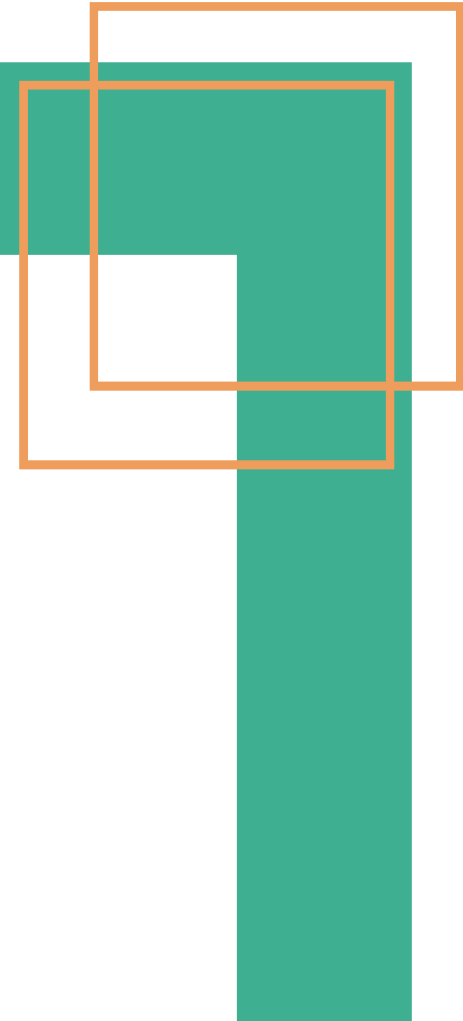




Corporate Risk Register and Board Assurance Framework

May 2021



Manx Care Board Assurance Framework and Corporate Risk Register

Corporate Risk Register

Datix ID (tbc)	Risk title	Strategic priority	Source of risk	Risk owner	Board Committee oversight	Risk description	Mitigations in place	Initial scores Impact x Likelihood	Initial rating	Current scores Impact x Likelihood	Current rating	Target score Impact x Likelihood	Target rating	Risk movement this month	Update describing risk movement
xx.001	Failure to offer safe services and continuous improvement in quality and outcomes for patients and service users	Improving patient safety	Board development session	Lead: Cath Quilliam (Director of Nursing), Sally Shaw (Director of Social Care)	QSE Committee	Risk of failure of clinical governance and performance monitoring frameworks Impact = causing potential serious harm or unnecessary death to patients and service users	under discussion with exec lead	tbc		tbc		tbc		↔	
xx.002	Failure to develop a workforce and culture programme which is supported by the Manx Care workforce	Creating a positive working culture	Board development session	Lead: Anne Corkill, Director of HR Business	People Committee	Risk of missing the momentum and synergy of creating a positive first impression and losing the buy-in and goodwill of staff to support delivery of strategic priorities Risk of lack of engagement of staff in transformation programme Impact = significant challenges in recruitment and retention leading to unsafe staffing levels and poor outcomes of care for patients and service users	under discussion with exec lead	tbc		tbc		tbc		↔	
xx.003	Failure to develop and maintain financial control over expenditure within Manx Care	Improving financial health	Board development session	Lead: Jackie Lawless, Finance Director	FP& C Committee	Risk of not delivering the financial plan 2020/21 Risk of failing to invest in transformation projects Risk of reputational damage with DHSC Impact = inability to progress organisational-wide change programmes resulting worsening patient and service user safety	under discussion with exec lead	tbc		tbc		tbc		↔	
xx.004	Failure to achieve the data and digital transformation milestones which support safety improvements and financial controls	Improving patient safety Creating a positive working culture Improving financial health	Board development session	Lead: Richard Wild (CIO) for digital and informatics, John Middleton (Bd Sec) for information governance	D&I Committee	Risk of not being able to measure performance in all care groups consistently and accurately Risk of inaccuracy and time delays in producing performance data and business intelligence Impact = Impact = inability to progress organisational-wide change programmes resulting worsening patient and service user safety	under discussion with exec lead	tbc		tbc		tbc		↔	

