

## Risk Management for Healthwatch Tameside

Risk update: 20 September 2023

### The following statements are used to assess the likelihood of each risk occurring and the consequences for the organisation

- Risk assessment involves rating each risk against two dimensions: probability and impact.
- **Probability** involves deciding how likely it is that the risk will occur. Each risk has been allocated to one of five categories:
  - level 5: the risk might occur more frequently than every six months or is likely to happen within the next six months
  - level 4: the risk might happen every six to 12 months or is likely to happen in the next six to 12 month period
  - level 3: the risk might occur once every one to two years
  - level 2: the risk might occur once every three to five years
  - level 1: low probability: the risk might occur less frequently than once in five years.
- **Impact** involves considering what the potential impact of the risk would be on the organisation, client or project. Each risk should fall into one of five categories:
  - level 5: the organisation might be forced to terminate activities as a result of a catastrophic failure or occurrence defined by the risk
  - level 4: the organisation would continue but the risk will have significantly affected its ability to meet its statutory and contractual requirements
  - level 3: the organisation would continue but the risk will have significantly affected its performance, timescales or costs
  - level 2: the organisation would continue but some services or activities would need to be scaled down, suspended or renegotiated - affecting a period of a month or more
  - level 1: the impact would be small and easily managed at a relatively routine level within the organisation.

Changes in risk scores (or notable scores) are represented by coloured boxes. Changes in narrative are highlighted with a **yellow background**.

## **Risk Register**

The risk register below describes risks identified by the Healthwatch Board and staff and describes how they are managed.

<b>Ref</b>	<b>Risk area</b>	<b>Risk description</b>	<b>Proba- bility</b>	<b>Impact</b>	<b>Score</b>	<b>Factors</b>	<b>Mitigating actions</b>	<b>Responsibility</b>
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Ref	Risk area	Risk description	Probability	Impact	Score	Factors	Mitigating actions	Responsibility
1.1	Funding	Loss/reduction of core funding	4	4	16	<ul style="list-style-type: none"> <li>Healthwatch is part of Action Together, an organisation delivering multiple contracts.</li> <li>Healthwatch funding relatively small but longer contract than some other projects.</li> <li>Although the contract runs to 2024 and is expected to go out to tender during 2023.</li> <li>HW Oldham was unsuccessful in re-tender for their NHS Complaints service.</li> <li>Action Together not being in a position to bid for the future Healthwatch Tameside contract if funding value does not align to future forecast value.</li> </ul>	<ul style="list-style-type: none"> <li>Understand how sustainability and viability of Action Together relates to ability to support Healthwatch contract delivery (which runs to 2024)</li> <li>Communicate regularly with core funders</li> <li>Understand the local authority's statutory responsibilities in terms of our services</li> <li>Generate impact data to support the tendering process.</li> <li>Action Together have provided financial forecast information to Tameside MBC for information purposes.</li> </ul>	Chief Executive, Tameside Director

Ref	Risk area	Risk description	Probability	Impact	Score	Factors	Mitigating actions	Responsibility
1.2	Funding	Funding levels are not sufficient to deliver contract	3	4	12	<ul style="list-style-type: none"> <li>Funding for core Healthwatch contract has not changed since 2010 (i.e. at same levels as LINK) although service expectations have increased.</li> <li>Cost of living and other inflationary costs have risen.</li> <li>The delivery model in our contract tender requires deficit budgets for full service delivery.</li> <li>NHS changes have implications for cross-boundary working</li> </ul>	<ul style="list-style-type: none"> <li>Expenditure forecasts take into account existing levels of cash reserves</li> <li>Healthwatch England is monitoring funding levels nationally and lobbying policy makers</li> <li>Action Together has confirmed staffing budget to end of contract, providing TMBC do not reduce contract value</li> <li>Ability to negotiate with our commissioner when more is known.</li> <li>This risk is owned by Action Together but monitored by the HW Board on their behalf. Manager will need to work with Chief Exec to review delivery model to meet tender budget expectations.</li> </ul>	Chief Executive

Ref	Risk area	Risk description	Probability	Impact	Score	Factors	Mitigating actions	Responsibility
1.3	Funding	Additional contracts may impact on core resources	2	3	6	<ul style="list-style-type: none"> <li>Healthwatch has the ability to bid for additional contracts and funding</li> <li>Any 'profit' additional work must be reinvested in core activities</li> <li>Delivering additional work may take staff away from core activities</li> </ul>	<ul style="list-style-type: none"> <li>All HW staff members work part time – creating potential for temporary additional hours to 'flex' for additional contract delivery</li> <li>Additional contracts have historically been aligned with our core purpose and functions</li> </ul>	Chief Executive/HW Manager
2.1	Governance	Failure to meet contractual targets	2	4	8	<ul style="list-style-type: none"> <li>Contract is set within context of Statutory Functions</li> <li>Variation in interpretation of statutory functions and in delivery models across GM &amp; England</li> <li>COVID-19 impacted on service delivery but a 'new normal' has been established.</li> </ul>	<ul style="list-style-type: none"> <li>Delivery plan and budget in place</li> <li>Contract has clear service specification</li> <li>Good working relationship and regular two way communication with local authority</li> <li>Tameside Strategic Partnership Board formally supports our work locally &amp; at GM level.</li> </ul>	Chief Executive and HW Manager

