

HSP – Well-being Theme Board Risk Register 2008-09

Well-being Theme Board Significant Risks

APPENDIX 2

This document sets out the HSP Well-being Theme Board key risks, as per our agreed approach. The risks are based upon the LAA targets, which have been included below for information.

- i. NI8 - Adult participation in sport (2007 – 2010 stretch target)
- ii. NI39 - Alcohol-harm related hospital admission rates
- iii. NI21 - Mortality rate from all circulatory diseases at ages under 75
- iv. NI123 - 16+ smoking rate prevalence
- v. NI125 - Achieving independence for older people through rehabilitation /intermediate care -delayed until Oct 2008 (provisional)
- vi. NI135 - Carers receiving needs assessment or review and a specific carer's service, or advice and information
- vii. NI141 - Number of vulnerable people achieving independent living
- viii. NI149 - Adults in secondary mental health services in settled accommodation - delayed until 2009

Key to the Risk Register:

Ref: Details the reference number (usually the National Indicator) for the risk.

Risk Identified: Details the risk identified by the PMG or Theme Board.

Inherent Risk: Is assessed by Impact (I) and Likelihood (L). The Inherent risk is the impact of the risk occurring, and how likely it is to occur, without any mitigating actions in place to address the risk. The Impact and Likelihood of the risks are scored from Low to High according to the schedule in Appendix 1 of this report. The rankings can be tied into the overall HSP risk framework.

Controls: The actions and processes which are currently in place to manage the risk identified.

Residual Risk: Is assessed on the same rankings as Inherent Risk. The Residual Risk is the impact and likelihood of the risk occurring with the current controls in place.

Further Action: Where there is outstanding residual risk, further actions have been identified by the Theme Board to reduce the exposure of the Theme Board to the risk. A separate action plan, including a timetable for implementation of the further actions, will be produced where appropriate.

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Ref	Risk Identified	Inherent Risk		Controls	Residual Risk		Further Action
		Impact	L.hood		Impact	L.hood	
Lack of continuity of membership across the theme board							
W-B1	<p>Lack of continuity of membership impacts on the ability to deliver on outcomes/targets:</p> <ul style="list-style-type: none"> • High turnover of members • Inability to recruit and/or retain right members • Non-attendance of members at meetings • Lack of continuity and/or succession planning <p>Risk Owner: Co-Chairs of sub-groups.</p>	Low	Low	<ul style="list-style-type: none"> • Agreed recruitment procedures for Theme Board membership • Responsibility for filling posts identified • Training & Development for Theme Board members • Reporting processes to highlight and identify vacancies and/or non-attendance • Membership reviewed annually <p>Control Owner: Co-Chairs of sub-groups.</p>	Low	Low	<ul style="list-style-type: none"> • Action plan to address identified gaps to be drawn up. • Terms of reference/membership to be reviewed annually and to be ratified at WBCE. • Regular further workshops (next to be held on 1 May 09) to discuss effectiveness of sub-group structure and ensuring delivering to well being objectives.

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Ref	Risk Identified	Inherent Risk		Controls	Residual Risk		Further Action
		Impact	L.hood		Impact	L.hood	
Data Quality and/or Information management arrangements							
W-B2	<ul style="list-style-type: none"> Information requirements not identified Responsibility for data collection and verification not identified and/or assigned to specific officers Information provided is inaccurate or not in accordance with agreed timescales <p>Risk Owner: Co-Chairs of sub-groups.</p>	Med	Med	<ul style="list-style-type: none"> Monitoring and capturing information by the well being outcome focussed groups and reviewed quarterly. <p>Control Owner: Co-Chairs of sub-groups.</p> <p>Quarterly well being scorecard submitted.</p> <p>Control Owner: ACCS and HTPCT Performance Managers</p>	Low	Low	<ul style="list-style-type: none"> Scrutiny from the joint commissioning and performance sub-group. <p>Further action owner: co chairs of the Joint Commissioning and Performance sub-group.</p>
Governance arrangements							
W-B3	<ul style="list-style-type: none"> Proper governance arrangements not in place Principles of good governance not embedded Theme board members fail to act in accordance with principles of good governance. Declarations or conflicts of interest not completed 	Low	Low	<ul style="list-style-type: none"> WBPB terms of reference reviewed and ratified annually. Members of the WBPB and sub-groups declare any personal and/or pecuniary interests with respect to agenda items and do not take part in any decision required with respect to these items. <p>Control Owner: WBPB and Co-Chairs of sub-groups.</p>	Low	Low	No further action required.

