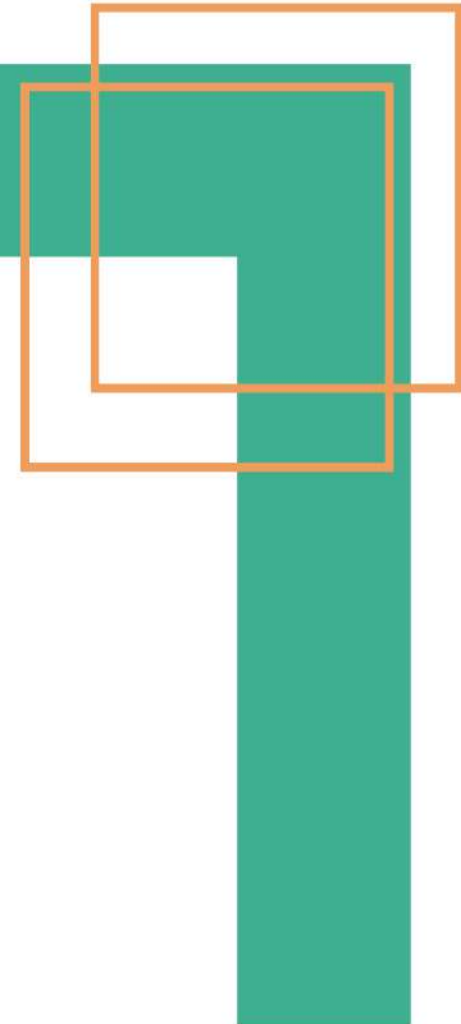




Corporate Risk Register and Board Assurance Framework

May 2021



Manx Care Board Assurance Framework and Corporate Risk Register

02

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 Social Care	Manx Care does not provide safe services and continuously improve quality and outcomes for patients and service users	Improving patient safety	Board development session	Lead: Paul Moore (Director of Nursing)	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	5x5		5x5		5x2		↔	
xx.001 Nursing	Manx Care does not provide safe services and continuously improve quality and outcomes for patients and service users	Improving patient safety	Board development session	Lead: 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		↔	

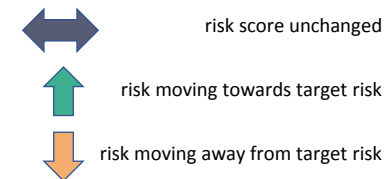
Manx Care Board Assurance Framework and Corporate Risk Register

02


Datix ID (tbc)	Risk title	Strategic priority	Source of risk	Risk owner	Board Committee oversight	Risk description	Mitigations in place	Initial scores	Initial rating	Current scores	Current rating	Target score	Target rating	Risk movement this month	Update describing risk movement
								Impact x Likelihood		Impact x Likelihood		Impact x Likelihood			
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		↔	
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		↔	
xx.007	Failure to protect young vulnerable children from the risk of criminal and sexual exploitation	Improving patient safety	QSE Committee Meeting 12/07/2021	Lead: Sally Shaw, Director of Social Care	QSE Committee		under discussion with exec lead	tbc		tbc		tbc			

