

Neighbourhoods RISK REGISTER – August 2015

Appendix 1

	Risk Description, Causes, Consequences and Horizon	Risk Owner	Current Risk Management Arrangements (Current Mitigation) Responsible officer (RO):	Status of Current Mitigation	Current Risk Like/Imp	Target Risk Like/Imp	Further Actions Required	Timeframe for Action	Responsible Officer for Action	Risk Review Period
1.	Managing Health and Safety matters across the directorate									
	<p>Risk Description: Death and injury of citizens and staff as a result of BCC being a sizeable landlord or through other services use of plant.</p> <p>Causes Fire, asbestos etc not having robust plans to deal with known hazards. Non compliance with safety regulations etc, failure of routine/planned maintenance. Failure to design safe buildings (Construction Design and Management regulations). Operatives' use of plant and appropriate communications and guidance. Poor training. Poor maintenance of plant and equipment.</p> <p>Consequences Death, cost of court cases, reputation, confidence.</p> <p>Horizon: ongoing</p>	M Ryan S Barratt / Tracey Morgan	<p>CHaSM s are regularly completed and updated – all managers</p> <p>Designated officer to support managers in mitigating risks within E&L – Martin Dunphy</p> <p>Maintenance of plant through Transport services – Nick Gingell</p> <p>Induction training and team briefing training on safe use of plant. – all managers Refresher training provided on a 2-3 year cycle</p> <p>Housing Delivery: Fire safety policy in place inc. Fire risk assessments+ accelerated programme of works to address risks/issues ongoing. (N Debbage)</p> <p>Asbestos strategy/inspection regime in place + agreed processes for safe removal/encapsulation in line with Regulations. (N Debbage)</p> <p>Rolling 1 year (gas) and 10 year (electrical) safety checks on all properties/appliances (G Durden)</p> <p>Rolling samples of communal water systems for Legionella in place Risk assessment in place for domestic systems (G Durden)</p> <p>Regular checks of lift operations (min. 6 monthly) (G Durden)</p> <p>CDM Co-ordinators in place to prevent/manage all H&S issues on all capital and Revenue programmes (N Debbage, G Durden, Z Naylor)</p>	<p>On track</p> <p>On track</p> <p>On track</p> <p>On track</p> <p>On track</p> <p>On track</p> <p>On track</p> <p>On track</p> <p>On track</p>	Probable/significant (8)	Probable/Significant (8)	Regular feedback of information from Neighbourhoods Corporate Safety Rep	Quarterly from September 2015	Steven Barrett	Annual

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2. Waste Management										
	<p>Risk description: Ensuring effective delivery of the waste contract</p> <p>Cause: Poor contract management (Quality and cost), ineffective service delivery.</p> <p>Consequence: Reputation loss, public health risk, higher costs,</p> <p>Horizon: Short / medium term</p>	Steven Barrett	<p>A waste contract is in place which clearly specifies performance outcome requirements. The contract sets out the measures to be taken if performance outcomes are not delivered in line with the contract.</p> <p>3rd tier manager relieved of other duties to focus on waste management and contractual issues – Pam Jones</p> <p>Closer day to day contract management of any areas failing and appropriate follow up action. – Phil Winstanley</p> <p>Three week pilot undertaken to review contract performance and ensure full delivery of contract. Second pilot for Lawrence Weston underway. – Simon Graham</p> <p>Waste Partnership Board , comprising senior representatives from BCC and the contractors, has been established to and meets a minimum of bi-annually. Frequency of meetings has increased to discuss operational issues – Tracey Morgan</p>	<p>All on track</p> <p>On track</p> <p>On track</p> <p>On track</p> <p>On track</p>	Likely/ Critical (12)	Unlikely/ Critical (6)	<p>The Kier Contract has been mutually terminated with a new company Bristol Waste Company has taken over the contract, previous risks still currently apply and conversations are being conducted with BWC to address these.</p> <p>Further advice and guidance sought from external legal company on contractual requirements.</p>	<p>April 2015 – ongoing</p> <p>April 2015 – ongoing</p>	<p>Pam Jones</p> <p>Pam Jones</p>	Quarterly
3. Public Health – programmes										
	<p>Risk description: Delivering effective public health programmes</p> <p>Cause: Capacity to deliver public health programmes, not being able to influence partners.</p> <p>Consequences: Failure to receive grant. Reputation loss. Litigation Failure to deliver mandated services</p> <p>Horizon:</p>	Becky Pollard	<p>There is a public health work programme agreed and in place which has been through a rigorous public health internal process. The service re-design will include identification of key priorities for public health which will be supported by the new structure – Becky Pollard</p> <p>The Public Health Redesign Implementation Group has been established to take forward the new staffing structure - Becky Pollard</p>	<p>All on track</p>	Possible/ Critical (9)	Unlikely/ Critical (6)	<p>Implementation of new structure underway</p> <p>Development of a public health priority plan which will feed into the H&WB Strategy.</p>	<p>Aug-Oct 2015</p> <p>December 2015</p>	<p>Becky Pollard</p> <p>Becky Pollard</p>	Quarterly review

