

Appendix 1 LLR Health Protection Risk log (14.02.17)

Risk Ref	Link to Health Protection Area	Risk Description	Consequences / Impact	Risk Owner	Original Risk Score			Risk Action Tolerate / Treat / Transfer / Terminate	List of Current Controls / Actions Embedded and operating soundly	Current Risk Score (as at 01/04/2016)			Risk Action Tolerate / Treat / Transfer / Terminate	Further Action / Additional Controls	Action Owner	Action Target Date	Target Risk Score			Action Complete (Yes or No)	Q3 16/17 Risk Score			Q3 Comments
					I	L	Risk Score			I	L	Risk Score					I	L	Risk Score		I	L	Risk Score	
HP001	Public Health	DsPH do not gain 100% health protection assurance across the LLR system.	DsPH do not meet statutory responsibility. Following implementation of the Health & Social Care Act 2012, there has become more fragmentation in the system. Health Protection system may not be working effectively which could lead to increases in infectious disease, environmental incidents, poor response to major incidents etc. All leading to increased mortality, morbidity and health/ social care costs.	MS/RT	4	2	8	Treat	Revised health protection assurance governance arrangements to increase assurance of the system and add a strategic element to the work.	4	1	4	Treat	Review the effectiveness of the new governance arrangements after 12months.	MS/RT	Sep-17	4	1	4	No	4	1	4	New governance arrangements implemented. Review due Sep 2017.
HP002	Environmental Health	Lack of capacity in LLR environmental health & regulatory teams to deliver statutory functions.	EH statutory functions not delivered including food safety, food hygiene, environmental hazards etc.	Unitary/ District Council CE	2	2	4	Treat	Develop stronger links between EH managers group and HPSAG to highlight risks within individual teams. DsPH to contact individual districts/ teams if there are assurance concerns.	2	1	2	Tolerate		VR	Dec-16	2	1	2	Yes	2	1	2	Good links developed with EH Managers group. Further work is needed to confirm how air quality/ annual service plans are reviewed at Health Protection System Assurance Group (HPSAG).
HP003 CLOSED	Public Health	Restructure of Leicester City and Leicestershire County Public Health departments. Potential reduction in public health capacity.	Reduced capacity to for health protection assurance role. DPH's may not be assured of the health protection system.	MS/ RT	2	2	4	Treat	DsPH consider health protection assurance capacity within new Public Health department structures	1	1	1	Tolerate	County action plan complete. Change in consultant lead for health protection to Mike McHugh. City action plan being finalised, no impact on health protection assurance.	MS/RT	Oct-16	1	1	1	Yes			0	RISK CLOSED following discussion at HPSAG on 26.01.17
HP004	LLR Health & Social Care IPC Group	Delivery of AMR strategy across LLR.	Lack of progress made on AMR strategy resulting in an increased prevalence of AMR organisms across LLR. This could result in increased mortality, morbidity and health/ social care costs.	PM	3	3	9	Treat	Separate AMR groups have been set up for UHL and the community. These will report into the LLR Health & Social Care IPC Group, which will report to HPSAG. DsPH can request additional assurance from the group if needed.	2	2	4	Tolerate		PMCT	Apr-16	2	1	2	Yes	2	2	4	AMR Summit arranged for end January 2017 to progress work. Longer term AMR lead needs identifying hence increased risk likelihood.
HP005	Infectious Disease control (PHE)	Well established LLR Consultant in Health Protection nearing retirement.	Loss of historical system knowledge and expertise across LLR.	DS	2	2	4	Treat	PHE already identifying and training possible consultant replacements. Vigorous interview process. DsPH linked into recruitment process.	1	1	1	Tolerate		DS	Apr-18	1	1	1	No	1	1	1	No immediate action needed. Senior registrar supporting LLR.
HP006	Infectious Disease control (PHE)	Increased prevalence of virulent strain of TB in Loughborough area and Leicester City.	More new cases of active and latent TB, further spread of disease. Potential for MDR TB to develop in chaotic cases that don't adhere to treatment. Increased morbidity, mortality and health care costs.	PM	4	3	12	Treat	PHE lead outbreak response. Outbreak control teams and find and treat vans commissioned for both Loughborough and City. Strategic multidisciplinary OTC booked for Dec 2016 to review progress. Discussion at HPSAG to review progress and next steps.	3	2	6	Tolerate		PM	Dec-16	3	1	3	Yes	2	2	4	Strategic OTC met in Dec 2017. Agreed that county risk has reduced due to prevalence identified in outbreak. More strategic approach to tackling vulnerable people such as homeless and links with TB, infectious diseases needed. On HPSAG agenda for Jan 2017.
C15 (LCC DMT)	Public Health	Implementation of the Leicestershire and Rutland Sexual Health Strategies.	Partners not engage with the strategy/ attend commissioners meeting, strategy is not delivered. Gaps in sexual health services and pathways. Impact potentially increased unplanned pregnancies, STI including HIV. Increased demand and treatment costs across the health and social care system.	VR	3	3	9	Tolerate	Buy in from boards who have nominated specific people to joining the group as well commissioning consultation in order to allow people to have opportunity to input. Discussion at the Health & Wellbeing board about the strategy to ensure buy in.	2	2	4	Tolerate		VR	Apr-17	2	2	4	Yes	2	2	4	Good engagement with strategy implementation and LLS SH commissioning meetings from CCGs and NHS England (irms & Screening). However engagement has been more difficult due to STP pressures.
HP007	Local Health Resilience Partnership (LHRP)	Changes to LLR operational health resilience groups.	Partners are not clear on the response structure to major incidents, causing delays in action and coordination of groups.	TT/MS	4	2	8	Treat	Communication of new operational health resilience arrangements to LHRP and wider partners.	2	2	4	Tolerate		MS	Apr-17	2	1	2	No	2	2	4	LHRP Capability Assessment template due for completion in early 2017.
HP008	Public Health/ Environmental Health	Possible reductions to local authority budgets following implementation of the business rates in 2018/19 national guidance.	Potential reductions in services including public health, environmental health and regulatory services.	LA CE	3	3	9	Tolerate	Funding decisions will be made to have the least impact on the wider health and social care system. Proposals will be discussed with key stakeholders/ partners and equality impact assessments completed.	3	3	9	Tolerate		MS/RT	Apr-18	2	2	4	No	2	2	4	Awaiting national guidance.
HP009	LLR Prepared/ LHRP	Health/ NHS England capacity to attend major incident meetings in national emergency.	Lack of NHS health system leadership in major incident.	TT/JD	4	3	12	Treat	Local arrangement that CCGs cover for NHS England in the case of a national major incident or when capacity is not available.	3	3	9	Tolerate	Further discussions at Local Health Resilience Partnership (LHRP) to confirm major incident cover especially over longer term major incidents.	MS	Apr-17	3	2	6	No	3	2	6	Ongoing discussions at LHRP.
HP010	LR Prepared	Some LLR organisations lack capacity to maintain attendance at Strategic Coordinating group (SCG)/ Tactical Coordinating Groups (TCG)'s over 48hr period	Reduced LLR multiagency approach to prolonged major incident.	JD	5	2	10	Treat	LLR Prepared to work with partners to identify contingency plans for SCG/TCG attendance after 48hrs.	3	3	9	Tolerate		JD	Sep-17	5	2	10	No	5	2	10	Results from LLR Prepared assurance report completed at end 2016. Therefore follow up actions still to occur.