Manx Care Board Assurance Framework and Corporate Risk Register

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Datix ID (tbc)	Risk title	Strategic priority	Source of risk	Risk owner	Board Committee oversight	Risk description	Mitigations in place	Initial scores Impact x Likelihood	Initial rating	Current scores Impact x Likelihood	Current rating	Target score Impact x Likelihood	Target rating	Risk movement this month	Update describing risk movement
xx.005	Risk of a breakdown in stakeholder relationships impacting on the collaboration required to deliver integrated care	Improving patient safety Creating a positive working culture Improving financial health	Board development session	Lead: Teresa Cope	Board	Risk of inter-relationships between Manx Care, the DHSC, the Transformation Programme, and other IoM departments developing in such a way that prevents the delivery of the Board's long term integration strategy. IMPACT The Board is unable to: •continue to provide strong and robust clinical and care governance, •deliver care at a scale that can continue to deliver efficiencies, and •build relationships across primary care and social care to facilitate integrated care, and •influence the legislative agenda to support the pace of change and transformation for integrated care	under discussion with exec lead	tbc		tbc		tbc		↔	
xx.006	Failure to develop the estate infrastructure to support the integrated care strategy and improve standards of care for patients and service users	Improving patient safety Creating a positive working culture Improving financial health	Board development session	Lead:Barbara Scott, Director of Infrastructure	FP&C Committee	Risk to financial and operational performance due to the environmental impact of the estate on service delivery. Impact Additional costs of maintaining the estate and infrastructure Poor patient and service user outcomes Inability to achieve environmental sustainability goals e.g. carbon footprint	under discussion with exec lead	tbc		tbc		tbc		↔	

Manx Care Board Assurance Framework and Corporate Risk Register

Risk criteria

Category		Personal Impact on Patient/Client Staff/Visitor/Contractor	Quality / System Failure	Public confidence and reputation	Complaint or Claim	Financial Impact
Level of Impact	Score					
Insignificant	1	Minor incident. First aid administered.	Negligible service deficit Minor non-compliance No impact on public health or social care. Minimal disruption to routine organisation activity No long term consequences	Issue of no public/political concern.	Locally resolved complaint	Less than 20K
Minor	2	Incident requiring medical treatment. < 3 day absence. Emotional distress.	Single failure to meet internal standards or follow protocol. No impact on public health or social care Impact on organisation rapidly absorbed No long term consequences	Local press interest. Local public/political concern.	Justified complaint peripheral to patient or service user care	£21K -£100K
Moderate	3	Hospital Admission >= 3 day absence Semi-permanent injury / emotional trauma.	Repeated failures to meet internal standards or follow protocols Minimal impact on public health and social care Impact on organisation absorbed with significant level of intervention Minimal long term consequences	Limited damage to reputation Extended local press interest/regional press interest. Regional public/political concern.	Justified complaint involving lack of patient care Litigation/enforcement action possible	£101K-500K
Major	4	Fatality. Permanent disability / emotional injury Short term impact on colleagues, who may require further support	Failure to meet national/professional standards. Significant impact on public health and social care. Impact on organisation absorbed with some formal intervention by other organisations Significant long term consequences	Loss of credibility and confidence in organisation. National press interest. Independent external enquiry. Significant public/political concern.	Multiple justified complaints Litigation/enforcement action expected with claim above excess level	£501K –£5.0M
Severe	5	Multiple fatalities. Multiple permanent disabilities / emotional injuries. Long term impact on colleagues and they will require further support	Gross failure to meet professional/ national standards Major impact on public health and social care Impact on organisation absorbed with significant formal intervention by other organisations. Major long term consequences.	Full Public Enquiry. PAC Hearing Major public/political concern.	Multiple claims or single major claim Unlimited damages Litigation/prosecution certain	More than £5.0M

