MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK

Failure to provide safe health care.		Overall risk owner: Paul Moore	Residual Risk score		Amendment date:	26/010/2022
					Committee scrutiny:	QSE Committee

Which of the 2022-23 objectives may be impacted:

1	Covid-19 response.	x	7	Reducing waiting times.	x
2	Service user feedback drives improvement.	x	8	Continuous improvement.	x
3	Transforming health & social care delivery.	x	9	Workforce engagement and development.	
4	Corporate, clinical and social care governance.	x	10	Primary Care at scale.	x
5	Transform urgent and emergency care.	x	11	Early interventions.	x
6	Financial balance.		12	Environmental sustainability contribution.	

Residual Risk score (chart, values 0–25; plotted points for Apr-22 to Mar-23 and Target)

TARGET:	3 x 4 = 12
May '22: L x I	5 x 4 = 20
June '22: L x I	5 x 4 = 20
Jul '22: L x I	5 x 4 = 20
Oct '22: L x I	5 x 4 = 20
Dec '22: L x I	
Feb '23: L x I	

Related operational risks:	Main Controls 1-3	Lead	Assurance re: effective control	Gaps in control	Gaps in assurance	Assurance RAG
A widespread loss of organisational focus on patient safety and quality of care leading to increased incidence of avoidable harm, exposure to 'Never Events', higher than expected mortality, and significant reduction in patient satisfaction.	**1. Clinical safety controls** Clinical service structures, accountability & quality governance arrangements at MC, CG & service levels including: - Monthly meeting of Operational Clinical Governance Group (OCGG) with work programme aligned to CQC registration regulations Monthly meeting of Quality & Safety Committee (QSC) with escalation from (OCGG) - Implementation of the 'Road map - 10 point Improvement Programme'. 10 high-impact work streams aligned to CQC regulatory compliance. - Nursing and Midwifery and AHP Business meeting - Implementation of Clinical guidelines, pathways, supporting documentation & IT systems - Clinical audit programme & monitoring arrangements - Developing Clinical staff recruitment, induction, mandatory training, registration & re-validation - Defined safe medical & nurse staffing levels for all wards & departments (Nursing safeguards monitored by Chief Nurse) - Ward assurance/ metrics & accreditation programme - Nursing & Midwifery Strategy - AHP Strategy - Scoping and sign-off process for incidents and SIs PLANS TO IMPROVE CONTROLS: - Standardising Manx Care policies and development a single repository for Policies/SOPs/Guidelines - Staffing - Workforce profiling, establishment reviews twice yearly initially but look towards more frequent, Health Roster implementation, Leave Management, International recruitment pland and trajectory via GTEC, - Implementation of the 'Road map - 10 point Improvement Programme' WS1 - Establish Manx Care Integrated Clinical Governance & Patient Safety Support Unit WS2 - Develop Effective Manx Care wide Risk Management Framework WS3 - Work-Stream 3 - Develop Manx Care Quality & Safety Dashboard WS4 - Develop and Implement Operational Clinical Governance Group WS5 - Develop & Implement Improved Complaints Management systems WS6 - Patient/Service User Experience WS7(a) - Workforce Safeguards (Staff Training & Competencies) WS7(b) - (WF Planning & Nursing Rota Management) WS8 - Review Clinical Policies WS9 - Mortality Reviews WS10 - CQC Readiness	Paul Moore	Management: - OCGG monthly assurance report to QSC monthly - Learning from deaths Report to OCGG, QSC and Board - Quarterly Strategic Priority Report and to Board - Senior leadership walk around – 15 steps assurance report to QSC Jul - Senior Leadership Walkarounds weekly; - CG Risk Reports to RC 6-monthly; - EoLC Annual Report to OCGG, QSC and Board - Safeguarding Annual Report to OCGG, QSC and Board Compliance: Quality Dashboard to OCGG & QSC Monthly (Board Quarterly); SI & Duty of Candour report to OCGG Significant Risk Report to RC monthly Independent assurance: Internal Audit Medicines Optimisation Report to OCGG	- Multiple repositories for Policies and Guideline - Policies and Guidelines out of date - Staff recruitment is not meeting needs (more leavers than joiners and vacancy factor high) - Regular short-falls in available staff to meet optimum/safe staffing standards in response to acuity and demand. - Lagging and inaccurate performance data - Incomplete and low quality patient records due to mixed electronic and paper based record competing. - Electronic patient record is cumbersome and difficult for staff to use - No clinical coding used in patient care & treatment making it impossible to effectively monitor quality of patient care; patient outcomes; and identify where there may be concerns relating to standards of care and patient safety - No effective mandatory training systems and assurances - Absence of clear boundaries and scope of practice for advance nurse practitioners and advanced clinical practitioners - Inadequate response to safety-ccitical CAS Alerts 20.10.2022 unable to shortlist candidates for the Risk Manager vacancy, and consideration now is to assess 'grow our own ` with assistance of interim Risk Manager Performance against a range of indicators in the quality dashboard remain off track including VTE MUST and complaints responsiveness 25.10.2022 Business Case for Tenable (clinical audit softwear solutions from Board to Ward) progressing	- Manx Care response to single oversight framework. - Performance Data for patient/service user experience is limited in scope - Ineffective systems supporting mandatory & role-specific training are not integrated and do not reflect operational reality. - lack of systems providing independent assurances 25.10.2022 Completion of L1 mortaltiy review proformas remains below target, lack of learning from deaths reports produced - Medical Examiners addressing this with care group CDs and clinical leads	**R**
