

### VAMT Risk Register March 2017

		Review at March & Sept Board meetings				Low Risk (0-8)	Medium Risk (9-17)	High Risk (18-25)				
Key: CO - Chief Officer; DCO Deputy Chief Officer; AFM - Admin & Finance Manager												
		Uncontrolled Risk				Revised Risk						
No.	Potential Risk	Potential Impact	Likelihood L M H 1-5	Impact L M H 1-5	Overall Risk L M H 1-5	Control Measures / Mitigation	Likelihood L M H 1-5	Impact L M H 1-5	Overall Risk L M H 1-5	Responsible Manager	Action & Deadlines	Trend Indicator
<b>Governance</b>												
1	Lack of direction and strategic planning	No clear priorities or plans	5	3	15	Strategic Plan which incorporates PQASSO actions and national drivers	3	3	9	CO	Strategic Plan workshop held on 28th February. Intention to finalise Plan at March 2017 Board meeting or as soon as possible thereafter.  Operational Plan - delayed because of TSSW submission to WG and finalisation of new service specifications. Staff meeting held in February. To be submitted in March	↓
		Issues addressed without reference to strategy				Clear operational plans - Delivery Plan / Regional Plan				CO		
		Needs of beneficiaries not addressed				Funder controls				CO		
		Financial management difficulties								AFM		
2	Trustee body lacks skills and commitment	Failure to achieve organisations purpose	3	4	12	Last Skills Audit positive	2	4	8	DCO		↔
		Poor decision making				Induction / Away days				CO		
3	Conflicts of interest	Organisation unable to peruse its purpose	4	4	16	Declaration of Interest process in Standing Orders	2	2	4	AFM		↔
		Impact on reputation				Trustee Register of Interests - annually reviewed				AFM		
4	Ineffective Organisational Structure	Poor decision making	3	4	12	Board control of Strategic Plan and staff structure in light of finance and operational plans	3	3	9	CO	Board to decide in May 17 if structure needs review in light of funding decisions and new Strategic Plan	↑
		Uncertainty as to roles and duties				Trustee Handbook - roles and responsibilities.					Self Assessment tool to be discussed in May 17	
		Decisions made at inappropriate level										

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5	Loss of key staff	Skills and experience lost	5	4	20	Personnel policies in place / staff terms and conditions Learning Plans Internal Recruitment - default position	3	4	12	CO		↔
		Operational impact on projects and priorities Loss of corporate knowledge										
6	Reporting to trustees	Inadequate information leading to poor decision making	3	4	12	Bimonthly Board meetings Quarterly monitoring reports Biannual narrative reports	2	3	6	CO	Action Log implemented in early 2016	↔
		Failure of trustees to fulfil scrutiny, assurance and control functions				Financial reporting policy and procedures Standardised report formats				AFM		
7	Non compliance with governing instrument	Ultra vires. Board decision nullified	3	5	15	Review before AGM (incl Standing Orders)	3	3	9	CO		↔
8	Collaboration / merger	Decisions made at inappropriate level. (cross reference to Risk 4)	4	5	20	Collaboration plans / proposals must require Board approval. Joint meetings with Interlink (and others) report back to Board. WG policy on LG reorganisation has softened	3	3	9	CO and Chair		↓
<b>Operational</b>												
9	Contract / SLA risks	Onerous terms and conditions	5	4	20	Fit with Strategic Plan and infrastructure Service Specification	4	4	16	CO		↑
		Non compliance with organisations core business				Magnet - project risk register - reports to board				Magnet PM		
		MTCBC / CTUHB - loss of core funding				CO maintain links with contract holder and provides monitoring information as required. Regional SLA meeting discussions in place which CO attends				CO	CO met with MTCBC in January. Concern about continuation of Carers Development Officer post	
10	Service provision - lack of customer satisfaction	Beneficiary complaints	5	4	20	Surveys	3	2	6	CO		↔
		Loss of significant projects / income										
		Reputational risks										

