

APPENDIX 1 – Public Health Risk Log – November 2023

The below table outlines how risks are scored on the likelihood and impact of each risk. Scores between 1-4 are green, 5-15 are amber, and 16 or over is above the Council’s tolerable level and will be highlighted as a high red risk.

VERY HIGH	5	10	15	20	25
HIGH	4	8	12	16	20
MEDIUM	3	6	9	12	15
LOW	2	4	6	8	10
NEGLIGIBLE	1	2	3	4	5
IMPACT					
LIKELIHOOD	VERY RARE	UNLIKELY	POSSIBLE	LIKELY	VERY LIKELY

Public Health Matrix of Risks:

The below matrix provides an overview of the current risk scores for all risks relating to Public Health Services. The letters indicate which risk it relates too. These risks are explored in more detail in the table below.

VERY HIGH 5		FGHI			
HIGH 4			BD	E	
MEDIUM 3			C	A	
LOW 2					
NEGLIABLE 1					
IMPACT LIKELIHOOD	1 VERY RARE	2 UNLIKELY	3 POSSIBLE	4 LIKELY	5 VERY LIKELY

The Risk	A. Insufficient resources to maintain service levels			
OWNER	Executive Director Public Health: Jyoti Atri			
RAG:	Likelihood = 4	Impact = 3	Score = 12	Direction of Risk: Steady
Triggers:	<ul style="list-style-type: none"> • Future Public Health grant allocations are insufficient to cover inflationary pressures or increased demand on services. • Insufficient internal staffing capacity to meet current service levels and ambitions of the health and wellbeing strategy. • Inability to sustain current staffing due to ending of short-term grant funding or cessation of externally funded posts. • Inability to recruit to short-term grant funded posts due to lack of competitive offer. • Increase in reserves leading to reduction in future grant allocations. 			
Potential consequences	<ul style="list-style-type: none"> • Worse health outcomes for service users if there is a reduction in services offered due to insufficient funding. • Population health outcomes do not improve and potentially worsen. • Additional pressures on the wider health and social care system. • Health inequalities are not reduced and could widen further. 			
Controls	<ul style="list-style-type: none"> • Ongoing prioritisation exercises based on clear evidence-based criteria to assess current service provision. • Working with partner organisations to maximise the value of service provision. • Active management of reserve spends to reduce the risk of significant underspend. • Planning underway for a process to strengthen the workforce to support the delivery of plans. • Working with service providers to identify more efficient service delivery, e.g., hybrid/digital delivery models, revised skill mix. 			
Contingency plans	<ul style="list-style-type: none"> • Further prioritisation of services based on clear evidence-based criteria if there is a need to review service provision due to a lack of funding or other resource. • Seek further efficiencies through alternative delivery methods. • Contingency spending plans. 			
Date Risk Reviewed	01/02/2024			

The Risk	B. There is a risk of increasingly diverse needs across the populations and local authorities of Cambridgeshire and Peterborough.			
OWNER	Executive Director Public Health: Jyoti Atri			
RAG:	Likelihood = 3	Impact = 4	Score = 12	Direction of Risk: Increasing
Triggers:	<ul style="list-style-type: none"> • Separation of key shared operational services (i.e., IT). • Further changes in key process areas required for operational delivery (i.e., finance, legal, procurement etc). • Different commissioning decisions are reached by the two authorities. • Increasingly diverse population needs across Cambridgeshire and Peterborough. 			
Potential consequences	<ul style="list-style-type: none"> • An increase in staffing hours spent on operational management/issues. • Difficulties/delays in specific areas i.e., recruitment, procurement etc. • Loss of efficiencies that were previously gained through collaborative working across the local authorities. • Loss of economies of scale in commissioning. • Additional pressures on the wider health and social care system. 			
Controls	<ul style="list-style-type: none"> • Clarifying and establishing alternative processes for collaborative working with regard to shared posts, and joint commissioning. • Planning underway for a process to strengthen the workforce to meet the diverse needs across Cambridgeshire and Peterborough. 			
Contingency plans	<ul style="list-style-type: none"> • Adaptions to service delivery where appropriate. • Forward planning to identify potential risks. 			
Date Risk Reviewed	01/02/2024			

The Risk	C. There is a risk of barriers to sufficient systemwide collaboration on public health.			
OWNER	Executive Director Public Health: Jyoti Atri			
RAG:	Likelihood = 3	Impact = 3	Score = 9	Direction of Risk: Steady
Triggers:	<ul style="list-style-type: none"> • Lack of clear roles and responsibilities. • Complex multilateral agreements with unclear governance pathways. • Challenging finances across the system lead to a retraction of preventative investments. 			

