

Risk No.	Date id ed	Risk Category	Risk Title	Risk	Consequence	Mitigations (Actions)	Probability	Impact	Risk after mitigating actions	Delivery of Risk Strategy
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 needs to be cleansed, the new CRM will start with a clean slate in Jan 2025 and the old database disabled.	2	4	8	Independent Data Protection Officer in place. Regular review of system and processes to ensure compliance. <i>Lead Director will be the CEO. CFO to meet with independent officer. Risk will turn to green once new database has been sourced</i>
21	Sep-24	Safeguarding	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
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	Post election, positive relationships with MPs and HWE. The change is fundinif 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 - now paid. 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. 4. Current CRM is not fit for purpose and a new CRM is being sought to start in Jan 2025	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. All Managers should have admin rights to social media sites - this will implemented in the next couple of months	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 being developed over next 6 months, priorities will be identified - see development session 17/07/2024	2	2	4	CEO to regularly review, with management team, how resources are allocated to various activities. Possible restructure and alignment to budget and strategy - development session completed 17/07/2024 - 7 months of development for new priorities starting April 2025.
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 will be part of the development session on HW strategy 2. CEO is attending Winter session of Youthwatch for a session with the young people.	2	2	4	Youthwatch was recognised as a measurable 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. Volunteering and Engagement Managers invested in the programme and actively involved with hearing from young people and supporting in project activity.

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	IPPGs 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 as young people's mental health.
2	Mar-24	Funding	Reduced Income	LA core funding is reduced	Inability to meet statutory Healthwatch functions	1. CEO plans for financial sustainability 2. Certain functions are being replaced and the new strategy will have correct employee functions 3. Robust system in place for project work RE: Business Development Proposal - 11-08-2024	2	2	4	CEO working with commissioning teams on future plans and impact reporting requirements. Business Development Proposal in place for 11-09-2024. GPG meeting.
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 does not exist - new strategy to be produced in October 2024 after volunteering meeting in Sept 2024 2. All roles being reviewed in Sept 2024 3. Procedures and training being reviewed in Sept 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. Volunteer policy, handbook and training to be reviewed and updated.
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. Regularly 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 Jan 24.
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. CEO proposal 11-09-2024 on business development clarifies project work priorities	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 the geographical areas with the ICS footprint 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 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 will be ensuring all line managers have admin access rights. (October 2024)	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 Heathwatch 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 3. This is minimal risk as we are currently overstaffed as at 31/10/2024	1	1	1	Managers recruitment practices will be robust in line with new HR national policies coming in the near future.