Ref	Risk area	Risk description	Probability	Impact	Score	Factors	Mitigating actions	Responsibility
2.2	Governance	Lack of clarity and consistency in relationship between Action Together and Healthwatch Board	2	4	8	<ul style="list-style-type: none"> <li>• Healthwatch Board acts with delegated authority from Action Together Board</li> <li>• Sometimes Healthwatch interests and Action Together interests may not be aligned</li> <li>• Boards refresh membership annually</li> </ul>	<ul style="list-style-type: none"> <li>• Action Together Policy in place</li> <li>• Agreed Terms of Reference for Healthwatch Board in place</li> <li>• A link Board member to sits on both Action Together and Healthwatch Boards</li> <li>• Healthwatch Manager (who services Healthwatch Board) accountable to Action Together via Chief Executive via the Tameside Director</li> </ul>	Chief Executive and HW Manager

Ref	Risk area	Risk description	Probability	Impact	Score	Factors	Mitigating actions	Responsibility
2.3	Governance	Lack of clear strategic plan with focused actions	2	2	4	<ul style="list-style-type: none"> <li>Healthwatch is required to set its priorities based on what local people are telling them</li> <li>What local people say is important to them may not easily align with opportunities to influence change</li> </ul>	<ul style="list-style-type: none"> <li>Interim (outline) work plan was signed off by Board Summer 2022</li> <li>Regular communication with partners to identify future opportunities to influence</li> <li>Discussions for workplan at first Board meeting with new Manager</li> <li>Business plan for 23/24 to be tabled at the March 23 board meeting for approval</li> <li>Business plan 23/24 has been approved by the board and implemented within the service</li> <li>Business plan reviewed by the board on a bi monthly basis for assurance</li> </ul>	HW Manager

Ref	Risk area	Risk description	Probability	Impact	Score	Factors	Mitigating actions	Responsibility
2.4	Governance	May not be able to demonstrate that board is representative of local population	2	4	8	<ul style="list-style-type: none"> <li>• HW Regulations require that we can demonstrate how local people have been involved in our decision making and priority setting</li> <li>• We can demonstrate that we are inviting all sectors of our community to be nominated to our Board and that we surveyed local people in terms of our priorities.</li> <li>• Recruitment to HW Boards is a challenge for many HW.</li> <li>• 2023/24 Board membership (some need to step down but may be re-appointed) and recruitment needs to be considered.</li> </ul>	<ul style="list-style-type: none"> <li>• Board membership regularly reviewed – 1/3 of membership up for nomination annually.</li> <li>• Board membership opportunities advertised widely through, HW, voluntary sector and statutory partners' networks in Tameside</li> <li>• We have appointed (April 2022) to two long standing vacancies on our Board which has increased the diversity in the Board's membership.</li> <li>• My need to consider co-opting Board members or reviewing our governance arrangements.</li> </ul>	Chair and HW Manager



Ref	Risk area	Risk description	Probability	Impact	Score	Factors	Mitigating actions	Responsibility
2.5	Governance	Chair may not have necessary knowledge, skills, experience and availability to fulfil all elements of role	2	4	8	<ul style="list-style-type: none"> <li>• Role now more clearly defined</li> <li>• Important in providing leadership at Board level as well as projecting a credible and professional image for Healthwatch</li> </ul>	<ul style="list-style-type: none"> <li>• Role description co-designed with HW Board members</li> <li>• Selection process co-designed with HW Board members</li> <li>• Deputy Chair role agreed.</li> <li>• Formal role description agreed.</li> <li>• Chair and Deputy Chair appointed at May 2022 Board meeting (for 3 years &amp; 2 years respectively).</li> </ul>	Chief Executive, HW Board and HW Manager