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Ref	Risk Identified	Inherent Risk		Controls	Residual Risk		Further Action
		Impact	L.hood		Impact	L.hood	
	<ul style="list-style-type: none"> Potential conflicts of interest not addressed/acted on to ensure appropriate decisions are taken <p>Risk Owner: WBPB.</p>						
Non-delivery of outcomes; allocation of resources, commissioning, spend, linkages to other theme boards/cross-cutting work not identified							
W-B4	<p>Outcomes not delivered:</p> <ul style="list-style-type: none"> Lack of, or ineffective financial and/or performance monitoring Resources not allocated, or not allocated appropriately Inadequate financial and/or management information provided to the Theme Board Commissioning not carried out according to plan Expenditure exceeds allocated budget Failure to spend allocated budget within agreed/ approved timescales (potential loss of grant funding) 	High	Low	<ul style="list-style-type: none"> Sub-groups are outcome focussed. Structure and terms of reference of sub-groups and WBPB agreed by WBPB. OHOCOS outcomes monitored and reviewed by sub-groups. Sub-groups work together to ensure there is joint ownership and delivery of the framework. WBPB monitor the implementation of projects delegated to the well-being sub groups. Sub-groups monitor the implementation of projects delegated to them and report to the WBCE. WBPB and Sub-groups 	Low	Low	<ul style="list-style-type: none"> Regular further workshops (next to be held on 1 May 09) to discuss effectiveness of sub-group structure and ensuring delivering to well being objectives. Monitor frequency of sub-group meetings. Create cycle of regular

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		Impact	L.hood		Impact	L.hood	
	<ul style="list-style-type: none"> • Effective reporting does not take place • Failure to work effectively with other theme boards on relevant issues <p>Risk Owner: Co-Chairs of sub-groups.</p>			<ul style="list-style-type: none"> monitor progress on LAA targets. • Sub-groups consider, comment on and endorse, as appropriate strategic documents from other partnership boards or sub-groups relating to group's outcomes that require a joint multi-agency response. • Sub-groups report to the partnership board via the sub-group chairs. • Sub-groups account for actions and performance through regular reports to the WBPB via the joint commissioning group which manages finance and performance of the WBPB. • WBPB monitors the effectiveness of the Partnership Boards and sub groups and other joint planning arrangements within its structure through receipt of an annual report or other agreed mechanisms. • WBPB accounts for actions 			<p>update reporting from sub-groups to WBCE.</p>

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		Impact	L.hood		Impact	L.hood	
				<p>and performance through regular reports to the HSP via the joint commissioning group which manages finance and performance for the WBPB. WBPB nominates a member to represent it on the HSP board.</p> <p>Control Owner: Co-Chairs of sub-groups.</p>			
Adult participation in sport (2007 – 2010 stretch target)							
N18	<p><u>Marketing Sub Group</u></p> <p>Failure to increase overall adult sport and physical activity participation to 26.9%</p> <p>Risk Owner: ACCS – AD Recreation</p>	High	High	<p>Officer and funding resources allocated to improving participation.</p> <p>Projects e.g. HariActive developed to address</p> <p>Link to Central Governments Change 4 Life</p> <p>Better governance of wider participation programme via CSPAN</p> <p>Control owner: Recreation Policy & Development Manager</p>	High	Med	<p>Participation should increase however target maybe testing in timeframe. Continued focus, resources etc required in the medium to longer term</p>
	<u>Marketing Sub Group</u>	Low	High	Enhanced levels of marketing	Low	Med	No further

