

No	Risk	Impact	Existing Controls	Impact	Likelihood	Total	Future Controls	Owner	Due	Notes	Complete?	Impact	Likelihood	Total		
1	Failure to ensure that the board's focus is balanced (for example, between statutory requirements / national guidance and local priorities; or health and wellbeing)	<p>1) Board may not deliver on the breadth of outcomes covering both health and wellbeing.</p> <p>2) On-going guidance and demands may see the Board's agenda/requirements exceed its capacity, time and resource to make effective and relevant decisions.</p> <p>3) The Board is ineffective in delivering the joint health and wellbeing strategy and the JSNA.</p> <p>4) Potential conflict between national requirements and local priorities</p>	<p>1) Joint Health and Wellbeing Strategy JHWS and annual JSNA in place, approved and communicated.</p> <p>2) JSNA clearly documents the needs assessment of the community to support the JHWS.</p> <p>3) The Board has a work plan, which is reviewed and refreshed regularly</p> <p>4) The chair with advice from the executive group reviews the agenda and work plan and considers items in relation to the JHWS etc.</p>	5	3	15	<p>1) Continued focus on ensuring that the Board agenda is prioritised effectively.</p> <p>2) Document on Board papers/agenda or map the relevance of the paper/topic to the Board, evidencing that the Board objectives are being met/progressed.</p> <p>3) Board Members need to continually clarify/challenge if decisions being made relate to the statutory duties and priorities for the Board. This will be evidenced through the Boards minutes but all Board members should review each Board agenda and feedback any issues or concerns to the Chair.</p> <p>4) Effective engagement between the executive group and the Board is critical to the success of the Board. The Board has to have confidence that the executive group has supported the Board in the delivery of its priorities. On a quarterly basis, the chair or a member of the executive group should present a verbal update to the Board on work undertaken by the executive group. First quarterly report at Board on 5 December 2013</p> <p>5) The balance between statutory responsibilities and requirements of central government and delivery of local priorities is adequately maintained. This can be evidenced by a desktop review performed annually as part of the Board self assessment programme but all members should review each Board agenda and feedback any issues or concerns to the Chair.</p> <p>6) The Board's priorities are addressed by items considered by the Board. All future papers submitted should be aligned to the Board priorities</p> <p>7) Produce a briefing note which outlines respectively the Board's statutory duties, local priorities and requirements of central government (e.g. agree JSNA, reablement & rehabilitation, sign of integration transformation fund) should be produced to assist in prioritisation of topics for the work plan</p> <p>8) Ensure that services commissioned by NHS England and PH England are regularly considered by the Board in relation to delivery of local priorities.</p> <p>9) Agree a process for Board members to regularly feed back on meetings and to suggest improvements</p>	HM	ongoing							
2	Failure to successfully integrate commissioning or service provision due to inability or unwillingness to share data	<p>1) The health and social care commissioning integration project is not delivered</p> <p>2) Data/information is not available to inform critical decisions relating to commissioning or patient / service user care</p> <p>4) The Board fails to deliver improved health and wellbeing for the population</p> <p>4) Inability to realise intended benefits of integration including planned efficiencies</p> <p>5) Programmes are not implemented, services not commissioned and this impacts on the other healthcare operations.</p>	<p>1) Integrated commissioning unit project proposal approved by Council Cabinet and CCG Board</p> <p>2) Work underway to integrate staff and management structures</p> <p>3) Joint project board in place</p>	5	4	20	<p>1) Regularly report progress on integration initiatives to the Board</p> <p>2) Provide the Board with assurance that improved outcomes are being delivered as a result of integration.</p> <p>3) Commissioning plans are effectively integrated</p> <p>4) Report progress on the information sharing aspect of the integrated commissioning unit project to the board</p>	PS	ongoing							