Potential consequences	<ul style="list-style-type: none"> • Worse population health outcomes. • Opportunities for prevention are missed leading to escalating need for health and social care. • Resources are not used efficiently. • Longer waiting times for services. • Additional pressures on the wider health and social care system.
Controls	<ul style="list-style-type: none"> • Ongoing work to produce MOUs to clarify roles and responsibilities between the local authority and partner organisations. • Participation in system-wide boards and groups to promote public health as a system priority and support the wider work of the healthcare system. • Planning underway for a process to strengthen the workforce to support the delivery of plans with capacity to support partnership working and system leadership.
Contingency plans	<ul style="list-style-type: none"> • Refocus capacity towards system leadership to ensure system resources are maximised for improving health outcomes, prevention and reducing inequalities.
Date Risk Reviewed	01/02/2024

The Risk	D. There is a risk that the council and partnership response to future outbreaks/pandemics (including new variants of Covid-19) of infectious disease will be insufficient.		
OWNER	Executive Director Public Health: Jyoti Atri		
RAG:	Likelihood = 3	Impact = 4	Score = 12
Triggers:	<ul style="list-style-type: none"> • Insufficient comprehensive CPLRF lessons learnt process is conducted. • Insufficient national steer as to the expectations of local authorities regarding health protection moving forward. • Insufficient system resilience and system resource to respond to a future outbreak. • Insufficient resource within the local authority to mobilise quickly in the event of a future outbreak. 		
Potential consequences	<ul style="list-style-type: none"> • Worse health outcomes for the population of Cambridgeshire if another outbreak of a pandemic pathogen occurs. • Avoidable morbidity and mortality occur. • Increased pressure on the wider health and social care system, and other partner organisations who would be affected. 		

Controls	<ul style="list-style-type: none"> • Support for and participation in CPLRF lessons learned exercises. • Allocation of resource for resilience measures, such as FFP3 fit testing capacity. • Participation in system-wide planning exercises. • CPLRF lessons learned process ongoing. 		
Contingency plans	<ul style="list-style-type: none"> • Development of an MOU with UKHSA • Development of a pandemic plan and prolonged incident plan 		
Date Risk Reviewed	01/02/2024		
The Risk	E. There is a risk that system staffing capacity will be insufficient to implement or maintain commissioned services.		
OWNER	Executive Director Public Health: Jyoti Atri		
RAG:	Likelihood = 4	Impact = 4	Score = 16
	Direction of Risk: Steady		
Triggers:	<ul style="list-style-type: none"> • Lack of skilled workforce in general within the system. • Lack of specific workforce cohorts creates competition amongst services with workers attracted to organisations that can pay higher salaries. • Short-term grant funding streams making job offers less attractive and causes fluctuating staffing resource. 		
Potential consequences	<ul style="list-style-type: none"> • Provider services cannot deliver the services commissioned or meet mandatory targets. • Waiting times increase for services. • Delays in implementing new services due to staffing shortages. 		
Controls	<ul style="list-style-type: none"> • Skill-mix workforce modelling to promote the availability of necessary staff skill mixes to implement and maintain services. • Reviewing service delivery such as digital or hybrid offers to reduce staffing capacity required for service delivery. 		
Contingency plans	<ul style="list-style-type: none"> • Work with providers on a case-by-case basis to support service delivery where issues arise. 		
Date Risk Reviewed	01/02/2024		

The Risk	F. There is a risk of data breach or similar event could take place in the event of a lack of sufficient Information governance controls.
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OWNER	Executive Director Public Health: Jyoti Atri			
RAG:	Likelihood = 2	Impact = 5	Score = 10	Direction of Risk: Steady
Triggers:	<ul style="list-style-type: none"> Increasing complexity of data sharing given integration across the system increases the risk of poor compliance with good information governance principles and increases monitoring requirements. Increased complexity of data storage options places a greater burden on commissioned providers, requiring high levels of IT capability. This increases risks of data breaches for services who may lack specialist internal IT expertise/capacity. Smaller/third sector providers having insufficient resource to properly understand/implement the necessary data management controls. Insufficient staff training in proper information governance practices and principles. 			
Potential consequences	<ul style="list-style-type: none"> Breach of client/patient confidentiality. Financial penalties in the event of data breach. Lack of access to the data required to inform the work of the Public Health Directorate. Reduced levels of trust in the public health directorate and the local authority more generally. 			
Controls	<ul style="list-style-type: none"> Discussions with ICS/NHS partners to secure robust and comprehensive data sharing agreements moving forward. Ensure that data storage is compliant with source organisations IG rules and find solutions where current IT solution is not viable. Ensure all provider contracts contain adequate data protection clauses and clear data sharing agreements which are monitored through contract processes. Ongoing review of data storage and the data held by public health to ensure compliance with appropriate regulations. 			
Contingency plans	<ul style="list-style-type: none"> Respond to any incidents that occur in a timely fashion and using the proper guidelines and process that are outlined by the data management team. 			
Date Risk Reviewed	01/02/2024			