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11	Employment Issues	Disputes	5	5	25	HR contract with Peninsula Suite of HR policies Absence Management Procedure	3	4	12	CO or delegated to manager		↔
		Health and safety										
		Claims										
		Recruitment issues										
		Safeguarding										
		Staff training										
		Sickness Absence										
Low morale												
12	Volunteers (VAMT)	Competences and support	3	4	12	Volunteering Policy Management & supervision Volunteers register	3	3	9	AFM / Cluster Manager		↔
		Recruitment and dependency										
		Reputation issues										
13	Procedure and systems	Lack of awareness of policies and procedures amongst staff	4	4	16	Policies in place Policies available to all staff on Intranet	4	3	12	CO		↔
		Actions taken without proper authority				Managers						
		Policies are not fit for purpose				Chair / CO				Rolling review plan overseen by sub committee of trustees and staff member (and incorporated in PQASSO audit)		
14	Disaster recovery	IT system failure / data loss	2	5	10	Data archived off site	1	5	5	AFM	Data on server archived off site. Email data to be archived on "cloud" because of volume	↑
		Destruction of property, equipment, records etc.				Business Continuity Plan				CO	Business Continuity Plan proposed to Board	
15	IT	Failure to meet operational needs	3	4	12	Audit of IT equipment / software	3	5	15	AFM	Data on server archived off site. Email data to be archived on "cloud" because of volume	↑
		Loss of data				Data archived off site				AFM		
		Lack of technical support				Passwords backed up				AFM		

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Finance												
16	Budgetary control and financial reporting	In year overall overspending	4	4	16	Financial & Budgetary Policy & procedures in place	2	4	8	AFM		↔
		Poor financial decision making				Management Accounts				AFM		
		Funders curtail contracts if overspending				Funders audits				AFM		
		Ability to continue as going concern				Annual external audit				AFM		
17	Reserves policy	Lack of liquidity	4	4	16	Reserves Policy / Surplus invested	1	4	4	AFM	Policy presented to Board for consideration in March 17	↔
		Failure to maximise investment income				Annual analysis of liabilities presented to Board				AFM		
18	Cash flow	Inability to meet commitments	5	5	25	Ongoing monitoring	1	3	3	AFM		↔
		Operational impact				Management Accounts				AFM		
19	Dependency on income sources	Impact of loss of income source	5	5	25	Spread of income sources	5	4	20	CO / DCO	Increasing concern about losses in 2018.	↑
						Willingness to take on additional funding sources if strategic fit				CO / DCO	Fundraising Strategy as part of Strategic Plan	
20	Fraud	Financial loss	4	4	16	Policies & procedures in place	2	4	8	CO		↔
		Reputational risk				Checks and balances in system and with Board						
		Regulatory action										

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External												
21	Government policy	Local Government Mergers	5	5	25	Negotiation through the CVC/WCVA Infrastructure. Submission of Third Support Support Wales and positive WG response	3	5	15	CO / Chair		↔
		Change in CVC service specification										
		Reduction in core funding / WG funding formula change										
		Impact of legislative or regulative change										
22	Relationship with funders / partners (Cross reference Risk 9)	Loss of funding	5	5	25	Relationship with MTCBC and CTUHB Share outcomes with partners	4	4	16	CO	See Risk 9	↑
		Loss of confidence of service users										
		Loss of influence with partner agencies										
23	Adverse Publicity	Loss of partner confidence	3	4	12	terms and conditions of staff re disrepute social media controls press contact via CO	3	3	9	CO		↔
		Staff morale										
		Loss of influence										
Compliance												
24	Failure to comply with legislative requirements	Action for negligence	4	4	16	Health and safety policy Peninsula contract	2	4	8	AFM / CO		↔
		Fines / Penalties										
		Reputational risk										
25	Regulatory and Reporting requirements	Impact on funding	4	3	12	Companies House & Charity Commission annual reporting	2	3	6	AFM		↔
		Reputational risk				External audit				AFM		
		Breach of data Protection law				Data Protection Policy in place				CO		