

Appendix

Risk No.	Date id'ed	Risk Category	Risk Title	Risk	Consequence	Mitigations (Actions)	Probability	Impact	Risk	Delivery of Risk Strategy
23	Mar-25	People	NED Succession Planning	Not being quorum at meetings and not having a wide representation geographically of Cambridgeshire and the appropriate diversity. In addition, not having the essential skills on the board to govern effectively.	Unable to run board meetings, and the AGM. Unable to maintain the appropriate local knowledge in each area of Cambridgeshire and as a consequence our reputation could be adversely affected in relation to how we are seen by professionals and the public. In addition, inadequate skills could affect the governance of HW in terms of scrutiny and challenge.	1.Skills Audit 2. Succession planning (possible subcommittee, to focus on recruitment plan, recruitment and training)	3	3	9	The board to have a discussion around skills audit and succession planning at the next development session in April 2025.
22	Mar-25	Funding	Devolution	The local authority start look inward, and focus on only statutory duties. It may cause loss of funding within the VCSE.	Loss of some funding due to non ring-fenced funding, less project work available to allow us to have more flexibility. Other VCSE organisations will suffer as a result of district councils closing, and may stop services as a result, this can affect our signposting operations.	1. HW have a strong reputation in the county, through health and partners all want HW involved in their work. 2. HW is a statutory service and LA must fund their work, albeit different HW get different funding levels.	2	4	8	Although devolution is currently low risk to HW, other VCSE organisations are likely to dissolve or services reduce in capacity or stop altogether. HW do rely on partner organisations to support our signposting service and in addition the public will suffer the most. The funding may be reduced as a result, and although this is not happening for a couple of years, we need to have the changes on our radar and monitor the risk, which is why this will stay as AMBER for the foreseeable future.
21	Sep-24	Information Technology (IT)	Cyber Attack	Cyber security may be a risk, attack on organisation via email or into our cloud server	Personal Data Breaches, personal data or confidential data falling into the wrong hands, high costs to the organisation to fix	1. All staff to be trained in data and IT cleansing including maintaining good security 2. Cyber insurance in place	3	3	9	Staff should have regular bi-annual training in cyber security. Risk will change to green once training in place. Still waiting for training.
14	Mar-24	Legal	GDPR compliance	The organisation's systems and processes do not meet the standards required by data protection legislation	Non-compliance risks fines, damage to reputation and loss of confidence by staff, commissioners and public.	1. CRM has been cleansed, the new CRM started 1st Feb 2025	1	3	3	Independent Data Protection Officer in place. Regular review of system and processes to ensure compliance. <i>Lead Director will be the CEO. CEO to meet with independent officer.</i> New database sourced - started 1st Feb 2025
3	Mar-24	Stakeholders	Political volatility	Change of national and local political commitment to Healthwatch	Future of organisation under threat.	1. Clear demonstration of outcomes and impacts. New CRM will contribute to the impact reporting 2. New strategy will measurable outcomes	2	3	6	The change in funding requires an act of parliament.
8	Mar-24	Funding	Delayed receipt of income	Delayed payment of funds owed	Operational cashflow difficulties	1. Contract Values invoiced 2. Debtors policy utilised	3	2	6	Income tracking is a priority for Head of Admin and Finance
11	Mar-24	Stakeholders	Conflict between raising issues and generating solutions	Need to raise concerns as a statutory function, challenge of developing solutions in a pressured system	Risk of failure to raise concerns or suggest solutions	1. Update - systematic approach through information and signposting. 2. Regular weekly staff meeting now identifies cross over in communications. 3. Single points of access health and patient engagement individuals are being identified.	2	3	6	Representatives to collaborate with partners, to support challenge and more importantly support change and recommend solutions. Impact Tracker in place and staff trained. This helps with tracking escalations and identifying outcomes, reported in CEO reports to Board.

