

Brief Title	Brief Description	Impact on 3rd parties	Mitigation (with cost if applicable)	Risk trend	Contingency plan	Over appetite	Risk type	
								Score
Covid variant risk	If a severe variant of Covid-19 is seen , there are few COMF funded staff to support any locally required efforts, COMF funding expires at the end of March. This could result in the need for secondment from PH and other directorates that would impact business as usual	Impact on control of Covid-19 pandemic, outbreak management and poor health outcomes  Lack of clarity around regulatory oversight and lack of compliance with legal responsibilities  Confusion and inefficiencies in handover of work with partners  Impact on return to business as usual and longer term impact on health outcomes	(Update: January 22): Confirmation of carry over funding reduces uncertainty and risk around short-term funding and exit strategies, however there remains risk in the medium to long-term around the handover of responsibilities, the need for controlled exit strategies, and the impact which any longer-term demands will have on capacity and finance post-COMF funding.  Variant planning ongoing, recruitment completed to provide support in the event of increased workload, and plans in place to address the response to new variants or other changes.	Steady	Re-evaluate Covid situation if there are significant changes in relation to the pandemic which must be addressed.	No	Financial/ operational	8
Disparities between financial and operational systems in PCC and CCC	There is a risk that increasing disparities in levels of funding, operational systems and political priorities between PCC and CCC will lead to difficulties with shared working across the two authorities.	Reduction in public health services offered in effected areas.	Clear communication with colleagues in PCC and CCC to have clarity around policies and procedures to support recruitment to posts across PCC and CCC.  Open lines of reporting and communication with political leaders across PCC and CCC to ensure clear understanding of expectations and priorities.  Monitoring of combined authority status including LGA reviews and other indicators, along with any planning for future changes which such monitoring would suggest is necessary.  Engagement with support teams in affected areas across CCC and PCC to resolve operational barriers.	Steady	Re-evaluate ways of working and prioritised workflows in areas affected.	No	Operational/ financial	9
Complexities within the wider health system.	There is a risk that complexities within the wider health system require significant public health staffing resource which is not being met.  There is a lack of clarity around processes related to governance and approval, will cause delays in the implementation of services being implemented by Public Health, leading to worse health outcomes.	Worse health outcomes Additional pressures in other areas of the wider health system	Working through most appropriate lanes for public health input, and clarifying governance arrangements.	Steady	Re-evaluate ways of working and prioritised workflows in areas affected.	No	Operational	9
Inflationary pressures/Reduction in PH grant funding	There is a risk that inflationary pressures and/or a reduction in grant funding may lead to a reduction in real terms of the public health grant, which may result in a reduction in the level of services which can be offered, in addition to the increasing levels of need for services due to the rising cost of living, leading to worse health outcomes.	Worse health outcomes Additional pressures in other areas of the wider health and social care system	Looking at more efficient methods of service delivery i.e. hybrid models Review areas where service demand my decrease due to the fluctuating priorities of some service users	Increasing	Prioritisation of service delivery using available funding	No	Operational/Financial	16
System wide workforce capacity	There is a risk that issues of recruitment and retention across the wider health system will affect the ability of public health to offer services in partnership with other organisations, such as primary care, NHS trusts, Commissioned services etc.	Worse health outcomes Additional pressures in other areas of the wider health and social care system	Negotiating responsibilities with the health service in certain areas i.e. health visiting. Working with providers to support recruitment efforts.	Steady	Exploring additional avenues of partnership working	No	Operational	16

Recruitment and retention	<p>There is a risk that difficulties of retention and recruitment, both in fixed-term and permanent roles, will cause a shortage of capacity within the public health team. In particular, this is caused by:</p> <p>The need to offer short-term contracts in line with availability of funding.</p> <p>The general shortage of professionals within the field of public health.</p> <p>Inability to offer competitive contracts to potential staff, including salary, increments and location.</p>	3rd parties may not receive the required support from Public Health	N/A	<p>Explore additional avenues of recruitment, such as trainees/apprenticeships, agency employment, joint working across partnership organisations such as the CCG/ICS.</p> <p>Where possible, use of incentives/market uplift payments to secure candidates.</p> <p>Training/upskilling of staff to maximise the value of existing staffing resources.</p> <p>Update September 22 - working with the recruitment team to look at paid advertisement options, there have been some successes. This may not be applicable in all circumstances, but has eased staffing pressures across some teams.</p>	steady	Rationalisation and prioritisation of workflows to match capacity and meet statutory obligations.	no	operational	4
Workforce capacity	<p>There is a risk that workforce capacity will be insufficient to carry out public health operations across the directorate including statutory obligations, if there is a relative increase in workload to capacity.</p> <p>Reasons for this include:</p> <p>Absence due to sickness, including Covid-19, loss of staff due to loss of COMF funding, competing priorities for work carried out public health, staff burnout, difficulties in recruitment and annual leave backlog.</p>	3rd parties may not receive the required support from Public Health	N/A	<p>Regular review of staff annual leave to ensure staff are not accumulating a significant amount, and that it is evenly spaced.</p> <p>Business continuity planning and building redundancy into staffing capacity.</p> <p>Rationalisation and prioritisation of areas of work including potential Covid workload.</p> <p>Explore additional avenues of recruitment, including temporary measures such as employing agency staff if necessary.</p> <p>In-house training to upskill current staff.</p> <p>Explore additional options to offer competitive contracts, such as market uplifts or additional opportunities, where this is possible.</p>	Steady	Rationalisation and prioritisation of workflows to match capacity and meet statutory obligations.	No	Operational	4

Risks Closed due to successful recruitment strategy leading to an increase in workforce capacity and a significant decrease in vacancies