	Score	PROBABILITY	DESCRIPTION
Almost Certain	5	1 in 10 chance	LIKELY TO OCCUR
Likely	4	1 in 100 chance	WILL PROBABLY OCCUR
Possible	3	1 in 1,000 chance	MAY OCCUR OCCASIONALLY
Unlikely	2	1 in 10,000 chance	DO NOT EXPECT TO HAPPEN
Rare	1	1 in 100,000 chance	DO NOT BELIEVE WILL EVER HAPPEN



risk score unchanged



risk moving towards target risk



risk moving away from target risk

Manx Care Board Assurance Framework and Corporate Risk Register

Risk rating

		OVERALL RISK RATING				
IMPACT	5. Fundamental	Moderate	Moderate	Major	Severe	Severe
	4. Major	Minor	Moderate	Major	Major	Severe
	3. Moderate	Minor	Moderate	Moderate	Major	Major
	2. Minor	Insignificant	Minor	Moderate	Moderate	Moderate
	1. Insignificant	Insignificant	Insignificant	Minor	Minor	Moderate
		1. Rare	2. Unlikely	3. Possible	4. Likely	5. Almost certain
		Likelihood				


Manx Care Board Assurance Framework and Corporate Risk Register

BAF entry 1

Strategic priority	Risk (to the delivery of the priority)	Controls (How will the risk be managed or controlled?)	Assurance What (and from what source) is the evidence that the risk controls are effective? INT - Internal assurance INDEP - Independent assurance	Gaps in controls What extra controls are needed to manage the risk?	Gaps in assurance What extra evidence is required that the risk controls are effective?																																													
<div>Datix ID: xx.001</div> <div><div>Failure to offer safe services and continuous improvement in quality and outcomes for patients and service users</div><div>Lead: Cath Quilliam for health, Sally Shaw for Social Care</div><div>Initial rating<div>tbc</div></div><div>Current rating<div>tbc</div></div><div>Target rating<div>tbc</div></div><div>Board Committee responsible for oversight: QSE Committee</div><div>Impact x Likelihood<div>tbc</div></div><div>Impact x Likelihood<div>tbc</div></div><div>Impact x Likelihood<div>tbc</div></div><div>Changes since last update</div><div></div></div>																																																		
Improving patient safety	Quality monitoring and performance not sufficient to maintain standards due to inadequate business intelligence and data analysis Failure to adhere to standards due to lack of staff engagement and collaboration Impact of Covid on planned restoration of services Quality standards adversely affected by failure to recruit to posts Risks to DHSC regulatory compliance, patient safety and effectiveness of patient outcomes, Potential for reputational risk	Performance monitoring (Routine/against trajectory) of key areas of concern in Care Groups, issues escalated to EMC and to QSE Committee Operational Care Quality and Clinical Quality Groups established to oversee quality and safety standards Work with the Transformation Programme on clinical governance Monitoring of policies, procedures and care pathways, e.g. audits. Recovery plans identified by performance management Monitoring of bank and agency use Monitoring of vacancies/recruitment initiatives Identifying and acting on event themes (e.g. complaints/incidents etc.) Acting on feedback from audits/patients/service users/staff	NON Minutes from Operational Care Quality and Clinical Quality Groups NON Performance monitoring reports to QSE and FP&C NON internal staff pulse surveys NON Progress reports from Transformation programme NON Board to site/service visits NON Thematic/deep dive reviews by Board Committees NON Executive director performance reviews of services NON Reviews by patient/service users/carers INDEP