Category	Score	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



		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						

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.001	<p>Manx Care does not provide safe services and continuously improve quality and outcomes for patients and service users</p> <p>Changes since last update</p>	<p>Lead: Paul Moore</p> <p>Board Committee responsible for oversight: QSE Committee</p>	<p>Initial rating 5x5</p> <p>Current rating 5x5</p> <p>Impact x Likelihood</p>	<p>Target rating 5x2</p> <p>Impact x Likelihood</p>	<p>Low Risk Appetite</p>	
Improving patient safety	<p>Insufficient staffing to maintain safe service Quality monitoring and performance not sufficient to maintain standards due to inadequate business intelligence and data analysis 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</p> <p>Risks to DHSC regulatory compliance, patient safety and effectiveness of patient outcomes, Potential for reputational risk Lack of effective oversight and accountability Insufficient policies and procedures Organisational culture</p>	<p>Staffing Acuity and Dependency review Rotas 6 weeks in advance Establishments updated, financed and incorporating 23% uplift Daily review of bed state and staffing Judicious use of bank and agency staff Redeployment of staff as required Mandatory training</p> <p>Oversight IPR with good quality metrics Control of policies and procedures Datix reporting Complaints Handling MCALS</p>	<p>Care Group reports to OCCG (monthly) Quality Dashboard setting out compliance in the KLOE (safe, effective, responsive, caring and well led) Report of QSE to Board (monthly) Outcome of CQC inspection National Clinical Audits IPR (monthly) Internal Audit (specified clinical priorities) External Audit Service User Feedback Royal College Reviews / Inspections Exec and Board of Director walk rounds Mandate Reviews</p>	<p>Low confidence in data quality Absence of data for quality monitoring purposes Unreliable establishments (including acuity and dependency) Level of vacancy unsustainable Level of sickness unsustainable Low resilience for staffing mitigations Very low confidence in mandatory training - superficial control No clarity on role specific training - no TNA No effective system for CAS management Absence of a positive organisational culture and accountability Level of embeddedness of policies and procedures - degree of control low Lack of / absence of care clinical governance systems High level of silo working across sectors of Manx Care Insufficient oversight of quality of care Under developed clinical leadership Absence of timely service user feedback Absence of effective risk management systems, processes and reviews Waiting list expansion Insufficient exit flow for medically optimised patients Ability to meet needs of elective surgical programme</p>	<p>Integrated Performance Report is under construction DHSC is developing its role as the regulator Review by the Care Quality Commission to be completed</p>	
Associated Finance Risks (ID)	<p>1-3 - covid implications 9 - s115 placements 10 - complex care packages 11 & 12, 18 - drugs & pharmacy</p>	<p>Actions required to address any gaps in control or assurance</p>			<p>Assurance level</p>	<p>Change in assurance</p>
Associated Datix risks (ID)	<p>89 - endoscopy waiting times 99 - e-prescribing 386 - clinical governance system</p>	<p>Action Roadmap to be Developed</p>	<p>Status 10 Point Governance Development Roadmap</p>	<p>Progress</p> <p>Due date</p> <p>Owner P Moore</p>	<p>Limited</p>	<p></p>
						