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Ref	Risk Identified	Inherent Risk		Controls	Residual Risk		Further Action
		Impact	L.hood		Impact	L.hood	
	<p>Failure to increase the proportion of BME use of our leisure centres by 7.5% from 37% to 44.5%.</p> <p>Risk owner: ACCS- AD Recreation</p>			<p>and outreach work with BME communities and potential alteration to programmes offered. Monitoring through leisure centres.</p> <p>Control owner: Head of Sport and Leisure</p>			action required.
	<p><u>Marketing Sub Group</u></p> <p>Failure to increase the proportion of lower socio economic use of our leisure centres by 2% from 112,000 to 118,855.</p> <p>Risk owner: ACCS- AD Recreation</p>	Low	Med	<p>Enhanced levels of marketing and outreach work with BME communities and potential alteration to programmes offered. Monitoring through leisure centres.</p> <p>Control owner: Head of Sport and Leisure</p>	Low	Low	Partnership working with relevant agencies
	<p><u>Marketing Sub Group</u></p> <p>Failure to increase sports and leisure use equally across BME communities and reduce the differential by 2% from 4%.</p> <p>Risk owner: ACCS- AD Recreation</p>	Low	High	<p>Enhanced levels of marketing and outreach work with BME communities and potential alteration to programmes offered. Monitoring through leisure centres.</p> <p>Control owner: Head of Sport and Leisure</p>	Low	Med	Partnership working with relevant agencies
	<p><u>Health & Well Being Sub</u></p>	Low	Med	Enhanced levels of marketing	Low	Low	Partnerships

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Ref	Risk Identified	Inherent Risk		Controls	Residual Risk		Further Action
		Impact	L.hood		Impact	L.hood	
	<u>Group</u> Failure to increase the proportion of older people (60+) use of our leisure centres by 5% per annum from 101,000 to 116,920. Risk owner: ACCS- AD Recreation			and outreach work with BME communities and potential alteration to programmes offered. Monitoring through leisure centres. Control owner: Head of Sport and Leisure			working with Adult SS, Age Concern, etc.
	<u>Health & Well Being Sub Group</u> Failure to increase the proportion of disabled people use of our leisure centres by 5% from 96,000 to 111,132. Risk owner: ACCS- AD Recreation	Low	Med	Enhanced levels of marketing and outreach work with BME communities and potential alteration to programmes offered. Monitoring through leisure centres. Control owner: Head of Sport and Leisure	Low	Low	Partnerships working with Adult SS, Age Concern, etc.
	<u>Club, Coach & Volunteer Sub Group</u> Failure to increase club membership to 26% Failure to increase sports tuition to 21% Failure to increase sports	Med	Med	Officer resource focussed on assisting clubs to build capacity via volunteering, better coaching, sign posting and assistance with club funding etc Various sports specific development plans are being	Low	Med	No further action required

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		Impact	L.hood		Impact	L.hood	
	volunteering to 5% Risk Owner: ACCS – AD Recreation			worked on Closer relationships with NGB's New pricing policy to encourage club engagement Control owner: Recreation Policy & Development Manager			
	<u>Schools & Young People Sub Group</u> Failure to increase to 50% number of young people participating in 5 hours of sport per week Risk Owner: ACCS – AD Recreation	High	Med	Significant officer resources focussed on improving opportunities for YP and signposting YP to sports opportunities. Funding for a number of specific projects Control owner: Children's Services	Low	Med	Partnerships between Youth Services, Schools/Children's Service and Recreation Services to be further developed
	<u>Facility Development Sub Group</u> Failure to provide enhanced and new facilities leading to reduced levels of satisfaction and not contributing as effectively as possible to improving rates of	Med	Med	Capital identified for a number of projects. Various projects in progress Partnership between Recreation and BSF Control owner: ACCS – AD	Low	Med	Partnerships with BSF, funding organisations to be further developed