	2. Clinical effectiveness Each of the organisation's Care Groups have been asked by the Medical Director to identify three clinical effectiveness quality markets against which to measure performance and improvement. These need not be identical across the Care Groups. When selected, performance against the markers will be measured and audited to confirm data quality; identify learning and embed improvement. Care Group Quality meetings will then provide the forum for monitoring the effectiveness of the controls. Examples from amongst which to choose quality markers in a clinical seeting include incidence of venous thromboembolism ('VTE'); incidence of medication errors; incidence of delayed ransfer of care ('DToC'). PLANS TO IMPROVE CONTROLS Currently advertising for three new Associate Medical Directors to build capacity for governance of patient safety and clinical effectiveness; with respective responsibilities for quality & safety; mortality review (Medical Examiner) and appraisal systems. Further work underway to identify and mitigate risk and to deliver a system of clinical effectiveness.	Sree Andole	Integrated data sets. 25.10.2022 Associate Medical Directors for Safety and Governance and two Medical Examiners Appointed with clear mandate to develop and implement systems for Clinical Effectiveness and Learning from Deaths	The Care Groups have yet to coalesce around this governance development and have been asked to prioritise. Short staffing and poor data quality undermine mamagement efforts to futher develop governance - however a new Performance Manager together with appointments of some new Clinical Directors will further strengthen management resources to make progress.	Within the Island health and care system, no specific audits are mandated and as a result, few were undertaken in 21-22. There is no current Clinical Effectiveness Strategy; the Clinical Strategy is limited to the ambitions described within the Required Outcomes Framework ('ROF'). There is no Clinical Audit Policy.	**R**
If MC does not work effectively with patients and local communities in the planning and delivery of care, services may not meet the needs of local communities.	**3 Patient/Service User experience controls, including learning from complaints** - patient/service user experience data collated at organisational level through Manx Care Advice & Liaison Service (MCALS) - Patient safety walks coordinated by the patient/service user experience Officer include 'patient/service user experience questions' - CG level patient/service user experience surveys undertaken on ad-hoc basis - Complaints team support CG in responding to complaints PLANS TO IMPROVE CONTROLS - Implementation of standard methodology for surveying patient/service user experience - Implementation of instant reply sums messaging based on UK FFT fro patient/service users (include outpatients and community based clients and services users) - Implementation of the 'Road map - 10 point Improvement Programme' Work streams: WS5 - Develop & Implement Improved Complaints Management systems WS6 - Patient/Service User Experience 25.10.2022 Friends and Family rolled out across Manx Care in September with mixed feedback reported to care groups and Operational Quality & Safety Committee. Revised complaints regulations come into place 30.10.2022 Manx Care Policy leaflets, template correspondence and website revised in line with new regulations. Training on new regulations available on line and delivered face to face. Each old complaint is recorded on a tracker with a plan on how to resolve or complete by 7.11.2022. All new complaints are man marked on the CareGroup tracker and accountability conversation held at the Performance & Delviery Group Meetings with care groups who are not improving responsiveness. Manx Care Experience & Engagement lead appointed in October 2022 . Metrics related to measuring Experience and Care on quality dashboard expanded. ` You Said We Did Initiative' to be rolled out across Manx Care in Q3 and Q4 Discussion commenced with Picker in October 2022 to review whether Manx Care can take part in National Survery methodologies utilised by CQC for assurance subject to funding requirements.	Paul Moore	- MCALs report OCGG and distributed to CGs - quality Dashboard contains metrics on MCALs contacts - complaints report to OCGG/QSC/Board - quality Dashboard contains metrics of complaints performance - performance reporting of patient/service user experience data and feedback is limited to ward/service level - there is insufficient evidence to demonstrate that patient/service user experience feedback results in operational changes in service delivery - there is insufficient evidence to demonstrate that patient/service user experience feedback is considered within service developments	- There is a lack of a standard methodology for surveying patient/service user experience across MC making it difficult to identify thematic learning - Patients attending outpatient clinics are not routinely surveyed - Currently no facility in place for gaining instant patient/service user feedback i.e. sums satisfaction instant reply messaging - Responsiveness to complaints not yet J14at levels that satisfy the Board	- There is insufficient evidence to demonstrate that patient/service user experience feedback results in operational changes in service delivery as FFT is newly implemented - There is insufficient N17evidence to demonstrate that patient/service user experience feedback is considered within service development	**R**

MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK

1b Failure to provide safe social care.

Overall risk owner: Sally Shaw

Residual Risk score

Amendment date:	May-22
Committee scrutiny:	QSE Committee
TARGET: L X I	3 x 3 = 9
May '22: L x I	4 x 4 = 16
June '22: L x I	4 x 4 = 16
Aug '22: L x I	4 x 4 = 16
Oct '22: L x I	
Dec '22: L x I	
Feb '23: L x I	

Which of the 2022-23 objectives may be impacted:

1	Covid-19 response.	x	7	Reducing waiting times.	x
2	Service user feedback drives improvement.	x	8	Continuous improvement.	x
3	Transforming health & social care delivery.	x	9	Workforce engagement and development.	
4	Corporate, clinical and social care governance.	x	10	Primary Care at scale.	
5	Transform urgent and emergency care.	x	11	Early interventions.	x
6	Financial balance.	x	12	Environmental sustainability contribution.	x

Related operational risks:	Main Controls 1-6	Lead	Assurance re: effective control	Gaps in control	Gaps in assurance	Assurance RAG
CF1 Fostering Service placement sufficiency. CF2 Residential placements sufficiency. CF3 Family placement service. CS1 Information governance - children and families data breaches. Information governance - lack of expertise and resource to improve compliance. Gaps between legislative requirements and developments in professional practice. Inadequate sufficiency of placement opportunities. Criminal exploitation of young people. Compliance with the Regulation of Care Act 2013 re provider of last resort.	1. Policy governance	Sally Shaw	The review and completion of the suite of policies governing social care is a current project in 2022-23. There are clear plans on the work to be done and the process to be used. Policies are ratified by the Operational Care Quality Group ('OCQG') and its deliberations are reported by exception to the Executive Management Committee ('EMC') monthly. The end of a care episode all service users are invited to provide feedback on their experience. Together with complaints and compliments intelligence, these are used as prompts for further improvement in the design of controls.	Whilst the policy suite remains incomplete, it does not cover the wide range of areas required nor can it be consistently applied. A mechanism remains in development with DHSC to reliably identify the numbers of individuals requiring support - which impacts upon the design of policy.	Manx Care has contracted with external partners (Tri-X) to assist in the design of the policy suite but completion remains to be achieved. Carer's Strategy under development. The safeguarding Board has contracted external support to review and develop safeguarding policy and practice.	A.
	2. Mandatory training	Sally Shaw	Assurance is currently weak and dependent upon manual systems.	The curriculum for mandatory training is under review by Social Care with input from OHR (via records held) but not yet agreed. The application of mandatory training frameworks is not consistently applied.	We are not yet able to demonstrate a quarterly improvement in mandatory training performance.	A.
	3. Design and launch the multi-agency safeguarding hub (MASH)	Sally Shaw	The introduction of the MASH will be the focussed approach to safeguarding children and vulnerable adults. Police, Health and Social Work colleagues are to be co-located to enhance communication, including daily meetings and connecting routinely with colleagues in other departments where involved. The DPOs of each participating organisation has been consulted re data sharing conventions.	The MASH is planned to be fully operational by June 2023.	Progress in developing and implementing an agreed plan will be reported to the QSE. Manx Care and the Constabulary will review the arrangements as they progress and report during 2022.	A.
	4. Functional design, consistent application and effective operation of the Scheme of Delegation	Sally Shaw	Review of existing Schemes of Delegation will commence during 2022, alongside introduction of Schemes where there are currently gaps.	Some high cost packages of care for individuals have been approved via unclear and inconsistent authorisation processes.	We lack assurance that the scheme of delegation is appropriately designed - though the scheme currently is consistently applied.	A.
	5. Complete, communicate and consistently apply a suite of standard operating procedures across adult social care.	Sally Shaw	Effective controls by the deployment of a suite of procedures are being developed through partnership with Tri.X (external contactors).	Until all procedures have been ratified by a group of appropriate subject matter experts, there remain gaps in control effectiveness.		A.
	6 Adding resilience and capacity to the *provider of last resort* facilities and capabilities within Manx Care.	Sally Shaw	Social Care team meet regularly with management in externally commissioned partners; care homes are subject to inspection; CQC will include an advisory inspection in its scope of work in 2022 (except day care). The Regulation & Quality Improvement Authority ('RQIA') will visit, review and report on Children's Services during 2022.	Currently very challenging to place a sibling group in care. Manx Care has little / no current resource to bridge any capacity gap created by the withdrawal of any private sector or charitable provider.		A.

MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK

2	**Overwhelming demand.**		Overall risk owner: Oliver Radford

Residual Risk score

	Amendment date:	May-22
	Committee scrutiny:	FPC Committee
	TARGET: L X I	6
	May '22: L x I	9
	June '22: L x I	9
	Aug '22: L x I	9
	Oct '22: L x I	
	Dec '22: L x I	
	Feb '23: L x I	

Which of the 2022-23 objectives may be impacted:

1	Covid-19 response.	x	7	Reducing waiting times.	x
2	Service user feedback drives improvement.	x	8	Continuous improvement.	x
3	Transforming health & social care delivery.	x	9	Workforce engagement and development.	x
4	Corporate, clinical and social care governance.		10	Primary Care at scale.	x
5	Transform urgent and emergency care.	x	11	Early interventions.	
6	Financial balance.		12	Environmental sustainability contribution.	

Residual Risk score chart: Apr-22, May-22, Jul-22, Sep-22, Nov-22, Jan-23, Mar-23, Target (x marked near Target around score 5; line near 9)

Related operational risks:	Main Controls 1-4	Lead	Assurance re: effective control	Gaps in control	Gaps in assurance	Assurance RAG
#281 CCU demand may exceed capacity. #242 Covid 19 impact upon cohort of renal patients. #289 Insufficient staff to deliver renal replacement therapy to ventilated renal patients. Nursing vacancy rate is 20%. Anaesthetist vacancy rate close to 40%.	1 Covid 19 adaptation, vigilance and vaccination campaigns	Oliver Radford	Island vaccination programme reduced mortality and morbidity, allowing a much reduced demand on hospital services from people who are Covid positive. Island vaccination rates in the target groups are 87% for one dose; 82% for two doses. From April 2022, Manx Care CEO will chair the Monthly Vaccine Board, which includes representation from Manx Care, DHSC and Public Health. The Manx Care internal escalation plan has been shown to be effective with clear allocation of well understood resources when response to infection has to be ramped up. This is overseen by the Performance & Delivery Group which reports by exception to the EMC.	The resources for Covid vigilance and vaccination are currently funded only for the 22-23 year.	The systematic capture of timely, high quality date on health and social care remains to be achieved.	G.
	2 General escalation planning	Oliver Radford	The Operational Pressure Escalation Levels ('OPEL') framework is in place and embedded. It is in a constant state of review by the Access and Capacity Team and has been shown to be an effective tool in managing and escalating operational pressure. OPEL reporting is a constant item of review for the Performance and Delivery Group which reports by exception to the EMC.		The systematic capture of timely, high quality date on health and social care remains to be achieved.	G.
	3 Service transformation of urgent and emergency care	Transformation team	Clear project aims established to divert appropriate patients into community pathways (i.e. Intermediate Care) allowing for a reconfiguration of ED services and non-elective pathways. Led by the Transformation resources within Cabinet Office and reported into the Transformation Oversight Group. Internally, Manx Care project leaders (M Cox , S Taylor) report progress to Executives. Manx Care CEO is a member of the Transformation Programme Officer Board and the Manx Care Chair is a member of the Transformation Political Board.		Sir Jonathan Michael review of progress made to date in transforming urgent care (Nov 21) identified a lack of progress due to a lack of clinical and managerial staff to resource the project. The systematic capture of timely, high quality date on health and social care remains to be achieved.	A.
	4 Capacity and demand planning	Oliver Radford	Continuously improving methodology for 'make or buy' decision making for clinical services which have low throughput or very high costs to deliver, and where off island provision is safer or even more cost effective. Improved Air Bridge arrangements. Manx Care has successfully engaged with Cheshire and Mersey Cancer Network and the other tertiary providers in Liverpool to ensure acess to off-Island services. Further strenthening of strategic relationships with Cheshire & Mersey providers ongoing. Synaptic contract delivering additional orthopedic and cataract capacity. Additional Restoration & Recovery business case under consideration to extend Synaptik programme to cover remainder of the orthopaedic and cataract waiting list and also to encompass general surgery. Capacity & demand Planning team report to the Performance and delivery Group routinely and P & G reports by exception to EMC.	The Capacity & Demand Team is a new one, with it's purview limited in scope to date to services falling within the Restoration & Recovery Business case at the moment, however this will expand to encompass all specialties, including mental health. The was not a substantive Performance manager post within Manx care on establishment, but a new post has been created and recruitment has been successful (appointee due to start June 22).	The systematic capture of timely, high quality date on health and social care remains to be achieved.	A.

MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK

3	Competition for staff leading to critical shortages.	Overall risk owner: Anne Corkill				Amendment date:	May-22

Residual Risk score

		Committee scrutiny:	People Comm.
		TARGET: L X I	9
		May '22: L x I	25
		June '22: L x I	25
		Aug '22: L x I	25
		Oct '22: L x I	
		Dec '22: L x I	
		Feb '23: L x I	

Which of the 2022-23 objectives may be impacted:

1	Covid-19 response.	x	7	Reducing waiting times.	x
2	Service user feedback drives improvement.	x	8	Continuous improvement.	x
3	Transforming health & social care delivery.	x	9	Workforce engagement and development.	x
4	Corporate, clinical and social care governance.		10	Primary Care at scale.	
5	Transform urgent and emergency care.	x	11	Early interventions.	
6	Financial balance.		12	Environmental sustainability contribution.	

Chart: Residual Risk score, x-axis Apr-22, May-22, Jul-22, Sep-22, Oct-22, Nov-22, Jan-23, Mar-23, Target; y-axis 0 to 30.

Related operational risks:	Main Controls 1-6	Lead	Assurance re: effective control	Gaps in control	Gaps in assurance	Assurance RAG
#417 ED establishment is under-resourced. #306 Recruitment and retention of ICU staff. Shortage of theatre & anaesthetics staff. Diagnostic breast service - lack of clinical capacity. Endoscopy capacity. Ramsay Theatres admin support. Insufficient access to attractive accommodation for lower paid staff.	Development of a Recruitment and Retention Strategy	Anne Corkill	Manx Care values have been included in evaluation criteria for recruitment. Manx Care provides mandatory and other training for colleagues to ensure that they have the required skills and knowledge to perform effectively. Manx Care has a policy project plan governing the review of all policies and procedures relating to recruitment, incuding that governing the acquisition and scrutiny of DBS checks. A 'People Dashboard' with relevant key performance indicators relating to staff churn is being developed and reported to the People Committee. Pulse surveys of staff attitudes are being deployed to take the 'cultural temperature' amongst the staff. new Induction Programme is in place for Manx Care. A CARE Award scheme has been introduced., based on CARE values. The approach to and methodology for workforce planning has been agreed by the Transformation Team. The approach will be tailored by Care Group.	Vacancy rate of circa 20% across the organisation. Exit interviews rarely undertaken, thereby losing the opportunity to learn or in some cases, dissuade. The Mandatory Taining portal E-Learn Vannin has a reporting modele for mandatory training which is not currently enabled. Demand and capacity planning are at low levels of maturity which hamper the collation of input data into workforce planning. 'Make or buy' decision making for on/off island services remain a current project following a review of surgical services and the outcomes will impact upon workforce planning.	Recruitment & Retention Strategy is planned to be shared with the People Committee. Time window between advert and start date is not decreasing. Staff leavers not historically participating in *Exit Interviews*, thereby losing Manx Care the opportunity to learn causes of resignation. The quality of the data in the 'People Dashboard' is not assured with high dependence upon manual systems of collation. Managers depend on local spreadsheets to track mandatory training compliance. Transformation Team plans to develop a Workforce Model in line with Sir Jonathan Michael's recommendation No 25 are at an early stage.	**R.**
	Development of the Equality, Diversity and Inclusion programme	Workforce & Culture team	work has indicated that a supportive workplace in relation to EDI aids retention and will also improve recruitment of those in minority groups. Phase one research has commenced in preparation for creating an EDI forum for Manx Care, reviewing the availability of data, mapping the Diversity profile and seeking to improve the quality of the data captured. The project team have linked in to wider International EDI groups/forums to draw upon best practice. Procurement of specialist EDI consultancy is being progressed.	EDI forum yet to be established. An assessment to be made of EDI data and performance indicators required. EDI consultancy in process of procurement - quotes received, funding agreed and provider in process of drafting terms.	Early indication is that the quality of EDI data which is available is poor, however focus groups have been beneficial to understand the scale of the work and has helped to inform the initial approach.	**R.**
	Development of a systemic change management programme	Workforce & Culture team	The CARE values have been reviewed with engagement from Manx Care staff and as a result the values have been redesigned. The Transformation project team will relaunch the values in July 2022. Leadership Academy Programme launched. Manx Care is developing its approach to Communications & Engagement (Board review May 22). 'Have your Say' survey results have been analysed by the project team with recommendations for changes/improvements issued to Manx Care. A Change Coach programme has been designed and launched with workshops taking place in May 2022.	Change Management Course modules provided by LEaD will be reviewed with a view to informing the gap between those available and required. Approach to change management needs to be determined in order to feed into continuous improvement. Development of methods for systems thinking in Manx Care.	Chief Minister to launch a review of HR following *Ronson V DHSC* judgement.	**R.**
	Development of a programme to support psychological safety in the workplace.	Workforce & Culture team	Significant research has been undertaken in order to design a bespoke workshop for Manx Care to develop a psychologically safe workplace. First workshops to be piloted in June 2022 with the Executive Team and Change Coaches. Wellbeing resources have been reviewed. Staff Space Committee estabished and delivered on improvements to three key areas in Manx Care to provide/enhance existing recreational areas for staff to recharge.	Cascade approach to training across the organisation will take some time to reach all employees. Expectation is that the workshops will be facilitated by Managers and Change Coaches, supported by online training - intended to be rolled out during 22-23.		**R.**
	Targeted sickness absence management programme	Anne Corkill	Analysis has been undertaken on data available on absences. This will inform absence management iniatives, including taking into account continuing impact of Covid on absence patterns.	Options are being explored to introduce control designs that have been shown to have a beneficial impact elsewhere and decisions are pending.		**R.**
	Roll out of the new appraisal system	Workforce & Culture team	A review of the current appraisal system for clinical and non clinical colleagues has been undertaken and the findings used to inform a proposal on a new appraisal system to be rolled out by Manx Care in 22-23.	There is a need to review the MPTC pilot appraisal documentation in the Autumn.	Roll out has a dependency on the launch of the CARE values and the success of the initiatives to embed the values.	**R.**

MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK

4	**Major incident**		Overall risk owner: Oliver Radford		Amendment date:	May-22

Committee scrutiny:	FPC Comm

Which of the 2022-23 objectives may be impacted:

1	Covid-19 response.	x	7	Reducing waiting times.	x
2	Service user feedback drives improvement.	x	8	Continuous improvement.	
3	Transforming health & social care delivery.		9	Workforce engagement and development.	x
4	Corporate, clinical and social care governance.		10	Primary Care at scale.	x
5	Transform urgent and emergency care.	x	11	Early interventions.	
6	Financial balance.		12	Environmental sustainability contribution.	

Residual Risk score

(chart: values 20, 15, 10, 5, 0 on y-axis; x-axis Apr-22, May-22, Jul-22, Sep-22, Nov-22, Jan-23, Mar-23, Target; line at ~16; X marker near Target)

TARGET: L X I	6
May '22: L x I	16
June '22: L x I	16
Aug '22: L x I	16
Oct '22: L x I	
Dec '22: L x I	
Feb '23: L x I	

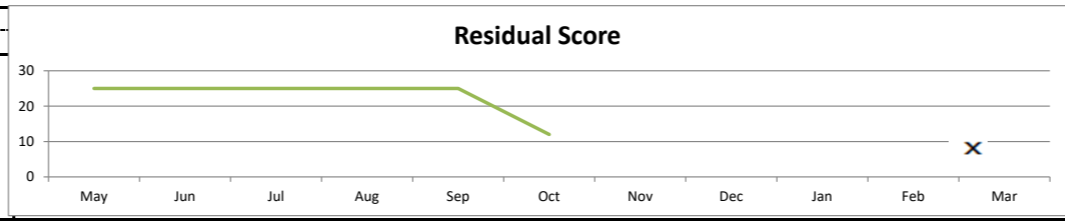| Related operational risks:	Main Controls 1-3	Lead	Assurance re: effective control	Gaps in control	Gaps in assurance	Assurance RAG
#172 Ambulance staffing. #174 Lack of specialist ambulance personnel. Business continuity plans across all Manx Care locations are not accessible electronically from a central intranet resource.	1 Incident planning and control governance structure	Oliver Radford	Manx Care has a Major Incident Plan. Governance and response arrangements are designed, reviewed and tested under the auspices of the Emergency Planning Committee. This committee is chaired by GD who is a direct report of the Manx Care Medical Director. Issues are escalated to the EMC. Manx Care has just appointed an Emergency Planning Manager who will commence in May 2022 and will take an operational and tactical lead on MI planning IoM also has a government wide approach to emergency planning, chaired by DHA's Dan Davies. The Manx Care Director of Operations is a member.		Some of these governance arrangements have been developed in recently (21/22) and have not been demonstrated to be fit for purpose through contemporaneous incidents.	A.
	2 Safety management arrangements in collaboration with Manx TT	Oliver Radford	IoM has a National Motorsport Committee on which Manx Care CEO and Director of Operations sit. Learning has been demonstrated from experience of incidents. Race management has accessed advice from the Auto Cycle Union in UK and sought independent views of the efficacy of incident planning arrangements, to which racing authorities and the promoter (Dept for Enterprise) have ressponded. The TT promotor has sponsored development of the safety management system which will be used during TT2022 for the first time. Manx Care will have a written plan for TT2022, approved by Exec Team and the Board, which will outline proactive actions implemented during the event to help cope with increased demand as well as actions required by clinical and managerial teams in the case of a significant increase in demand			A.
	3. Business continuity planning	Oliver Radford	Governance and response arrangements are designed, reviewed and tested under the auspices of the Emergency Planning Committee. Manx Care has employed an Emergency Planning Manager effective May 2022. This is a first time appointment. The job holder will review current governance arrangements, contrast with best practice guidance from the Emergency Planning College and recommend further improvements. The arrangements were tested deeply during Covid and the secondary care systems and processes withstood the demand for care for Covid patients.	Current scope of the business continuity arrangements are limited to the Nobles campus. A central repository of all business continuity plans for services and locations acorss Manx care is yet to be established.	The governance arrangements need to be developed to include care homes and community services. There has been no independent review of the effectiveness of the arrangements. During Covid, many patients on non-Covid pathways failed to present, presented late or were deferred for treatment, thereby delaying treatment and care - the full impact of which is not yet known.	A.

MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK

5 Loss of stakeholder support & confidence

Overall risk owner: Teresa Cope

Amendment date: May-22
Committee scrutiny: Board

Which of the 2022-23 objectives may be impacted:

1	Covid-19 response.	x	7 Reducing waiting times.	x
2	Service user feedback drives improvement.	x	8 Continuous improvement.	x
3	Transforming health & social care delivery.	x	9 Workforce engagement and development.	
4	Corporate, clinical and social care governance.	x	10 Primary Care at scale.	x
5	Transform urgent and emergency care.	x	11 Early interventions.	
6	Financial balance.		12 Environmental sustainability contribution.	x

Residual Risk score

Chart (values 0–20): plotted line at ~16 from Apr-22 to Sep-22; an "x" marker near Target.

TARGET: L X I	3 x 2 = 6
May '22: L x I	4 x 4 = 16
June '22: L x I	4 x 4 = 16
Sep '22: L x I	4x4 = 16
Oct '22: L x I	4x4 = 16
Dec '22: L x I	
Feb '23: L x I	

Related operational risks:	Main Controls 1-7	Lead	Assurance re: effective control	Gaps in control	Gaps in assurance	Assurance RAG
Public perceptions of Manx Care affected by four charges of manslaughter being laid against four anaesthetists. Inability to effectively deliver mental health services across the Island due to recruitment challenges. DHSC electronic systems lack communication inter-operability to the depth sought and required for effective care. Staff vacancy rates impact on operational throughput which impacts waiting times for consultation, diagnosis and intervention. Recruitment and retention of GPs and other clinicians and care workers. Prison healthcare staffing challenges. Clinically sound 'make or buy' decisions may not be understood by service users and carers and other stakeholders, leading to perceptions of an intention to run down Manx Care services on island in favour of normalising off island treatment. Non-compliance with CQC regulatory framework which Manx care seeks	1. Proactive engagement with the Minister and DHSC leadership.	Andrew Foster & Teresa Cope	Required Outcomes Framework (22/23) approved by Board 03/05/22. Chair meets regularly with the Minister. CEO meets regularly with DHSC CEO. The four Principals meet together monthly. Joint Oversight Group includes leadership from DHSC and Manx Care at which greatest mutual risks discussed, including safety; reputational; financial (monthly) Mandate assurance meetings (quarterly). Health & Care Partnership Board (quarterly). Board to Board meetings. Positive politcal engagement in NED recruitment process. Performance & Accountability Framework agreed and aligned to Single Oversight Framework.		DHSC Oversight group: Terms of reference and approved minutes to be shared with the FPC Committee. Health & Care Partnership Board terms of reference and approved minutes to routinely be shared with QSE Committee. A paper on compliance with the guidance 'Working with Elected Members' to be provided to the People Committee.	**G.**
	2 Proactive engagement with other government officials and departments with a regulatory oversight role including Attorney General; Coroner; Health & Safety at Work Inspectorate; Information Commissioner ('ICO').	Teresa Cope	CEO engaging positively with the H & S at Work Inspectorate re. ionising radiation compliance. CEO engaging constructively with the Island Constabulary; DHA and DHSC. Information governance arrangements are beginning to be strengthened via the Non Clinical Quality group with oversight of the Digital & Informatics Committee of the Board.	Medical Director formalising engagement with the Coroner calendar (Q2 calendar '22). CEO and Chief Constable formalising an MoU on parallel investigations (Q2 calendar '22). Manx Care has not yet demonstrated compliance with the DSTP Toolkit, which would contribute to assuring the ICO, but has am aim for compliance by May '23 (as stated IGAB on 04/05/55).	Manx Care CEO is not a formal member of the Island's Chief Officers Group, involvement limited to attendance for specific items by invitation. Manx Care continues to be subject to significant enforcement action by the ICO. Approved minutes of the Multi-Agency safeguarding Hub to be shared with the QSE Committee routinely. The QSE Committee to be provided with a paper setting out the proposed engagement activity with the IoM Coroner. When finalised, the MoU on parallel investigations with IoM Constabulary to be provided to QSE Committee. Pay awards with all staff for '21/'22 yet to be concluded - arbitration initiated.	**A.**
	3 Proactive engagement with Manx government shared support and technology services including GTS; HR; Transformation; Infrastructure, Treasury; Dept for Education; Internal Audit.	Teresa Cope	Chair & CEO meet Principals in Transformation to discuss governance and progress. Developing constructive working relationships with education providers including University College IoM and training establishments to increase placement opportunities and numbers. Executive Team members have additional portfolio based links ensuring Manx Care oversight of respective formal contracts with shared service agreements in place, coordinated by the Contracting Team; with alignment to Board Committees for review.	Insufficient numbers of rotational training opportunities results in students in training not being exposed to manx opportunities for subsequent employment. Transformation programme management approach still underplays the potential benefits of Manx Care views of the most effective ways to transform. Transformation leadership not yet routinely reporting in person to the Manx Care Board.	Manx Care CEO is not a formal member of the Island's *Chief Officers Group*, involvement limited to attendance for specific items by invitation. Board Committees yet to normalise reviews of shared service governance effectiveness (D&I being the exception).	**A.**
	4 Proactive engagement with all staff; including clinical staff and social care staff.	Teresa Cope	Induction includes an introduction by an Exec Team member. Bi-monthly open sessions for the CEO & Medical Director to listen to consultant body. Monthly *Let's Connect*. Weekly *all staff* bulletins. Regular reports on workforce and culture provided to the People Committee with a developing dashboard of metrics.	Action plans being developed but not yet finalised, at Care group level to address cultural gaps identified in BMA survey. A Communications & Engagement Plan is due to be reviewed and approved by the Board May 2022.	BMA survey of Manx Care consultants (Feb '22: respondents = 49) indicated a low baseline for cultural engagement. Monthly '*Let's connect*' online presentations / pod casts yet to reach desired depth of audience. People Committee to be provided with assurance of improvement in cultural 'temperature' amongst consultant body (autumn '22). Data quality of human resource dashboard metrics requires further refinement.	**A.**
	5 Proactive engagement with providers of tertiary and specialist care in England.	Teresa Cope	Proactive engagement with the Chief Finance Officer and Director of Strategy at Liverpool University Hospitals NHS FT. CEO is an engaged member of the Cheshire & Mersey Cancer Alliance. Working towards a strengthened strategic partnership approach. IoM representation into specialty networks such as Major Trauma Network; Critical Care Network; Paediatric Network being formalised.	Notes of tertiary provider and network meetings yet to feed into Manx Care governance processes.		**G.**
	6 Proactive engagement with Island media including radio, newsprint; social media.	Teresa Cope	Manx Care Head of Comms maintains close contact with opinion formers and journalists at principal Island outlets. Manx Care has a planned calendar of engagement activity.	Media channels cannot be controlled - Manx Care aims only to ensure our voice is represented accurately and heard.	Communications and Engagement Strategy is under development - draft to be shared with Board in calendar Q2 '22.	**G.**
	7 Proactive engagement with the Island's voluntary and charity sector.	Teresa Cope	CEO has a seat on the Council of Voluntary Organisations ('CVO') Board and meets frequently with the CVO Chair. Manx Care works in a structured way with *Hospice IoM*. CEO engages with *Crossroads* charity, *putting carers first*.		A paper on Manx Care engagement with coluntary and charity sector to be provided to QSE Committee Q2 calendar '22.	**G.**