Ref	Risk area	Risk description	Probability	Impact	Score	Factors	Mitigating actions	Responsibility
3.1	Reputation	The individual actions and statements of our staff, volunteers and/or Board members may be associated with us but not reflect our agreed position on a topic	2	3	6	<ul style="list-style-type: none"> <li>Staff, volunteers and Board members all have lives outside of Healthwatch and some are well known in our local communities.</li> <li>There is a risk that people speaking in their capacity as individual citizens might be misinterpreted as speaking on behalf of HW</li> </ul>	<ul style="list-style-type: none"> <li>A code of conduct is in place for volunteers and staff</li> <li>Regular team communication ensures that staff are clear about our position on topics likely to come up</li> <li>Media briefings are produced when controversial topics are known to be likely to come up</li> <li>People who hold leadership roles in HW are expected to agree with the HW Manager how they manage the risk of personal views being misinterpreted</li> <li>HW Board members must only use their Board title in participating in external activities if it has been agreed in advance by the Chair &amp; Manager</li> </ul>	Chief Executive, HW Board and HW Manager

Ref	Risk area	Risk description	Probability	Impact	Score	Factors	Mitigating actions	Responsibility
3.2	Reputation	Healthwatch could be perceived as lacking independence	2	5	10	<ul style="list-style-type: none"> <li>• HW works closely with the partners we are seeking to influence – this could be seen as too close a relationship</li> <li>• Healthwatch may be commissioned to undertake work outside our core contract</li> <li>• Our core funder is TMBC – would we criticise them?</li> </ul>	<ul style="list-style-type: none"> <li>• Key part of HW Board's role is to ensure local people's voices are represented in our work</li> <li>• We retain the right to publish our own analysis of data we collect as part of additionally commissioned work if we disagree with the commissioner's interpretation</li> </ul>	<p>Chief Officer, HW Board and HW Manager</p> <p>This is highlighted as a medium risk because it theoretically could arise any time we undertake work which could be critical of our commissioner. In reality we are not aware of any examples of it arising in any local HW organisation.</p>

Ref	Risk area	Risk description	Probability	Impact	Score	Factors	Mitigating actions	Responsibility
3.3	Reputation	Healthwatch could be perceived as discriminating (positively or negatively) in terms of different equality groups and thus lose the trust of some local residents	2	4	8	<ul style="list-style-type: none"> <li>• Tameside has a diverse population with a range of views that don't always align</li> <li>• Some of these differences include protected characteristics – the Public Sector Equality Duty applies to us</li> <li>• We could be criticised for working with or promoting topics relating to some protected characteristics</li> <li>• See also risk 2.4</li> </ul>	<ul style="list-style-type: none"> <li>• Equalities legislation provides a clear framework for handling equality issues</li> <li>• Healthwatch analyses the sources of data and the demographics of participants on an annual basis and targets under-represented groups</li> <li>• Healthwatch plans activity on the basis of data we receive</li> <li>• Our information work is largely responsive to individual enquiries rather than pro-actively promoting services which might be sensitive or controversial</li> </ul>	Chief Executive, HW Board and HW Manager

Ref	Risk area	Risk description	Probability	Impact	Score	Factors	Mitigating actions	Responsibility
4.1	Staff and volunteers	Loss of key permanent staff (could affect our capacity, reputation and/or our 'hands on' local knowledge)	4	3	12	<ul style="list-style-type: none"> <li>Some of our staff team have worked in patient and service user engagement in Tameside for more than 10 years, whilst others are more recent appointments</li> <li>A new HW Manager has been appointed and started in his role in January 2023</li> <li>Healthwatch Tameside contract under Action Together expires in March 2024 which may have potential impact on staff retention.</li> <li>Two Healthwatch roles became vacant in September 2023 with an additional role to become vacant in November 2023.</li> </ul>	<ul style="list-style-type: none"> <li>The team worked well in delivering day to day services with reduced management support from 2017 to 2019</li> <li>Effective planning processes are in place with both strategic and operational emphasis</li> <li>Management to review interim staffing arrangements</li> </ul>	Chief Executive, Tameside Director and HW Manager

Ref	Risk area	Risk description	Probability	Impact	Score	Factors	Mitigating actions	Responsibility
4.2	Staff and volunteers	Significant absence by key staff or volunteers	3	3	9	<ul style="list-style-type: none"> <li>Volunteers have had to reduce activity due to COVID pandemic</li> <li>A new Manager has been appointed</li> </ul>	<ul style="list-style-type: none"> <li>Volunteers have been supported to support our work in COVID-safe ways</li> <li>Volunteer recruitment drive launched in July 2023 to increase volunteer numbers.</li> </ul>	HW Manager
5.1	Health and safety	Significant accident or incident	1	3	3	<ul style="list-style-type: none"> <li>This risk is common to all Action Together activities</li> </ul>	<ul style="list-style-type: none"> <li>Policies and processes agreed by the Action Together Board</li> <li>Health and safety training for staff reviewed and amended in 2021. All staff have completed this training.</li> </ul>	Chief Executive (as an Action Together responsibility)