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		Impact	L.hood		Impact	L.hood	
	participation Risk Owner: ACCS – AD Recreation			Recreation			
	Failure to increase parks and open space use across BME communities and reduce the differential by 3% from 10.3% to 7.3%. Risk owner: ACCS- AD Recreation	Low	High	Targeted activity programmes and publicity plus outreach work. Community champions initiative. Monitoring through annual parks survey. Control owner: Head of Parks & Bereavement Services	Low	Med	No further action required.
	Failure to increase the number of visits per resident per annum to parks and open spaces by 7 from 59 to 66. Risk owner: ACCS- AD Recreation	Low	Med	Publicity, HARIACTIVE initiative, enhanced activity programmes, events calendar. Monitoring through annual parks survey and quarterly programmed use monitoring. Control owner: Head of Parks & Bereavement Services	Low	Med	Hariactive promotional programme being launched 2009.
	Failure to increase the percentage of residents visiting a park at least once a month 3% from 88.3% to 91.3%.	Low	Med	Publicity, HARIACTIVE initiative, enhanced activity programmes, events calendar. Monitoring through annual parks survey and quarterly programmed use monitoring.	Low	Med	Hariactive promotional programme being launched 2009.

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		Impact	L.hood		Impact	L.hood	
	Risk owner: ACCS- AD Recreation			Control owner: Head of Parks & Bereavement Services			
Alcohol-harm related hospital admission rates							
NI39	<p>Delay in undertaking data analysis of alcohol related hospital admissions and mortality</p> <p>Failure to make impact on alcohol-harm related hospital admissions.</p> <p>Risk owner: Associate Director of Public Health for Adults and Older People</p>	Low	Low	<p>Specification for analysis drafted, and analyst commissioned</p> <p>Control owner: Associate Director of Public Health for Adults and Older People</p>	Low	Low	No further action required.
Mortality rate from all circulatory diseases at ages under 75							
NI21	<p>Capacity to remodel stroke care (hyper-acute centres, care pathways, rehabilitation, on-going support).</p> <p>Risk owner: Associate Director of Public Health for Adults and Older People</p>	Med	Low	<p>Scrutiny of stroke prevention in progress.</p> <p>New PH consultant lead for stroke</p> <p>Control owner: Associate Director of Public Health for Adults and Older People</p>	Low	Low	OSC review underway.
16+ smoking rate prevalence							

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		Impact	L.hood		Impact	L.hood	
NI123	<p>Failure to appoint to tobacco control commissioner post to oversee Tobacco Control Strategy implementation</p> <p>Staff turn over in quit smoking team, including new manager</p> <p>Risk Owner: Associate Director of Public Health for Adults and Older People</p>	Med	Low	<p>Interim commissioner appointed</p> <p>Manager now in post</p> <p>Control owner: Associate Director of Public Health for Adults and Older People</p>	Low	Low	Recruitment to vacant advisor post
<p>Achieving independence for older people through rehabilitation /intermediate care -delayed until Oct 2008 (provisional)</p>							
NI125	<p>Failure to improve the involvement of people in care planning by increasing the number of person-centred care plans.</p> <p>Risk owner: Co-chairs of the 4-5-7 outcome sub-group (AD Adult Service & Head of Strategic Commissioning Adults & Older People).</p>	Low	Low	<ul style="list-style-type: none"> • Scrutinised in monthly performance call over. • Monitored through bi-monthly 4-5-7 outcome sub-group. <p>Control owner: ACCS- AD Adult Services</p>	Low	Low	No further action required.
<p>Carers receiving needs assessment or review and a specific carer's service, or advice and information</p>							

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Ref	Risk Identified	Inherent Risk		Controls	Residual Risk		Further Action
		Impact	L.hood		Impact	L.hood	
NI135	<p>Failure to improve information and communication methods with carers.</p> <p>Risk owner: Co-chairs of the 2-6 outcomes sub-group (AD Culture & Libraries and AD Community Housing).</p>	High	Med	<ul style="list-style-type: none"> Number of carers who receive an assessment of their needs, leading to services and/or further information/advice monitored through performance call overs. Role and needs of carers are standing items on team meeting agendas. Individual worker supervision includes review of numbers of carers assessments completed and carer outcomes achieved. Learning disability carers forum meets regularly. Issues are reported back to the Learning Disability Partnership Board and to the carers commissioner. Carers Partnership Board reconvened with a work plan agreed. <p>Control owner: ACCS Head of Strategic Commissioning</p>	Med	Low	<ul style="list-style-type: none"> Implement the Carers Partnership Board work plan including the information and communication workstream. Make links with other sub-groups as appropriate.