Reviews by regulators/stakeholders	Very few of the controls are currently embedded due to work in progress listed below:- Roadmap and milestones for informatics transformation Development of PALS service Policy Framework Risk Management Policy with aligned risk registers Fitness for purpose of current Datix system Sign off of shared service agreement with DESC Nurse training, Public Health & DOI with clear and agreed service standards	Integrated Performance Report is under construction DHSC is developing its role as the regulator Review by the Care Quality Commission to be completed																																													
Associated Finance Risks (ID)	1-3 - covid implications 9 - s115 placements 10 - complex care packages 11 & 12, 18 - drugs & pharmacy	<div>Actions required to address any gaps in control or assurance</div> <table><thead><tr><th>Action</th><th>Status</th><th>Progress</th><th>Due date</th><th>Owner</th></tr></thead><tbody><tr><td>Roadmap and milestones for informatics transformation</td><td>Referred to Digital & Informatics Committee</td><td></td><td></td><td></td></tr><tr><td>Development of PALS service Policy Framework</td><td>Design work about to commence, independent advice and resource commissioned</td><td></td><td></td><td></td></tr><tr><td>Risk Management Policy with aligned risk registers</td><td>Referred to Audit Committee</td><td></td><td></td><td></td></tr><tr><td>Fitness for purpose of current Datix system</td><td>Referred to the Executive Team</td><td></td><td></td><td></td></tr><tr><td>Sign off of shared service agreement with DESC Nurse training, Public Health & DOI with clear and agreed service standards</td><td>Referred to the Executive Team</td><td></td><td></td><td></td></tr><tr><td>Integrated Performance Report is under construction</td><td>Referred to the Digital & Informatics Committee</td><td></td><td></td><td></td></tr><tr><td>DHSC is developing its role as the regulator</td><td>In development</td><td></td><td></td><td></td></tr><tr><td>Review by the Care Quality Commission to be completed</td><td>TC overseeing the review in conjunction with DHSC</td><td></td><td></td><td></td></tr></tbody></table>				Action	Status	Progress	Due date	Owner	Roadmap and milestones for informatics transformation	Referred to Digital & Informatics Committee				Development of PALS service Policy Framework	Design work about to commence, independent advice and resource commissioned				Risk Management Policy with aligned risk registers	Referred to Audit Committee				Fitness for purpose of current Datix system	Referred to the Executive Team				Sign off of shared service agreement with DESC Nurse training, Public Health & DOI with clear and agreed service standards	Referred to the Executive Team				Integrated Performance Report is under construction	Referred to the Digital & Informatics Committee				DHSC is developing its role as the regulator	In development				Review by the Care Quality Commission to be completed	TC overseeing the review in conjunction with DHSC			
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Associated Datix risks (ID)	89 - endoscopy waiting times 99 - e-prescribing 386 - clinical governance system 387 - SI governance system 50 - DBS checks compliance 190 - Mandatory training compliance 234 - Gastroenterology waiting times 52 - sub-standard care to people with LD 362 - foster placement sufficiency	<div>Assurance level</div> <div>tbc</div> <div>Change in assurance</div> <div></div>																																																