Ref	Risk area	Risk description	Probability	Impact	Score	Factors	Mitigating actions	Responsibility
6.1	IT	Complete loss of IT services due to computer or power failure (impact higher the longer the interruption)	2	3	6	<ul style="list-style-type: none"> <li>This risk is common to all Action Together activities</li> <li>New SharePoint/ OneDrive based file sharing system introduced July 2022.</li> </ul>	<ul style="list-style-type: none"> <li>Policies and processes agreed by the Action Together Board</li> <li>Processes have been tested in April 2021 with minimal impact on service delivery.</li> <li>New systems allow staff to continue working even if their Internet connection fails temporarily.</li> </ul>	Chief Executive (as an Action Together responsibility)

Ref	Risk area	Risk description	Probability	Impact	Score	Factors	Mitigating actions	Responsibility
6.2	IT	Data loss and data breach	2	4	8	<ul style="list-style-type: none"> <li>This risk applies to all Action Together activities</li> <li>Healthwatch delivers some of the elements of Action Together's work where the impact could be greatest because we process Special Category Data relating to health</li> <li>Action Together is now Cyber Essentials certified and has NHS DSP Toolkit accreditation.</li> <li>New SharePoint/ OneDrive solution (July 2022) vastly reduces risk of data loss.</li> </ul>	<ul style="list-style-type: none"> <li>Action Together has policies, systems and processes in place relating to Data Protection</li> <li>We are required by law to have a Data Protection Officer</li> <li>Our Data Protection Officer is very familiar with the work of Healthwatch and is a BCS qualified Data Protection Practitioner</li> <li>Our Data Protection and Data Security arrangements are regularly reviewed</li> </ul>	Action Together Board and Chief Executive
7.1	Finance	Major fraud or error	1	5	5	<ul style="list-style-type: none"> <li>This risk is common to all Action Together activities</li> </ul>	<ul style="list-style-type: none"> <li>Policies and processes agreed by the Action Together Board</li> </ul>	Chief Executive (as an Action Together responsibility)



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8.1	Operational	Challenges in delivering the expected outcomes	2	4	8	<ul style="list-style-type: none"> <li>Healthwatch seeks to influence our partner organisations but has no executive authority over them</li> <li>Our good working relationships with (and support from) commissioners and providers of local health and care services have further strengthened over the past year</li> </ul>	<ul style="list-style-type: none"> <li>Developing and maintaining strong professional relationships with leaders in the organisations we are seeking to influence</li> <li>Ensuring there is a strong evidence base for recommendations we make</li> <li>Ensuring that reports etc. that we publish are fair and reflect the context that the organisation/service is working in</li> <li>Tameside Strategic Partnership Board formally supports our work locally &amp; at GM level.</li> </ul>	HW Chair, Chief Executive and HW Manager

Ref	Risk area	Risk description	Probability	Impact	Score	Factors	Mitigating actions	Responsibility
8.2	Operational	May be difficult to gather sufficient robust patient & service user data to be able to analyse and report in a way that enables us to influence effectively	3	4	12	<ul style="list-style-type: none"> <li>Healthwatch is required to gather feedback from 'local people' in relation to 'local care services' which we use to influence commissioners and providers of services</li> <li>We have over 10 years track record of doing this</li> <li>COVID-19 has made face to face data collection difficult at times but this has improved recently</li> </ul>	<ul style="list-style-type: none"> <li>Having a broad range of routes for people to tell their story – different channels as well as geographical considerations</li> <li>Ensuring outreach activities spread into all communities across the Borough</li> <li>Triangulating our data with other data</li> <li>Reviewing our outreach and data collection processes as part of preparing for a tender.</li> </ul>	HW Manager

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8.3	Operational	May not have sufficient monitoring data to evidence that we are delivering our contractual outcomes	3	2	5	<ul style="list-style-type: none"> <li>• Sometimes it can take several years for a change to be agreed and implemented – this does not easily fit quarterly or annual reporting cycles</li> <li>• Our Quality Framework review meeting was successfully completed with HW England in October 2022.</li> <li>• We have identified the importance of developing closer relationships with our contract monitoring officer to ensure they receive the data they require.</li> </ul>	<ul style="list-style-type: none"> <li>• Data collection processes set up at the beginning of every project</li> <li>• Staff role around research and analysis – to include keeping active overview of monitoring data we collect</li> <li>• Following up with organisations to whom we have made recommendations to understand how we have influenced them and what they have done as a result</li> <li>• Our quality framework action plan will be in place following the March 23 board meeting</li> <li>• Our quality framework action plan has been approved and is now improved.</li> </ul>	HW Manager