Strategic priority	Risk (to the delivery of the priority)	Controls (How will the risk be managed or controlled?)	Assurance <i>What (and from what source) is the evidence that the risk controls are effective?</i> INT - Internal assurance INDEP - Independent assurance	Gaps in controls <i>What extra controls are needed to manage the risk?</i>	Gaps in assurance <i>What extra evidence is required that the risk controls are effective?</i>																							
Datix ID: 456, 52, 457, 507	<p>Manx Care does not provide safe services and continuously improve quality and outcomes for patients and service users</p> <p>Changes since last update</p>	<p>Lead: Sally Shaw</p> <p>Board Committee responsible for oversight: QSE Committee</p>	<p>Initial rating </p> <p>Current rating </p> <p>Target rating </p> <p>Impact x Likelihood</p>	<p>Impact x Likelihood</p>	<p>Impact x Likelihood</p>																							
Improving patient safety	<p>456 - Adult Social Care existing policies - a number of issues, some affect patient safety. Policies currently accessed via index unique to ASC. Not updated at same time as Sharepoint, meaning ASC staff do not always have access to up to date versions. Gaps in policies, some policies are out of date. Also a question of ownership, some policies sit outside ASC. Issue also affects ability to register services under the ROCA 2013, now required following creation of Manx Care. R&I will not complete registration process without the assurance of a timeframe for review and completion.</p> <p>52 - Risk of sub-standard health care to people with learning disabilities - if increasing complexity of health needs of people with LD are not safely met through a broader spectrum of specialist health provision, increased morbidity and early mortality will result.</p> <p>457 - Unavailability of mandatory training courses - longstanding issues with access to mandatory training courses, exacerbated by reduced access to training during successive lockdowns, along with changing responsibilities for training and corresponding budget. Numerous mandatory courses have remained unavailable to ASC staff over recent years, including Capacity Awareness, Safeguarding Children and RQF.</p> <p>507 - Lack of adequate SLA with Bus Vannin covering current transport arrangement - decision was made by CoMin in Dec 2016 to centralise transport services. This meant that BV took over a number of transport arrangements across ASC, with BV responsible for providing drivers, vehicles and escorts for vulnerable passengers. BV didn't have, and still don't have, appropriately trained staff. SLA created in 2016, and subsequent versions, failed to detail the training required to transport vulnerable service users. Some progress since 2016, however still gaps. SLA proposed remains in draft and unagreed.</p>	<p>456 - A policy on policies is in the process of being developed, this will have bearing on the approach taken to address shortcomings in ASC. Access - the ASC index has been amended in the interim, policy versions in Sharepoint will be manually copied over meaning that delays to access are minimal. Coverage is largely uncontrolled, working groups are due to recommend a priority basis in the interim.</p> <p>52 - health care needs of people with learning disabilities are currently provided through generic health care services.</p> <p>507 - staff providing transport are mostly first aid trained, a number have also undertaken epilepsy awareness training. Bus Vannin staff are unlikely to be trained in administering rescue medication as they are not trained, nor employed by Manx Care. Concerns have also been raised about MIDAS training and/or manual handling.</p>	<p>52 - a small working group established to review the external report by St Andrews was due to report to SCLT at the end of April 2021. Many of the issues are captured in the Strategic Plan for Adults with a Learning Disability, although this strategy was published in 2019, it is a priority for Social Care Group to review. Internal assurance - the Covid-19 vaccination programme and booster programme - specialist provision was made for people with LD.</p> <p>457 - there has been some progress with the training coordinator providing contingency cover for certain courses, some gaps such as first aid have been addressed. For the most part, the risk is uncontrolled, as services are typically not aware when a course is going to be withdrawn. ASC is not consulted about impact that changes to available courses will have prior to changes being made. However, ASC now has some control over its own training budget, providing the budget can be used to freely source alternative courses as necessary.</p> <p>507 - issues around transport are largely being led now by Commissioning & Contracting.</p>	<p>52 - the challenge with the St Andrews Review is that ASC were not involved in the commissioning, there are no terms of reference for the review. The LD Service Lead post remains vacant.</p> <p>457 - a number of courses, including autism awareness, epilepsy awareness and midazolam delegations are available via a single person, therefore a potential single point of failure</p>																								
Associated Finance Risks (ID)		<p>Actions required to address any gaps in control or assurance</p> <table border="1"> <thead> <tr> <th>Action</th> <th>Status</th> <th>Progress</th> <th>Due date</th> <th>Owner</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Action	Status	Progress	Due date	Owner						<table border="1"> <thead> <tr> <th colspan="2">Assurance level</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td>Substantial</td> <td> </td> </tr> <tr> <td>Limited</td> <td> </td> </tr> <tr> <td>None</td> <td> </td> </tr> </tbody> </table>	Assurance level				Substantial		Limited		None		<table border="1"> <thead> <tr> <th>Change in assurance</th> </tr> </thead> <tbody> <tr> <td> </td> </tr> </tbody> </table>	Change in assurance	
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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 Board Committee responsible for oversight: People Committee	Initial rating tbc	Current rating tbc	Target rating tbc	
Changes since last update						