Manx Care Board Assurance Framework and Corporate Risk Register

BAF entry 2

Strategic priority	Risk (to the delivery of the priority)	Controls (How will the risk be managed or controlled?)	Assurance What (and from what source) is the evidence that the risk controls are effective? INT - Internal assurance INDEP - Independent assurance	Gaps in controls What extra controls are needed to manage the risk?	Gaps in assurance What extra evidence is required that the risk controls are effective?			
Datix ID: xx.002								
Failure to develop a workforce and culture programme which is supported by the Manx Care workforce		Lead: Anne Corkill, Director of HR Business	Initial rating	tbc	Current rating	tbc	Target rating	tbc
		Board Committee responsible for oversight: People Committee	Impact x Likelihood	tbc	Impact x Likelihood	tbc	Impact x Likelihood	tbc
Changes since last update								
Creating a positive working culture	Risks and impact	WORKFORCE & CULTURE FRAMEWORK	NON Performance monitoring reports to People Committee on workforce indicators		Very few of the controls are currently embedded due to work in progress listed below:- Roadmap and milestones for informatics transformation Roadmap and milestones for Workforce and Culture Programme Limited resources for communications to support internal and external messaging Sign off of shared service agreement with OHR with clear and agreed service standards	Integrated Performance Report is under construction DHSC is developing its role as the regulator Review by the Care Quality Commission to be completed		
	1) Poor learning culture (Excellent) - We don't learn from our mistakes, do not innovate change and improve. We increase chance of harm or poor experience. 2) Not person centred (Committed, Appreciative, Respectful) - Potential to cause harm or risk to a staff member because of toxic and poor workforce culture 3) We do not encourage diversity and miss opportunities for innovation (Appreciative, Respectful) - Miss talented staff and recruitment opportunities and risk losing staff 4) Staff are not or don't feel involved/empowered in their work and decisions/changes relating to it. (Committed, Appreciative, Respectful & Excellent) - Missed opportunity for innovation. Increased risk of doing the wrong thing. Resistance to change. Recruitment and retention challenges 5) Leadership and effective "followership" does not develop in all parts of the organization. (Committed) - People/staff do not grow and develop. Limited job satisfaction leading to unhealthy feelings about work. Lack of innovation and quality improvement	- implementation of framework activities - ensure full range are exercised and having an impact - tools for learning and improvement - Workforce & Culture Programme plan and support from the Transformation Programme COMMUNICATION PLAN - plan is implemented and monitored for impact LEADERSHIP VISIBILITY AND CLARITY - Board visibility, clarity of messaging and demonstrate values PERFORMANCE MONITORING ON PEOPLE KEY INDICATORS - Performance monitoring (Routine/against trajectory) of key areas of HR & OD concern in Care Groups, issues escalated to EMC and to People Committee - Monitoring of policies, procedures and HR processes, e.g. service level agreements and standards. - Identifying and acting on staff feedback, e.g. pulse surveys, raising concerns, fairness at work	NON internal staff pulse surveys NON Progress reports from Transformation Programme and Workforce & Culture Advisory Board NON Board to site/service visits NON Thematic/deep dive reviews by People Committee INDEP Reviews by regulators/stakeholders					
Associated Finance Risks (ID)	6 - legacy pay gap 14 - GP contract 15 - contract uplifts 17 - Nurse bursary	Actions required to address any gaps in control or assurance				Assurance level tbc	Change in assurance 	
Associated Datix risks (ID)	92 - staff recruitment and retention 373, 384 - staffing & senior management shortages 388 - Med Director support 190 & 391 - mandatory and regulatory training	Action	Status	Progress	Due date			Owner
		Roadmap and milestones for informatics transformation	Referred to Digital & Informatics Committee					
		Roadmap and milestones for Workforce and Culture Programme	Year 1 priorities under discussion with the People Committee					
		Limited resources for communications to support internal and external messaging	Risk being considered at People Committee, resources identified and a business case being considered					
		Sign off of shared service agreement with OHR with clear and agreed service standards	Referred to the Executive Team					
		Integrated Performance Report is under construction	Referred to the Digital & Informatics Committee					
		DHSC is developing its role as the regulator	In development					
		Review by the Care Quality Commission to be completed	TC overseeing the review in conjunction with DHSC					