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	Until December 2015		Health and Wellbeing Strategy in place with clear action plans. The H&WB Strategy is one that has been agreed with partners. This will be updated once the redesign is in place and new priorities have been identified. – Kathy Eastwood Agree NHS core offer with Bristol Clinical Commissioning Group							
4. Public Health – health protection systems										
	<p>Risk description: Failure of the health protection system, including failure to protect the public from infectious diseases and emergency incidents</p> <p>Cause: Fragmentation of existing systems , partners undergoing re-organisation and capacity is a significant issue.</p> <p>Consequence: Preventable death/ illness from infectious diseases.</p> <p>Horizon: ongoing</p>	Becky Pollard / Di Robinson	<p>A Health Protection Committee has been established, chaired by the DPH to provide assurance that local plans are in place to prepare for and manage public health emergencies. The role of the HPC is to ensure that partners work together and discussions about pathways and gaps in provision can be discussed – Becky Pollard</p> <p>Bristol Immunisation and Vaccination group has been set up and will report to the Health Protection Committee</p> <p>An out of hours rota has been set up which means that environmental health are able to work with Public Health England should an incident arise out of house.– Adrian Jenkins</p> <p>Range of emergency plans in place and regularly tested with reports on lessons learned and action plans– Simon Creed</p> <p>An Annual Health Protection Assurance Report is presented to the Health and Wellbeing Board. The report highlights achievement, gaps and priorities in the health protection system for the next year.– Becky Pollard</p>	All on track	Possible/ Critical (9)	Unlikely/ Critical (6)	<p>Implementation of a pathway for homeless patients with Tuberculosis</p> <p>Food safety needs to be included in the Good Food agenda. This should include reviewing resources available for food safety.</p> <p>Discussions underway to establish Bristol-wide screening co-ordinating group with NHS England.</p> <p>Complete an exercise to test how well the system will respond to an outbreak of an infectious disease. This will be reliant on co-operation from Public Health England and other key partners</p>	<p>September 2015</p> <p>September 2015</p> <p>September 2015</p> <p>March 2016</p>	<p>Sophie Prosser</p> <p>Leonie Roberts /Adrian Jenkins</p> <p>Leonie Roberts</p> <p>Sophie Prosser</p>	Bi-annual
5. Public Health - Commissioning										
	Risk description:	Becky Pollard	Interim providers commissioners group has been organised led by	On track	Possible / critical	Possible / critical	Interim bidder event held and three bids received. Negotiation meetings to be held	July - Sept 2015	Anne Colquhoun	Sept 15