		<p>1) The Board may take on functions outside of its remit e.g. scrutiny of health services. This may give rise to a duplication of efforts/resources.</p> <p>2) The Board's priorities are not delivered</p>	<p>1) Joint health and wellbeing strategy setting out priorities approved in 2013.</p> <p>2) The roles and responsibilities of the Board are outlined in the Boards Terms of Reference.</p>				<p>1) Board Members need to continually clarify/challenge if decisions being made relate to the statutory duties and priorities for the Board. This will be evidenced through the Boards minutes but all Board members should review each Board agenda and feedback any issues or concerns to the Chair.</p> <p>2) The balance between statutory responsibilities and requirements of central government and delivery of local priorities is adequately maintained. This can be evidenced by a desktop review performed annually as part of the Board self assessment programme but all members should review each Board agenda and feedback any issues or concerns to the Chair.</p>	HM	ongoing	Review whether or not this is happening						
								MR	30/04/2014	Complete annual self-assessment exercise						

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3	Failure to clearly understand the purpose, boundaries and remit of the Board	<p>3) The Board is unfocused and ineffective and stakeholders disengage</p> <p>4) The Board fails to deliver improved health and wellbeing for the population</p> <p>5) Outcomes are not evidenced and stakeholder confidence in the Board is lost</p>	3) Joint seminar held between shadow Board and health scrutiny sub-committee to identify key issues	4	4	16	<p>3) Document on Board papers/agenda or map the relevance of the paper/topic to the Board, evidencing that the Board objectives are being met/progressed.</p> <p>4) Ensure that new and existing Board members understand the remit of the Board through induction and training</p> <p>5) Re-distribute the Board's approved Terms of Reference</p> <p>6) Ensure that Board members understand wider governance structures</p> <p>7) Produce a briefing note which outlines respectively the Board's statutory duties, local priorities and requirements of central government (e.g. agree JSNA, reablement & rehabilitation, sign of integration transformation fund) should be produced to assist in prioritisation of topics for the work plan</p> <p>8) Ensure that a conflict resolution protocol is in place and that all Members are fully aware of its content</p> <p>9) Board members are committed to attending and contributing to the work of the Board. Attendance and contributions can be reviewed by a desktop review performed annually as part of the Board self assessment programme.</p> <p>10) Review content and focus of board papers annually as part of the self-assessment</p> <p>11) Share learning from other HWBs with members of the Croydon Board</p> <p>12) Commission external audit / review of aspects of the Board's work at least every 3 years</p>	SA	31/01/2014	Board induction session held 11/09/13. Put annual refresher session in place.sd		4	1	4
4	Failure to understand the community's expressed wants and choices and to ensure that ongoing engagement with the public is maintained and views and opinions considered and actioned where appropriate	<p>1) Outcomes are not evidenced and public confidence in the Board is lost</p> <p>2) The health and wellbeing strategy and JSNA are disconnected from the expressed needs of the community</p> <p>3) The expressed needs/wants of the community are not addressed in the Boards priorities or work plan</p>	<p>1) The public are currently attending and engaging in Board meetings</p> <p>2) Board meetings are publicised and papers are available on council website</p> <p>3) The JSNA has an agreed process for public engagement</p> <p>4) The interests of the public are represented on the Board by elected councillors, Healthwatch and nominated community representatives</p>	4	4	16	<p>1) To ensure that the public continue to engage Board reviews as part of its self assessment the mechanisms of presenting documentation, the agenda, the venue in relation to public engagement</p> <p>2) Community engagement should be reviewed through public attendance at Board meetings, website 'hits', public questions, queries etc which should be captured and reported</p> <p>3) Agree a community engagement plan for the Board with clear actions, roles and responsibilities</p> <p>4) Community representatives on the Board should be asked if they feel their views and comments are listened to and findings reported back to the executive group and chair</p> <p>5) Consider how access by the public to Board meetings can be improved e.g. holding meetings in alternative venue(s)</p>	MR	30/04/2014	Complete annual self-assessment exercise		4	3	12