6 Failure to achieve financial sustainability.

Overall risk owner: Jackie Lawless

Amendment date:	Oct-22
Committee scrutiny:	FPC Comm
TARGET: L X I	9
May '22: L x I	Residual Score
June '22: L x I	25
Aug '22: L x I	25
Oct '22: L x I	12
Dec '22: L x I	
Feb '23: L x I	

Which of the 2022-23 objectives may be impacted:

1	Covid	x	7 Reducing waiting times.	x
2	Service user feedback drives improvement.		8 Continuous improvement	x
3	Transf	x	9 Workforce engagement a	x
4	Corpo	x	10 Primary Care at scale.	x
5	Transf	x	11 Early interventions.	x
6	Financ	x	12 Environmental sustainabi	x

Residual Score

(Chart showing residual score from May to Mar, line at ~25 declining sharply to ~12 around Oct, with an X marker near Nov)

Related operational risks:	Main Controls 1-6	Lead	Assurance re: effective control	Gaps in control	Gaps in assurance	Assurance RAG
#1 Significant cost and operational pressures risk overspend against budget - particularly Agency spend to cover high vacancy rate and Tertiary spend	1. Tools to establish financially sustainable staffing are poorly designed and available data is of low quality or is not available to managers, planners and leaders to support effective decision making.	Anne Corkill & Jackie Lawless	Work is scoped and planned for 22-23 to improve the provision of management information to budget holders and recruiting managers which adequately connects budgets to HR system PIP numbers; to identified workers, including those who are on limited term appointments; permanent contracts, flexible working contracts and agency staff. Resources are being committed from the CIP programme to progress control design improvements. One additional FTE has been recruited in the Finance reporting / analysis function to focus. Financial scrutiny occurs at quarterly Performance and Accountability Reviews of the Care Groups. Improvements to activity are included within the scope of the CIP Programme Board. Plans to acquire internal audit review of improved systems and processes in 23-24.	High vacancy rates do not always produce underspends - they produce overspends as temporary / flexible workers are retained at premium rates (20%-70% premiums) which reflect the fluid markets in which the workers are contracted. These circumstances support a forecast overspend on staffing of circa £3.5M in 22-23 compared to the budgeted establishment for these overspent departments / services. There are likley to be instances where managers have recruited above their budgeted establishment which is not always clearly visible There are opportunities to improve forecasting techniques and reporting	Connecting budget holders with budgets, aligned to accurate HR system PIP numbers; to those who are on limited term appointments; permanent contracts, flexible working contracts and agency staff is at an immature level of sophistication.	A
#2 Pay awards remain under negotiation / arbitration. #3 Significant investment required to reduce waiting list backlogs #4 Transformation projects generating significant future funding pressures #5 Future funding not yet agreed - growth has been agreed but no funding for investment / service development	2. Improvements in the control systems which link health and care activity delivery with cost of doing so are being made.	Jackie Lawless	The Restoration & Recovery workstream at Manx Care has shown that effective tools can be developed to provide insight into performance and planning. Investment has been made in performance management function which will enable the development of better performance data Transformation are preparing a plan to develop an Activity Based Costing model to allow better understanding of resource requirements	In most service areas, there is little or no data linking activity delivered with the cost of doing so - making it impossible to assess value for money or inform 'make or buy' decision making.	The Transformation team have undertaken a review of surgical services to more accurately assess activity and cost. The detail of the review is awaited, however any change is likely to take significant time to complete so will not have an immediate impact	A
#6 Inherited widespread non-compliance with Financial Regulations with regard to contracting and procurement	3. Improvements to control design re contracting and procurement	Jackie Lawless	Manx Care has invested in some additional resource in house in the Contracting & Commissioning teams to provide additional expertise and resource to address the inherited non-compliance position. This work is reviewed by the FP&C Committee This often requires Financial Waivers in the first instance to bring existing arrangements into compliance while the need and scope is fully reviewed and examined. A robust system for requesting Financial Waivers exists but further improvements to the process have been proposed to Treasury in order to speed it up Manx Care has joined a number of NHS Frameworks to allow access directly to 'pre-approved' providers which avoids the need for full procurement exercises each time a service is required.	Contracting and procurement decision making can be inflexible and lacking in agility - this can result in lost opportunities to take advantage of advantageous pricing; shortened delivery times; or unexpectedly availability of preferred supplier resource.	The Attorney General's (AG) office leads on tendering but has predicted that should a high volume of tender activity be likely in 22-23 as is anticipated), the AG's office may not be resourced sufficiently to meet the demand. Operational areas may also not be sufficiently resourced to carry out the full service / contract reviews necessary	A
