healthwatch Cornwall

Risk Register April 2022

Likelihood	Consequence			
	Low	Medium	High	Severe
Weighting	1	2	3	4
Remote 1	1	2	3	4
Unlikely 2	2	4	6	8
Possible 3	3	6	9	12
Probable 4	4	8	12	16

Area	Potential Risk	Potential Impact	Likelihood of Impact	Consequence of Impact	Gross Risk	Mitigation	Date Added	Date Checked	Net Risk
1. Cornwall Council Contracts	Cornwall Council seek to tender two main contracts in 2024. Contracts rewarded at lower or significantly lower fees	Contracts awarded to other provider. Current Healthwatch Cornwall no longer operational. Reduced income for HWC. Staffing reductions.	2	4	8	Effective fulfilment of current contractual requirements. Building strong relationships with contract managers. Regular account meetings (MD/JW). Effective contract negotiation strategy. Council have agreed in principle to a further 2 year extension (instead of 1+1) Action Plan following	Apr-21	Apr 22	4

						completion of Healthwatch England Quality Framework			
2. People's Experience	People's experience not embedded in new ICS structure	Development of Integrated Care System is uncharted territory and therefore vital HC plays key role in ensuring people's experience is represented at the highest level. This is a complex process over a number of years and with limited resources is challenging to maintain overview. However it is vital that public understand HC's independence, impact and relevance	2	2	4	• Clarity in communications and on website of HC role within process • HC voicing any concerns appropriately and following up • Working with system leaders to value and promote HC independence and value of Public experience · HC Board to be updated at each meeting for ongoing development of ICS structures • Internal Task and Finish Group to be set up	Jan-20	Apr 22	2

3. Influencing	Failure to represent the interests of the public at key stakeholder meetings and events	Inability to fulfil the requirements of the Business Plan; loss of reputation	2	3	6	Representation list updated to ensure attendance at meetings Process being established to ensure representatives aware of bubbling issues which can be brought to appropriate meeting Interim arrangements for key stakeholder meetings in place until new Chair appointed.	Apr-21	Apr 22	3
	Research and analysis is sub-optimal. HWC published research is incorrect or unsubstantiated data used for output is incorrect or inaccurate.	Reputation of HWC diminished. Credibility of the organisation as the voice of the public in health matters undermined	2	3	6	Evaluation of CRM completed and have reviewed systems and processes to manage data. Consistency agreed in how we capture data. Process in place for regular reporting to all key stakeholders. Unchanged from Jan 22	Apr-21	Apr 22	3
5. Key Focus Areas	Not delivering on a key focus area	Inability to fulfil the requirements of the Business Plan; work not undertaken that it is needed	2	3	6	Work Plan for 2022-24 in preparation linked to detailed Action Plan to track progress	Apr-21	Apr 22	3

6. Organisational Effectiveness	Covid 19	Shortage of staff and / or volunteers due to infection in team Inability to deliver core contract as lack of patient feedback	2	3	6	• Infections have not led to long term absences • Negotiated change of focus with contract managers – new engagement plan now in place	Apr-20	Apr 22	3
	Staff returning to office	Some staff may be reluctant to return to office working, all staff not able to be in office at once due to space available	2	3	6	Hybrid working continues, desk booking app to be rolled out Individual conversations with vulnerable staff. Staff meetings to be face to face. Staff to attend other key meetings in person.	Apr-21	Apr 22	3
7. People Readiness	Staff vacancies	Failure to fill new vacancies leading to under delivery of contract and pressure on workload of existing staff.	2	3	6	Current vacancies in management team and project team. Roles to be advertised.	Oct-20	Apr 22	6