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		Impact	L.hood		Impact	L.hood	
	<p>Failure to offer culturally appropriate assistance and support for the cared-for person.</p> <p>Risk owner: Co-chairs of the 2-6 outcomes sub-group (AD Culture & Libraries and AD Community Housing).</p>	High	Med	<ul style="list-style-type: none"> BME voluntary sector partners commissioned to (i) provide services to BME carers (ii) perform advocacy role (iii) complete carers assessments on behalf of council. Revised carers strategy to include full needs/gap analysis of current services to inform future model of care. <p>Control owner: ACCS Head of Strategic Commissioning</p>	Med	Low	<ul style="list-style-type: none"> Implement the Carers Partnership Board work plan. Make links with other sub-groups as appropriate.
	<p>Delay in developing a commissioning strategy for carers.</p> <p>Risk owner: Co-chairs of the 2-6 outcome sub-group (AD Culture & Libraries and AD Community Housing).</p>	Med	Low	<ul style="list-style-type: none"> Carers Partnership responsible for managing process of developing strategy including consultation. <p>Control owner: ACCS Head of Strategic Commissioning</p>	Low	Low	<ul style="list-style-type: none"> Implement the Carers Partnership Board work plan. Make links with other sub-groups as appropriate.
Number of vulnerable people achieving independent living							
NI141	Failure to increase access to day opportunities.	Med	Med	<ul style="list-style-type: none"> All clients in supported housing to be given a basic 	Low	Low	<ul style="list-style-type: none"> 100% of tenants to

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		Impact	L.hood		Impact	L.hood	
	<p>Failure to increase the number of older people helped to live at home per 1,000 aged 65 and over.</p> <p>Failure to increase the number of younger physically disabled people helped to live at home per 1,000 aged 18-64.</p> <p>Failure to increase the number of service users who are supported to establish and maintain independent living.</p> <p>Failure to increase the number of service users who have moved on in a planned way from a temporary living arrangement.</p> <p>Risk owner: Co-chairs of the 2-6 outcomes sub-group (AD Culture & Libraries and AD Community Housing).</p>			<p>benefit check to maximise their income on arrival in the service and assistance in applications as needed.</p> <ul style="list-style-type: none"> • Support the planning and implementation of individual budgets. • Support implementation of employing people with disabilities. <p>Control owner: ACCS – AD Commissioning and Strategy</p>			<p>have had a benefit check within 6 weeks of arrival on the scheme.</p> <ul style="list-style-type: none"> • Pilots in physical disabilities and learning disabilities already • <i>Haringey Guarantee update to be included here.</i>
Adults in secondary mental health services in settled accommodation - delayed until 2009							
NI149	Failure to increase the	Low	Low	Monitored and scrutinised at	Low	Low	No further

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		Impact	L.hood		Impact	L.hood	
	number of adults aged 18-64 with mental health problems helped to live at home. Risk owner: Co-chairs of the Outcome 1 sub-group (Associate Director of Public Health for Adults and Older People and AD Recreation)			monthly performance call over meetings with all service leads. Control owner: ACCS – AD Adult Services			actions required.

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Appendix A1

Impact and Likelihood Scales

To be used as a guide in assessing risk ratings:

Descriptor	Impact Guide	Likelihood Guide
LOW	No or limited impact. Financial loss up to £10,000, or no impact outside single objective or no adverse publicity	Up to 10% likely to occur in next 12 months
MEDIUM	Financial loss up to £300,000, or impact on many other processes, or local adverse publicity, or regulatory sanctions (such as intervention, public interest reports)	Up to 40% likely to occur in next 12 months
HIGH	Financial loss up to £1 million, or major impact at strategic level, or closure/transfer of business	Up to 90% likely to occur in next 12 months