Manx Care Board Assurance Framework and Corporate Risk Register

BAF entry 3

Strategic priority	Risk (to the delivery of the priority)	Controls (How will the risk be managed or controlled?)	Assurance What (and from what source) is the evidence that the risk controls are effective? INT - Internal assurance INDEP - Independent assurance	Gaps in controls What extra controls are needed to manage the risk?	Gaps in assurance What extra evidence is required that the risk controls are effective?
Datix ID: Datix ID: xx <div> <div> Failure to develop and maintain financial control over expenditure within Manx Care </div> <div> Lead: Jackie Lawless, Finance Director <div> Initial rating <div>tbc</div> </div> </div> <div> Current rating <div>tbc</div> </div> <div> Target rating <div>tbc</div> </div> </div> <div> Board Committee responsible for oversight: FP&C Committee <div> Impact x Likelihood <div>tbc</div> </div> </div> <div> Impact x Likelihood <div>tbc</div> </div> <div> Impact x Likelihood <div>tbc</div> </div> <div> Impact x Likelihood <div>4 x 2</div> </div>					

 Changes since last update

Manx Care Board Assurance Framework and Corporate Risk Register

BAF entry 4

Strategic priority	Risk (to the delivery of the priority)	Controls (How will the risk be managed or controlled?)	Assurance What (and from what source) is the evidence that the risk controls are effective? INT - Internal assurance INDEP - Independent assurance	Gaps in controls What extra controls are needed to manage the risk?	Gaps in assurance What extra evidence is required that the risk controls are effective?																														
<div>Datix ID: xx.004</div> <div>Failure to achieve the data and digital transformation milestones which support safety improvements and financial controls</div> <div>Lead: Richard Wild for digital and informatics, John Middleton for information governance</div> <div>Initial rating<div>tbc</div>Current rating<div>tbc</div>Target rating<div>tbc</div></div> <div>Board Committee responsible for oversight: D&I Committee</div> <div>Impact x Likelihood<div>tbc</div>Impact x Likelihood<div>tbc</div>Impact x Likelihood<div>tbc</div></div> <div>Changes since last update</div>																																			
Improving patient safety Creating a positive working culture Improving financial health	Risks of not optimizing digital technologies effectively Impact - Services do not transform efficiently - Patients fail to receive optimum care. - Safety can be compromised by failure to deliver right information at the right time to the right people. - Resources are not utilized in the most efficient and effective manner - Mandx Care does not keep pace with technology used by partners and the wider health and social care system - Exposure to cyber security threats. - Development of Information Management & Technology Strategy has insufficient engagement from the wider organisation - Reputational damage from ICO involvement due to data governance breaches	Oversight and scrutiny of progress by the D&I Committee Delivery of IM&T Strategies as set out by DHSC and the Transformation Programme Working with Transformation Programme partners Engagement and compliance with best practice around the digital agenda Ensuring effective governance arrangements are in place for all Digital Transformation programmes e.g. Electronic Patient Record Project, Integrated Performance Report etc Where issues and risks are identified action plans are developed to address which are monitored at the appropriate group. Training programmes delivered as new technologies are deployed Utilisation of standard methodology for project management (PRINCE2) Quarterly reports to the Information Commissioners Office on IG compliance	NON Regular reports to D&I Committee and the Board INDEP - progress reports from the Transformation Programme INDEP Internal Audit audits of elements of the program (e.g. data quality) INDEP Completion of DSPT (data security and protection toolkit) INDEP External organisation penetration tests INDEP Feedback from the Information Commissioners Office	Very few of the controls are currently embedded due to work in progress listed below:- Roadmap and milestones for informatics transformation Sign off of shared service agreement with GTS with clear and agreed service standards Clear action plan for information governance with timely and deliverable objectives	Integrated Performance Report is under construction DHSC is developing its role as the regulator																														
Associated Finance Risks (ID)	5 - IT funding 8 - LIM system	<div>Actions required to address any gaps in control or assurance</div> <table><thead><tr><th>Action</th><th>Status</th><th>Progress</th><th>Due date</th><th>Owner</th></tr></thead><tbody><tr><td>Roadmap and milestones for informatics transformation</td><td>Referred to Digital & Informatics Committee with Year 1 priorities under discussion</td><td></td><td></td><td></td></tr><tr><td>Sign off of shared service agreement with GTS with clear and agreed service standards</td><td>Referred to the Executive Team</td><td></td><td></td><td></td></tr><tr><td>Clear action plan for information governance with timely and deliverable objectives</td><td>Action plan being reviewed by DPO and over seen by the D&I Committee</td><td></td><td></td><td></td></tr><tr><td>Integrated Performance Report is under construction</td><td>Referred to the Digital & Informatics Committee</td><td></td><td></td><td></td></tr><tr><td>DHSC is developing its role as the regulator</td><td>In development</td><td></td><td></td><td></td></tr></tbody></table>			Action	Status	Progress	Due date	Owner	Roadmap and milestones for informatics transformation	Referred to Digital & Informatics Committee with Year 1 priorities under discussion				Sign off of shared service agreement with GTS with clear and agreed service standards	Referred to the Executive Team				Clear action plan for information governance with timely and deliverable objectives	Action plan being reviewed by DPO and over seen by the D&I Committee				Integrated Performance Report is under construction	Referred to the Digital & Informatics Committee				DHSC is developing its role as the regulator	In development				<div>Assurance level</div> <div>tbc</div> <div>Change in assurance</div>
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Associated Datix risks (ID)	99 - e-prescribing 359 - electronic risk system, datix 364 - information governance & security																																		