12	Mar-24	Safeguarding	Social media – protecting users from harm	Cyber bullying, hate crimes or grooming of child or adult with care needs	Severe emotional or physical harm to users	1. Line management and peer support for staff. 2.Both CEO and Comms team have access to social media admin rights	2	2	4	Safeguarding training in place. Social media policy sets out safeguards, principles, processes and contact details.
16	Mar-24	Reputational	Managing demand	Demand for Healthwatch services, representation and engagement advice and support exceeds capacity.	Excessive demand leading to stretched resources and ineffective response and decreasing impact	1.Maintaining strategic alignment with organisational priorities and matching resources to areas of most impact. 2.New strategy completed for 2025-2030	2	2	4	CEO to regularly review, with management team, how resources are allocated to various activities. Strategy set and restructuring completed.
19	Mar-24	Reputational	Youthwatch	Not hearing from young people	Involvement with young people is essential to represent an equitable service, risk if not doing so, could possible be reputational and could lead to funding cuts	1.Youthwatch has been allocated some resource to grow and become sustainable. 2.Youthwatch officer being recruited	2	2	4	Youthwatch was recognised as a measureable solution to involving young people into engagement, and increasing social media activity. This lowered the risk of us unfair demographic representation and upon research and active youth project was identified as good practice amongst other HW's. Youthwatch engagement officer being recruited in March 2025.
17	Mar-24	Reputational	Patient Participation Groups	Need recognised for PPG's across ICS footprint. PPG's are a statutory duty. No strategic risk for HW, however would enhance our statutory support across the system	PPG's are part of the larger ICS engagement and will come under the umbrella of the Integrated Neighbourhoods	1.PPGs engagement will continue through the health and care forums and will form part of our strategy into 2025.	1	1	1	The Head of Operations will take the lead on the PPG and we will be seeking funding to form a North Forum with replicate the South and we will half two seminars per annum
5	Mar-24	Stakeholders	Partnerships	Lack of support from key partner organisations	Reduced impact and limited opportunities to reach communities	1.Relationship and alliance building. Managers attend the voluntary networks 2. CEO attends VCSE CEO network 3. Information and Signposting team in regular contact 4. Opportunity for better connectivity with PCVS	2	3	6	Positive relationships with key VCS organisations. Member of VCS Health Alliance (ICS). Engagement with VCS through forums, partnership boards and specific projects and areas of concern, such a young people's mental health.
2	Mar-24	Funding	Reduced income	LA core funding is reduced	Inability to meet statutory Healthwatch functions	1. CEO created financial sustainability 2. Certain functions are being replaced and the new strategy will have correct employee functions, this has been completed.	2	2	4	CEO working with commissioning teams on future plans and impact reporting requirements.
1	Mar-24	People	Epidemics	Potential impacts arising from epidemic, business continuity threats and requirements to adapt business model	Impacts on all areas of work and actual and potentially reduced funding.	1.Business Continuity Plan setting out focus of activities and arrangements to adapt to new way of working. 2.Robust IT system in place 3.Weekly staff meetings supports employees and reduces silo working	2	2	4	Current hybrid working system is working well and can be adapted and reviewed to include more online when necessary.
4	Mar-24	People	Reduced Volunteering	Unable to recruit and/or retain volunteers	Reduced support for activities	1. Volunteering strategy includes metrics to support more volunteering opportunities and growing volunteer numbers. 2.All roles been reviewed and new ones created. 3. Some recruitment procedures have been changed to lift barriers to the recruitment of volunteers	2	2	4	Volunteering opportunities identified across all departments within departmental SWOTs in May 2024. Management Teams will regularly engage in volunteer strategy developments. Feedback on impact and outcomes vital to the retention of volunteers. Investing in Volunteering Award assists with retention and recruitment.

6	Mar-24	People	Inconsistent messages	Directors, staff and volunteers give conflicting messages about Healthwatch	Confusion amongst partners. Loss of reputation	1.Effective and clear communications with board and staff 2. Representative training in place provided by Volunteering Manager. 3. Regular meetings with Chair and CEO	2	2	4	Comms and engagement strategy in place. Corporate tone of voice guidance in place, as recommended by HW England. Action plan on increasing profile presented to Board June 2025.
7	Mar-24	Funding	Lack of clarity between core business and commissioned work	Confusion between Healthwatch core business, other contracted work and grant funded projects	Inability to demonstrate clear impacts	1.Clear contract with separate work programme and reporting arrangements within future strategy	2	3	6	Guidance from CEO with support staff, some operational staff have had job descriptions changed to include some project work and the team will decide of new work on a case by case basis.
9	Mar-24	Stakeholders	Changing environment	Continuing transition to ICS and changing roles may require new relationships to be built.	Lower profile and fewer influencing routes and opportunities	1. Senior Management Team recognised to lead on certain functions to follow structured engagement through to the health & care forums. 2. Clear route to representation through ICB, ICS Place and the integrated neighbourhood.	2	3	6	Horizon scanning and keeping up to date with changes. Healthwatch non-voting place on Integrated Care Board agreed. Chair, CEO, NEDs and managers taking up key influencing opportunities.
10	Mar-24	Reputational	Maintaining independence	Perceived to be too close to, or part of the system decision making structures to maintain independence	Failure to comply with our function and values	1. CEO will work with ICB and health colleagues as a critical friend 2. CEO and Head of Operations are identifying key personnel in each health institute to meet with monthly and quarterly on intelligence 3. Training provided on representation	3	2	6	Strategy and work programme informed by what people tell us.
13	Mar-24	Reputational	Social media misuse	Platform security breaches causing posting of messages by unauthorised bodies.	Severe damage to the reputation of the organisation	1. Manage platform security and implement protocols to manage use of platforms. 2. CEO and Comms team to have admin rights. 3. Removed from X	2	2	4	Social media policy in place. Robust IT and cyber security and insurance controls in place. Online meeting protocol in place. Staff training as mandatory.
15	Mar-24	People	Staff wellbeing	Poor staff wellbeing as a result of hearing about, and working with, people not able to receive the health and care they require due to increasing waiting times.	Decreasing motivation and increased stress and anxiety. Risk of increased sickness. Risk of reduced effectiveness in job role.	1. Implemented x4 wellbeing afternoons with staff team 2. Weekly informal team chats online in place 3. Counselling telephone line offering x6 counselling sessions annually	2	2	4	Health and wellbeing policy and supporting actions. Includes staff wellbeing champions, independent counsellor available to all staff. Range of training and wellbeing activities delivered.
18	Mar-24	Stakeholders	Enter and View	Risk if Enter and View is not reinstated. Not recognised by commissioners as value for money.	Withdrawal or reduction in funding and support	1. Enter and View is intelligence led by information and engagement teams 2. Enter and view commenced week commencing 19th August 2024	2	1	2	Enter + View staff expert has theoretically trained the Engagement Manager. Manager will be out on enter and view in Summer and Autumn
20	Mar-24	People	Recruitment and retention	Loss of key staff and difficulty in recruiting	Difficulty in fulfilling Healthwatch functions. A couple of key staff retiring in 2025.	1.Good benefits package that attract and retain quality staff is already in place. (Good annual leave, flexible working, wellbeing activities) 2. Staff have pre warned retirement plans	1	1	1	Managers recruitment practices will be robust in line with new HR national policies coming in the near future.