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	The current providers of children and young people's community health services, including health visiting and school nursing, have given notice on their contract to end at 31/03/16. The new contract is currently being commissioned and due to commence 01/04/2017. These services are mandated nationally and must be delivered. Cause: Notice given by current provider not to extend contract until 2017 Consequence: An interim provider must be secured to ensure continuous service provision. Horizon: Interim provider identified by August 2015 to commence service provision in April 2016.		Bristol CCG who are the lead commissioner. - Anne Colquhoun and Rebecca Cross attend this meeting.				to identify interim provider		Rebecca Cross	
6. Public Health – clinical safety										
	Risk description: Failure to assure the clinical safety of services we deliver or commission. Cause: Poor contract management and contract delivery Consequences: Legal liability and loss of contracts. Loss of grant if fail to deliver. Horizon: Until clinical governance system is established	Becky Pollard	The Director of Public Health is overseeing the development of a clinical governance framework working with Bristol CCG Robust contract management arrangements are in place.	In development Current	Likely/ Significant (10)	Possible/ Significant (6)	Put in place clinical governance system commissioned through CCG or other appropriate NHS body through the following actions: - Establish group - Determine Terms of Reference - Identify clinical governance lead from CCG - Finalise clinical governance system	November 2015	Becky Pollard/ Barbara Coleman	December 2015
7. Public Health - grant										
	Risk description: In year cut to the public health ring fenced grant in 2015/16 and uncertainty of public health grant allocation for 2016/17. Risk	Becky Pollard	Current Risk Management To lobby Department of Health through its current consultation process for a 6.2% cut in public health grant funding to all local authorities across England.	On target	4x3 =12	4x2=8		September - Dec	Becky Pollard/Robin Poole	October

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	Inability to meet existing public health commitments and budget alignments to support the MTFP. Potential risk of service reductions in both mandatory and non-mandatory public health services (including sexual health, health checks, health visiting and school nursing services, drug and alcohol services)		To identify potential areas of savings within the current public health budget to minimise negative impacts on the health of the local population (including underspends and reserves) Arrangements (Current Mitigation) Produce a short and medium term financial strategy to take account of funding reductions and savings requirements							
8. Knowledge, skills and expertise gap										
	Risk description: Reduced expertise and experience resulting from voluntary severance Cause: Reduced level of knowledge and expertise within redesigned services, post restructure Skills shortage could result in failure to comply with statutory duties: <ul style="list-style-type: none"> • Environmental Health Officers • Public Protection Officers • Housing Officers • Specialist/technical staff, eg, Quantity Surveyors, Project managers Consequence: Reduced capabilities to deliver services to citizens Horizon: Short to medium term	Alison Comley	Skills gap analysis, completed December 2014 – Sarah Johnston Identify pinch points/areas of concern within the Directorate	Current Current	Probable/ Significant (8)	Possible/ Significant (6)	Creation of Directorate specific Workforce Development Plan Programme of activities to address identified skills gaps Develop targeted recruitment/retention strategy for Directorate	July 2015 August 2015 onwards July 2015	Sarah Johnston	January 2016 (annual)
9. Libraries										
	Risk description: Failure to deliver the aspirations of the libraries for the future programme, including service quality improvements and MTFS savings	Di Robinson	Work with Mayor & Cabinet to clarify their key aspirations for the programme and devising repositioned approach/offer for 1 st September Cabinet Report		8 likely / significant	4 possible / significant	Tbc. Dependent on Mayor/Cabinet decisions – July 15 onwards Development of a libraries strategy based upon the outcomes of September Cabinet	September 2015	Kate Murray	End of September 2015

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	<p>Cause: Potential change in timescale for decision making.</p> <p>Consequence: Reduced quality of service. Poor staff morale. Reputational damage</p> <p>Horizon: Until June 2016</p>		<p>Planning and programme service change already agreed through Cabinet (March 15)to provide positive examples of future delivery.</p> <p>Engagement programme for staff re new work roles and service change (August – December 15)</p>							