Creating a positive working culture	<p>Risks and impact</p> <ol style="list-style-type: none"> 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. Not person centred (Committed, Appreciative, Respectful) - Potential to cause harm or risk to a staff member because of toxic and poor workforce culture We do not encourage diversity and miss opportunities for innovation (Appreciative, Respectful) - Miss talented staff and recruitment opportunities and risk losing staff 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 Leadership and effective "followship" 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 	<p>WORKFORCE & CULTURE FRAMEWORK</p> <ul style="list-style-type: none"> implementation of framework activities ensure full range are exercised and having an impact tools for learning and improvement <p>- Workforce & Culture Programme plan and support from the Transformation Programme</p> <p>COMMUNICATION PLAN</p> <ul style="list-style-type: none"> plan is implemented and monitored for impact <p>LEADERSHIP VISIBILITY AND CLARITY</p> <ul style="list-style-type: none"> Board visibility, clarity of messaging and demonstrate values <p>PERFORMANCE MONITORING ON PEOPLE KEY INDICATORS</p> <ul style="list-style-type: none"> 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 	<p>Performance monitoring reports to People Committee on workforce indicators</p> <p>Internal staff pulse surveys</p> <p>Progress reports from Transformation Programme and Workforce & Culture Advisory Board</p> <p>Board to site/service visits</p> <p>Thematic/deep dive reviews by People Committee</p> <p>Reviews by regulators/stakeholders</p>	<p>Very few of the controls are currently embedded due to work in progress listed below:-</p> <ul style="list-style-type: none"> 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 	<p>Integrated Performance Report is under construction</p> <p>DHSC is developing its role as the regulator</p> <p>Review by the Care Quality Commission to be completed</p>
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Associated Finance Risks (ID)	6 - legacy pay gap 14 - GP contract 15 - contract uplifts 17 - Nurse bursary
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

Actions required to address any gaps in control or assurance				
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			

Assurance level
Substantial
Limited
None



Strategic priority	Risk (to the delivery of the priority)	Controls (How will the risk be managed or controlled?)	Assurance <i>What (and from what source) is the evidence that the risk controls are effective?</i> INT - Internal assurance INDEP - Independent assurance			Gaps in controls <i>What extra controls are needed to manage the risk?</i>	Gaps in assurance <i>What extra evidence is required that the risk controls are effective?</i>
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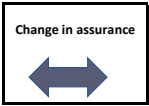
Datix ID: Datix ID: xx		Failure to develop and maintain financial control over expenditure within Manx Care			Lead: Jackie Lawless, Finance Director		Initial rating	20	Current rating	20	Target rating	tbc
		Board Committee responsible for oversight: FP&C Committee			Impact x Likelihood	5 x 4	Impact x Likelihood	5 x 4	Impact x Likelihood	3 x 2		
Changes since last update		16/11/2021										

Improving financial health	<p>RISK Manx Care exceeds its Annual Budget</p> <p>CONSEQUENCE Long term viability compromised. Financial constraints affect service delivery or quality. Reputational damage with DHSC, Treasury and wider Manx public</p>	<p>Monthly Management Accounts, including forecast, reported to FP&C Committee and Board Renewed focus and emphasis on CIP development and implementation and monitoring. Business Case Review Group established to oversee approval of business cases</p>	<p>INDEP Financial systems audit by internal auditors INT Internal audit of CIP process INT Minutes from Business Care Review Group INT Monthly CIP Reporting INT Financial reports to FP&C Committee and Board</p>	<p>Lack of full visibility on financial pressures within the system due to data constraints Gaps in understanding and grip over spend amongst budget holders</p>	<p>Additional focus on financial performance in Performance & Accountability Reviews</p>
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Associated Finance Risks (ID)	All risks listed
Associated Datix risks (ID)	None

Actions required to address any gaps in control or assurance				
Action	Status	Progress	Due date	Owner
Roadmap and milestones for informatics transformation	Referred to Digital & Informatics Committee and Year 1 priorities under discussion			
Sign off of shared service agreement with Treasury 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			

Assurance level
Substantial Limited None



Strategic priority	Risk (to the delivery of the priority)	Controls (How will the risk be managed or controlled?)	Assurance <i>What (and from what source) is the evidence that the risk controls are effective?</i> INT - Internal assurance INDEP - Independent assurance	Gaps in controls <i>What extra controls are needed to manage the risk?</i>	Gaps in assurance <i>What extra evidence is required that the risk controls are effective?</i>
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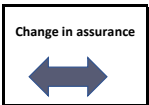
Datix ID: xx.004	Failure to achieve the data and digital transformation milestones which support safety improvements and financial controls	Lead: Richard Wild for digital and informatics, John Middleton for information governance Board Committee responsible for oversight: D&I Committee	Initial rating	tbc	Current rating	tbc	Target rating	tbc
Changes since last update		22/11/2021	Impact x Likelihood	tbc	Impact x Likelihood	tbc	Impact x Likelihood	tbc