The Risk	G. There is a risk of liability for injury or other serious incident for service users in services commissioned or otherwise organised by the Public Health Directorate			
OWNER	Executive Director Public Health: Jyoti Atri			
RAG:	Likelihood = 2	Impact = 5	Score = 10	Direction of Risk: Steady

Triggers:	<ul style="list-style-type: none"> Insufficient risk assessment/health and safety procedures in place to ensure preventable incidents do not occur. Insufficient communication between Public Health and commissioned services on appropriate health and safety arrangements.
Potential consequences	<ul style="list-style-type: none"> Potential harm to service users Financial/legal liability. Reputational damage.
Controls	<ul style="list-style-type: none"> Ongoing review by senior commissioning leads to review the health and safety practices that are in place, and to create a more streamlined process by which services can report health and safety incidents. Improved reporting of incidents, complaints, quality improvement plans to public health via the Public Health Commissioning Governance Group. Review of prescribing in commissioned services Directorate health and safety group formed as part of the wider local authority system for responding to health and safety incidents, and to implement an effective lesson learned process. Training being delivered to commissioning managers to provide a better understanding of health and safety legislation, implementation of health and safety requirements as part of an effective procurement process, and effective ongoing review as part of the ongoing contract management process.
Contingency plans	<ul style="list-style-type: none"> Respond to any incidents that occur in a timely fashion and using the proper guidelines, mechanisms and processes that are outlined by the health and safety team.
Date Risk Reviewed	01/02/2024

The Risk	H. There is a risk of contract failure in our commissioned services			
OWNER	Executive Director Public Health: Jyoti Atri			
RAG:	Likelihood = 2	Impact = 5	Score = 10	Direction of Risk: Steady
Triggers:	<ul style="list-style-type: none"> Significant inflationary pressures, especially in areas such as energy costs (estates & travel) and NHS pay awards. Provider failure due to inability to recruit an appropriately trained workforce. Insufficient contract management systems in place for jointly commissioned services. Insufficient PH grant funding or other factors which prevent adjustment to deal with inflationary pressures. 			

	<ul style="list-style-type: none"> Insufficient capacity within the public health team to appropriately manage commissioned services.
Potential consequences	<ul style="list-style-type: none"> Worse health outcomes from loss of access to services. Additional pressure on the wider health and social care system.
Controls	<ul style="list-style-type: none"> Ongoing contract management processes to promote early identification of any potential contract failures. Where appropriate, using larger well established system providers to reduce the risk of contract failure.
Contingency plans	<ul style="list-style-type: none"> Implementation of a contingency plan will take place on a case-by-case basis due to the wide variation in types and criticality of commissioned services, supported by appropriate business continuity plans.
Date Risk Reviewed	01/02/2024

The Risk	I. Risk of poor commissioning governance			
OWNER	Executive Director Public Health: Jyoti Atri			
RAG:	Likelihood = 2	Impact = 5	Score = 10	Direction of Risk: Steady
Triggers:	<ul style="list-style-type: none"> Insufficient workforce capacity and /or skills to undertake more specialist procurement and audit functions. Insufficient internal Directorate skills to undertake clinical audit of commissioned services. Insufficient accountability in commissioned services for the use of resources. Increasingly complex governance requirements. 			
Potential consequences	<ul style="list-style-type: none"> Potential lack of identification of lack of value for money and quality of services not maximised. Clinical risk could impact on service user outcomes. Reputational risks associated with poor service user outcomes. 			
Controls	<ul style="list-style-type: none"> Review of all contracts to ensure that they include all necessary clauses for financial, service, and clinical audit. PH staff to undertake training in open book accounting and to dip sample accounts. Strengthening of contract management of commissioned services. Secure capacity and support from specialist officers from Procurement and Audit Teams. 			
Contingency Plans	<ul style="list-style-type: none"> All staff in the Directorate with commissioning responsibilities to complete all internal related training and external training at an appropriate level for key specialist areas. Secure support through a flexible contractual arrangement with a clinical specialist to provide clinical input to commissioned services as required. 			

Date risk reviewed	01/02/2024
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