to understand GP system requirements, and actual bandwidth consumed based on size of site/ numbers of devices	Update June 2018 Risk rating remains the same	The Board reviews and scrutinises the Corporate Risk Register at each Board meeting for assurance that risks on the register are being managed efficiently and effectively	Resources- Capacity and Capability
--	---------	---	--	---	--	--	---------------------------------------