Strategic priority	Risk (to the delivery of the priority)	Controls (How will the risk be managed or controlled?)	Assurance What (and from what source) is the evidence that the risk controls are effective? INT - Internal assurance INDEP - Independent assurance	Gaps in controls What extra controls are needed to manage the risk?	Gaps in assurance What extra evidence is required that the risk controls are effective?																						
Datix ID: xx.005	<div><div>Risk of a breakdown in stakeholder relationships impacting on the collaboration required to deliver integrated care</div><div>Changes since last update</div></div>	<div>Lead: Teresa Cope, CEO</div> <div>Board Committee responsible for oversight: Board</div>	<div>Initial rating</div> <div>tbc</div> <div>Impact x Likelihood</div> <div>tbc</div>	<div>Current rating</div> <div>tbc</div> <div>Impact x Likelihood</div> <div>tbc</div>	<div>Target rating</div> <div>tbc</div> <div>Impact x Likelihood</div> <div>tbc</div>																						
Improving patient safety Creating a positive working culture Improving financial health	<div>Risk of inter-relationships between Manx Care, the DHSC, the Transformation Programme, and other IoM departments developing in such a way that prevents the delivery of the Board's long term integration strategy.</div> <div>Impacts The Board is unable to continue to provide strong and robust clinical governance, to deliver care at a scale that can continue to deliver efficiencies, to build relationships across primary care and social care to facilitate integrated care, and influence the legislative agenda to support the pace of change and transformation for integrated care</div> <div>Risks to DHSC regulatory compliance, patient safety and effectiveness of patient outcomes, CIP trajectory Potential for reputational risk</div>	<div>Quarterly meeting with Health & Care Partnership Board</div> <div>Quarterly meeting with the DHSC Mandate Assurance Meeting</div> <div>Support for the Transformation Programme workstreams and close relationships between MxC exec leads and TP project leads</div> <div>Timely escalation of concerns or issues informally or via the provions within the Mandate as necessary</div> <div>Adherence to the guidance <i>Working with Elected Members</i></div>	<div>NON Minutes from H&C Partnership Board and Mandate Assurance meetings</div> <div>NON Progress reports from Transformation programme</div> <div>NON Board informal meetings with key stakeholders</div> <div>INDEP Reviews by regulators/stakeholders</div>	<div>Sign off of shared service agreements across various departments with agreed service standards</div>	<div>DHSC is developing its role as the regulator</div> <div>MHK's adjusting to new arm length body</div>																						
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Datix ID: xx.006	Failure to develop the estate infrastructure to support the integrated care strategy and improve standards of care for patients and	Lead: Barbara Scott, Director of Infrastructure	Initial rating	tbc	Current rating	tbc	Target rating	tbc
		Board Committee responsible for oversight: FP&C Committee	Impact x Likelihood	tbc	Impact x Likelihood	tbc	Impact x Likelihood	tbc
		Changes since last update						
Improving patient safety Creating a positive working culture Improving financial health	Risk to financial and operational performance due to the environmental impact of the estate on service delivery. Impact Additional costs of maintaining the estate and infrastructure Poor patient and service user outcomes Inability to achieve environmental sustainability goals e.g. carbon footprint Risks to DHSC regulatory compliance (Mandate), patient safety and effectiveness of patient outcomes, CIP trajectory Potential for reputational risk	Non-Clinical Quality Group established to oversee performance standards Report and oversight to FP&C Committee	NON Minutes from Non-Clinical Quality Group NON Progress reports from Transformation Programme NON Board site/clinical visits INDEP Reviews by regulators/stakeholders	Sign off of shared service agreements across various departments with agreed service standards				
Associated Finance Risks (ID)	tbc	Actions required to address any gaps in control or assurance				Assurance level	Change in assurance	
Associated Datix risks (ID)	tbc	Action Sign off of shared service agreement across various departments with clear and agreed service standards	Status Referred to the Executive Team In development Chair, NEDs and CEO developing relationships to suportr MHK's	Progress	Due date	Owner	tbc	

Manx Care Board Assurance Framework and Corporate Risk Register

Assurance criteria

Full	<ul style="list-style-type: none">• The controls in place adequately address the risks to the successful achievement of objectives; and,• The controls tested are operating effectively.
Substantial	<ul style="list-style-type: none">• The controls in place do not adequately address one or more risks to the successful achievement of objectives; and / or,• One or more controls tested are not operating effectively, resulting in unnecessary exposure to risk.
Limited	<ul style="list-style-type: none">• The controls in place do not adequately address multiple significant risks to the successful achievement of objectives; and / or,• A number of controls tested are not operating effectively, resulting in exposure to a high level of risk.
No assurance	<ul style="list-style-type: none">• The controls in place do not adequately address several significant risks leaving the system open to significant error or abuse; and / or,• The controls tested are wholly ineffective, resulting in an unacceptably high level of risk to the successful achievement of objectives.