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 - Manx 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
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Associated Finance Risks (ID)	5 - IT funding 8 - LIMS system
Associated Datix risks (ID)	99 - e-prescribing 359 - electronic risk system, datix 364 - information governance & security

Actions required to address any gaps in control or assurance				
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			

Assurance level
Substantial
Limited
None




Strategic priority	Risk (to the delivery of the priority)	Controls (How will the risk be managed or controlled?)	Assurance <i>What (and from what source) is the evidence that the risk controls are effective?</i> INT - Internal assurance INDEP - Independent assurance	Gaps in controls <i>What extra controls are needed to manage the risk?</i>	Gaps in assurance <i>What extra evidence is required that the risk controls are effective?</i>
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Datix ID: xx.005	Risk of a breakdown in stakeholder relationships impacting on the collaboration required to deliver safe, effective, timely and	Lead: Teresa Cope, CEO Board Committee responsible for oversight: Board	Initial rating 20	Current rating 10	Target rating 5
Changes since last update		16/11/2021			
		Impact x Likelihood	5x 4	Impact x Likelihood	5x2
		Impact x Likelihood	1x5		

Improving patient safety Creating a positive working culture Improving financial health	<p>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.</p> <p>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</p> <p>Risks to DHSC regulatory compliance, patient safety and effectiveness of patient outcomes, CIP trajectory Potential for reputational risk</p>	<p>Weekly 1:1 meetings between Manx Care CEO and DHSC CEO Quarterly meeting with Health & Care Partnership Board Quarterly meeting with the DHSC Mandate Assurance Meeting Support for the Transformation Programme workstreams and close relationships between Manx Care exec leads and TP project leads Timely escalation of concerns or issues informally or via the provisions within the Mandate as necessary Adherence to the guidance <i>Working with Elected Members</i> supported by MCALS service Regular bi-lateral Tripartite development sessions with Transformation Programme and DHSC Monthly meetings of the Health & Care Transformation Programme Internal Manx Care Transformation Oversight Groups to ensure executive oversight on delivery of all schemes Shared Service Agreements (SSA) in place with all Government Depts</p>	<p>Minutes of Shared Service Agreement (SSA) Review Meeting Minutes of Health & Care Transformation Board Minutes of Transformation Oversight Group NON Minutes from H&C Partnership Board and Mandate Assurance meetings NON Progress reports from Transformation programme NON Board informal meetings with key stakeholders INDEP Reviews by regulators/stakeholders</p>	<p>Sign off of Shared Service Agreements (SSA) across various departments with agreed service standards</p>	<p>DHSC is developing its role as the Regulator MHK's adjusting to new arm length body</p>
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Associated Finance Risks (ID)	none	Actions required to address any gaps in control or assurance					<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> Assurance level Substantial Limited None </div>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> Change in assurance </div>
Associated Datix risks (ID)	none	Action	Status	Progress	Due date	Owner		
		<i>Sign off of Shared Service Agreement across various departments with clear and agreed service standards</i>	<i>Referred to the Executive Team Communication and Dept of Infrastructure SSA outstanding Manx Care CEO progressing with relevant Dept CEOs</i>		31/12/21	TAC		
		<i>DHSC is developing its role as the Regulator</i>	<i>In development</i>					
		<i>MHK's adjusting to new arms length body</i>	<i>Chair, NEDs and CEO developing relationships to support MHKs</i>					