5	Limited or constrained financial allocations in health and social care which gives rise to the inability to balance reducing budgets with a rising demand	<p>1) An inability to deliver the basic (statutory) services.</p> <p>2) Inability to deliver the required step change in population health improvement</p> <p>3) Failure to meet the expectations of stakeholders and the public and their disengagement from the work of the Board</p>	<p>1) Annual consideration of commissioning plans by the board</p> <p>2) Financial considerations and risk section in all Board papers</p> <p>3) Joint work underway to identify and deliver efficiencies across health and social care e.g. rehabilitation & reablement, integrated commissioning unit</p>	5	4	20	<p>1) Integrated commissioning unit in place</p> <p>2) Plans to achieve financial balance e.g QIPP plans, council budget challenge, reviewed by Board to consider whole system impacts</p>	PS	31/03/2014	Annual review as part of consideration of commissioning intentions		5	3	15

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		4) The Board fails to deliver improved health and wellbeing for the population												
6	Failure to ensure that the Board continuously develops and has the capacity and capability to operate effectively and efficiently.	<p>1) Outcomes are not evidenced and public confidence in the Board is lost</p> <p>2) The health and wellbeing strategy and JSNA are disconnected from the expressed needs of the community</p> <p>3) The Board is ineffective and stakeholders disengage</p>	<p>1) Outputs from risk workshop include identification of key areas for development</p> <p>2) Ownership of elements of the development plan (future control measures to be implemented) by members of Board executive group</p> <p>3) The Board has a number of dedicated officers to support its work</p> <p>4) Formal mechanism in place for executive group to raise specific issues, concerns, developments with the chair through chair's briefing meeting</p>	4	4	16	<p>1) Executive group to review progress against development plan as a standing item at their meetings</p> <p>2) Ensure that executive summary for Board papers is written in plain English</p> <p>3) Make arrangements to support community representatives on the Board to ensure that they are able to participate in the work of the Board</p> <p>4) Identify any specific support requirements of attendees or Board members and ensure that these are addressed</p> <p>5) Evaluate Board members' training and learning needs and ensure that a training plan is in place for individuals and the Board</p> <p>6) Provide induction/welcome packs to all new Board members</p> <p>7) Consolidate actions from each Board meeting in an action log for use at subsequent meetings.</p> <p>8) Commission external audit / review of aspects of the Board's work at least every 3 years</p>	MR GPG GPG GPG MR SA SA MR	ongoing from 1/01/14 31/12/2013 31/03/2014 ongoing 30/06/2014 31/03/2014 31/12/2013 31/10/2014	Insert relevant guidance into Board report template for paper authors Consider external audit / review / benchmarking exercise for 2015		4	3	12
7	The Board fails to respond flexibly and effectively to changes in national policy or developing local issues	<p>1) The Board does not deliver improved health and wellbeing for the population</p> <p>2) Reputational damage for Board partner agencies</p> <p>3) The Board is ineffective and stakeholders disengage</p>	<p>1) Executive group regularly reviews Board work plan and scans for emerging issues</p> <p>2) Dedicated officer support for the Board means that follow up on new & emerging issues is possible</p> <p>3) Board members are encouraged to propose items for consideration by the Board</p> <p>4) Regular performance reports to the Board and consideration of JSNA findings to identify emerging issues</p>	4	3	12	<p>1) Ensure that where performance issues are identified that they are addressed and that emerging</p> <p>2) Regular policy scans by the executive group continue and relevant items are included on the work plan for the Board</p>	PG PG	ongoing ongoing			4	2	8
8	Board is not able to demonstrate improved outcomes for the population	<p>1) Confidence in the Board is lost</p> <p>2) Reputational damage to partner organisations on the Board</p> <p>3) Stakeholders disengage from the Board</p>	<p>1) Performance framework aligned to health and wellbeing strategy in place</p> <p>2) Board meetings are publicised and papers are available on council website</p>	4	4	16	<p>1) Ensure that a board communications plan is in place</p> <p>2) Regular update of Board page on council website with information about key successes</p>	HM HM	31/03/2014 31/03/2014			4	3	12