

WEST MIDLANDS PUBLIC HEALTH GROUP RISK REGISTER 2003 – 2004

Effectiveness Red – risk not yet effectively managed Amber - action in progress to treat risk Green - measures currently adequate to manage risk	IMPACT 5 - Catastrophic 4 - Major 3 - Moderate 2 - Minor 1 – Almost None	LIKELIHOOD 5 – Almost Certain 4 - Likely 3 - Possible 2 – Unlikely 1 - Rare	RISK LEVEL High Moderate Low Very Low
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Branch Objective	Description of Risk	Risk Ref	Current measures (controls) in place	Effectiveness	Impact	Likelihood	Level	Business Plan reference	Ownership	Review dates
DHSC M&EE PH1.1 To develop public confidence in the area of health protection in collaboration with the new national infection control and health protection agency.	Delivery: potential for delayed and/or ineffective response to incidents due to a) staff reorganisation in setting up the Health Protection Agency (HPA) and b) the uncertainty around the DHSC abolishment. People: loss of capacity due to staff leaving in uncertain times and loss of general PH input. An ongoing problem of staffing levels in a specialist area. Knowledge management systems are inadequate and not meeting user needs. Strategic: confusion over responsibilities and accountability between HPA; PCTs, GORs and Regional Director of Public Health (RDPH). Potential for adversarial relationship between PCT and HPA developing. Financial: shortfall in financial resource as compared with current and required levels.	PHR 1.1	Delivery: develop SLAs detailing who does what when in the event of incidents (regional and local). Support Primary Care Trusts (PCTs) in the change management process. Review arrangements for health protection during 2003.	Amber	5	3	H	1.1	Head of Health Protection Team	Business Meetings. Updates with HPA. Wider PHG meetings. Quarterly business plan monitoring.
			People: ensure staff are consulted on changes and involve local HR teams in this. Put in place memorandum of understanding in PCTs with the HPA to ensure general PH input is maintained. Work with GORs to look at possibility of pooled health protection resources. Investigate succession planning and training for CCDCs. Input into developing a communications strategy.	Amber	5	3	M			
			Strategic: clarify accountability mechanisms through national and local networks. Develop structures and publicise widely. Develop relationship with GORs with RDPH as lead. Develop SLAs between DoH; GOR and HPA.	Amber	4	3	M			
			Financial: manage budgets and continue to review financial position.	Amber	4	3	M			

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DHSC M&EE PH1.2 To integrate and work with Regional and Local Government and the NHS to ensure that at regional level Government policies are formulated in a way, which optimises their effect on public health.	External: differing political priorities in different parts of the system.	PHR 1..2	External: Use DoH and GOR business plans to prioritise issues and focus activity. Continue to improve understanding of the work of the GOWM. Ensure PH team directly involved in key networks in the GOWM.	Green	3	3	M	1.2	Head of Health Impt and Regnt	Business Meetings. Wider PHG meetings. Updates with RDPH. Quarterly business planning monitoring.
	Delivery: reliance on others to deliver. Lack of direct control and accountability (both between DoH and GORs and between GORs and local authorities (LAs). Need to work by leverage and influencing partners. Objectives may not be linked to specific targets and outcomes so sometimes difficult to demonstrate delivery.		Delivery: develop integrated work programmes with GORs and other partners. Ensure co ordination of programme funded initiatives. Develop and implement a health strategy to provide strategic direction. Put in place targets and performance indicators with clear milestones towards the long-term outcome.	Green	3	3	M			
	People: capacity and resource issues - limited number of staff to take forward a large agenda. Knowledge management systems are inadequate and not meeting user needs.		People: prioritise work programmes through the Away Days; DoH business plan and GOWM selectivity exercise. Ensure we are aware of who the policy contacts are and which networks are key to delivery through effective communications systems locally. Work with the wider PH Group to meet objectives. Input into local communications strategy. Work with the PHO on developing information and knowledge management systems.	Green	3	3	M			
	Information: technology may continue to fail in transition due to move to GORs leaving staff unable to undertake their functions.		Information: feedback problems through user representative on IT Project Board. Ensure constant monitoring of IT performance and provide ongoing feedback to ISG.	Amber	4	3	M			

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DHSC M&EE PH1.3 Supporting SHAs and the NHS by providing professional leadership development and intervention where appropriate.	External: stakeholder expectations are conflicting and differ according to style of working and local circumstances.	PHR 1.3	External: understand the way stakeholders operate and adapt style of working accordingly. Use Wider PHG meeting to develop relationships.. Publicise our role through proactive, positive messages to stakeholders; the media and the public.	Amber	4	3	M	1.3	RDPH	Business Meetings and quarterly business plans monitoring.
	Corporate: Potential for lack of corporacy in a dispersed team (e.g. coordination of events; who is doing what when)		Corporate: use IT tools effectively. Ensure face to face contact maintained through meetings. Meet with PCTs; SHAs; Medical Directors using existing network meetings and the wider PHG. Meet with CDT.	Amber	3	3	M		Business Mgr	
	People: Knowledge management systems are inadequate and not meeting user needs		People: develop an information management strategy using IT tools (MEDs; TMS). Work with PHO on developing knowledge management tools.	Amber	3	3	M		Business Mgr/RDPH	
	Information: technology may continue to fail in transitional period.		Information: feedback problems with IT through user representatives on IT Project Board. Ensure constant monitoring of IT performance and provide ongoing feedback to ISG.	Amber	4	3	M		Business Mgr	

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DHSC M&EE PH1.4 To work closely with the Corporate Affairs function in providing support and advice to Ministers on local issues.	People: specialist area with small numbers of staff so there are resource issues. Staff may leave given abolishment of DHSC and uncertainty about future location of the function. Information: technology may continue to fail in transition due to move to GORs leaving staff unable to undertake their functions.	PHR 1.4	People: function to transfer to Performance Team supported till September 2003 by a PH administrator and central DoH team.	Amber	4	3	M	1.4	Bus Mgr	Business Meetings all risks monitored on a quarterly basis through the business planning process in addition to review mechanisms listed below)
			Information: feedback problems through user representative on IT Project Board. Ensure constant monitoring of IT performance and provide ongoing feedback to ISG.	Amber	4	3	M		Business Mgr	