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.D06	<p>Failure to develop the estate infrastructure to support the integrated care strategy and improve standards of care for patients and</p> <p>Lead: Barbara Scott, Director of Infrastructure</p> <p>Board Committee responsible for oversight: FP&C Committee</p> <p>Changes since last update</p>		<p>Initial rating: tbc</p> <p>Current rating: tbc</p> <p>Target rating: tbc</p> <p>Impact x Likelihood: tbc</p> <p>Impact x Likelihood: tbc</p> <p>Impact x Likelihood: tbc</p>																							
<p>Improving patient safety Creating a positive working culture Improving financial health</p>	<p>Risk to financial and operational performance due to the environmental impact of the estate on service delivery.</p> <p>Agreed maintenance – there are a wide range of standards which cover all of our properties and range from hot water temperature monitoring in every property, to specialist ventilation systems covering theatres.</p> <p>Capital Programme – essentially the majority of all Capital work sits within a joint remit of Director of Infrastructure and DOI Projects. The capital funding sits within Treasury and is drawn down throughout the time of the project.</p> <p>Minor capital projects – DOI Estates bid for and hold the budget for all minor capital projects. General agreement with DOI for the priorities for the future, however, this is a risk that the DOI changes priority and they hold the decision making by holding all of the budget.</p> <p>Impact</p> <p>Additional costs of maintaining the estate and infrastructure</p> <p>Poor patient and service user outcomes</p> <p>Inability to achieve environmental sustainability goals e.g. carbon footprint</p> <p>Risks to DHSC regulatory compliance (Mandate), patient safety and effectiveness of patient outcomes, CIP trajectory</p> <p>Potential for reputational risk</p>	<p>Director of Infrastructure to monitor any delays in the maintenance delivery and agree how improvements will be made in adherence to timeframes etc. Any deviations/fluctuations are notified to Treasury to ensure any changes to projected budget use are identified at an early stage.</p> <p>Non-Clinical Quality Group established to oversee performance standards. Report and oversight to FP&C Committee.</p> <p>Director of Infrastructure establishing the forthcoming years projects.</p> <p>Estates to accept the projects the Director of Infrastructure deems a priority.</p> <p>Fortnightly meetings with DOI Estates to discuss progress on projects and any actions needed to deliver the project on time and budget.</p> <p>Monthly meetings with the DOI Estates Senior Management team to ensure compliance with monitoring standards.</p> <p>Director of Infrastructure Chair the monthly Capital Programme Review which is attended by several members of Manx care and also the Senior Team from DOI Projects.</p> <p>All issued are reviewed and dealt with by the Non Clinical Quality Group including all Fire Risk assessments across the whole of Manx Care.</p>	<p>Colleagues within DOI Estates will assist to identify any issues causing concern.</p> <p>Working in partnership with DOI to deliver the capital projects with a value over £250,000. Each project has a clear delivery plan which is managed closely between ManxCare and DOI.</p> <p>Quarterly reports received from Capital Programme Review Meetings which includes the monitoring of all project compliance in timeliness and funding, identifying any deviations to Treasury to ensure expenditure is made as planned in the Pink Book.</p>	<p>Sign off of shared service agreements across various departments with agreed service standards</p>																						
<p>Associated Finance Risks (ID)</p> <p>tbc</p>	<p>Associated Datix risks (ID)</p> <p>tbc</p>	<p>Actions required to address any gaps in control or assurance</p> <table border="1"> <thead> <tr> <th>Action</th> <th>Status</th> <th>Progress</th> <th>Due date</th> <th>Owner</th> </tr> </thead> <tbody> <tr> <td>Sign off of shared service agreement across various departments with clear and agreed service standards</td> <td>Referred to the Executive Team</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>In development</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Chair, NEDs and CEO developing relationships to support MNK's</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Action	Status	Progress	Due date	Owner	Sign off of shared service agreement across various departments with clear and agreed service standards	Referred to the Executive Team					In development					Chair, NEDs and CEO developing relationships to support MNK's				<p>Assurance level</p> <p>Sunstantial</p> <p>Limited</p> <p>None</p>	<p>Change in assurance</p> 
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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.