	4. Improvements to the design of the scheme of delegation	Jackie Lawless	A process of review of financial delegation is planned in 22-23 Dir of Finance sits on a Government wide management group scoping the provision of an electronic 'purchase to pay' system for all of Government Regular and granular scrutiny of spend by each budget holder to ensure appropriate purchasing decisions and authorisations are being made	Across Manx Care, purchasing is currently undertaken with the use of paper pads in quadruplicate - building in a lack of financial grip without the use of an electronic system. This system potentially provides any colleague with the ostensible authority to make purchases from a supplier whilst in possession of a purchase requisition pad without the necessary authority	The scheme of financial delegation has design weaknesses which do not accurately align delegated powers with appropriate officers. It is not possible for the Finance Shared Service team to ensure full compliance with Delegations before making payments due to the process being paper based.	A
	5. Closing the gap between Transformation and Manx Care	Jackie Lawless	Transformation Oversight Group with representatives from Manx Care and the Transformation team has been formed to monitor and drive progress of the Transformation programme.	There are delays in completing and implementing transformation projects - with delayed benefits realisation and can result in cost pressures as near obsolete or obsolete systems maintained at high cost. New initiatives are also generating ongoing cost pressures for Manx Care, funding for which has not been agreed by Treasury. Transformation may seek commitment from Manx Care to pump prime or fund an initiative or activity for a greater period than the financial settlement that DHSC has provided Manx Care with. Without longer term financial planning, Manx Care cannot adequately plan to grow services.	Understanding Manx Care's baseline cost for delivering planned service levels remains uncertain - undermining any discussion about establishment funding. Without longer term financial planning, Manx Care cannot adequately plan to grow services or plan other investment decisions.	R
	6. Adressing future funding requirements	Jackie Lawless	The principle of growth funding has been agreed with Treasury and is included in the projected increase in budget over the next 3 years. Transformation New Funding Arrangements project investigating options for government to fund health and social care in future e.g. taxation changes. Transformation have also produced a paper detailing potential mechanisms for agreeing the funding allocation to Manx Care proposing a blended approach to cover 'baseline' and additional 'activity components'. This will require a zero based budgeting exercise to establish the corect funding baseline for Manx Care's core activities	Whilst future funding has been indicated in the Pink Book it is not guaranteed and does not allow for significant service investment, rather underlying growth. The view of Treasury has been that this funding should cover all future requriements of the system and this position needs to be tested The budget setting and mandate setting cycles are misaligned with budgets for future years being set before mandate has been agreed	Understanding Manx Care's baseline cost for delivering planned service levels remains uncertain - undermining any discussion about establishment funding. Without longer term financial planning, Manx Care cannot adequately plan to grow services or plan other investment decisions. The implementation of the recommendations of Transformation are likely to take some time - a number of years - to generate efficiencies to cover required investment	A
	7. Improving internal financial governance mechanisms	Jackie Lawless	Regular meetings between Finance Business Partners and Budget Holders to review financials and address any anomalies / overspends and to improve financial forecasting Training provided to budget holders regarding their responsibilities and access to reporting has been trialled and will be rolled out across Manx Care Investment has been made in additional resource in Finance Team to aid with financial reporting and analysis Weekly Financial Assurance Group meetings between Manx Care & DHSC to address finances / financial planning. Monthly Management Accounts produced that show current and predicted performance and highlighting areas of risk / pressure Monthly FP&C Committee meeting to review and address financial, performance and commissioning issues. Monthly CIP Programme Board meeting to oversee delivery against target of the CIP programme and address any blockages / significant risks Business Case Review Group established to provide effective review and challenge of business cases before approving for funding Monthly Performance and Accountability Reviews with Care Groups that include scrutiny of financial performance / pressures Quarterly reporting to COMIN to discuss forecast position, financial pressures, risks and mitigations Full Internal Audit review of Financial Controls underway with findings expected in Dec '22	CIP programme requires additional operational resource to drive performance - this is currently provided by external resource but work is underway to recruit a CIP Programme Manager . More recently, additional resource has been funded by Transformation to accelerate the delivery of the CIP Programme to deliver a total of £10m savings in 22/23 rather than the target savings of £4.3m Further improvements to financial reporting can be made to provide more meaningful and timely information to a range of stakeholders Improved formal review and scrutiny planned of spend in operational areas that sit outside of Care Groups e.g. Tertiary, Corporate, Operations	Service level reviews continue to highlight deficiencies in service provision which often require additional investment, which is unforseen. The outcome of CQC inspections is likely to generate signficant funding pressures not already identified Further education and deepening relationships with finance are required to ensure adequate visibility of risks	A