

APPENDIX J. COVID RISK REGISTER

High	4	8	12	16
Significant	3	6	9	12
Medium	2	4	6	8
Low	1	2	3	4
	Low	Medium	Significant	High

Likelihood	
Severe	Immediate control improvement to be made to enable business goals to be met and service delivery maintained/improved
Material	Close monitoring to be carried out and cost-effective control improvements sought to ensure service delivery is maintained
Tolerable	Regular review, low cost control improvements sought if possible

PUBLIC HEALTH DIVISION RISK LOG

Directorate: Test & Trace	Partnership, Insight and Prevention		
Division: Public Health	Public Health		
Date:31/03/21			

Ref	Team	Risk Description	Cause	Effect	Risk Owner	GROSS Risk		Risk Level	Existing Actions (in place or completed)	NET Risk		Risk Level	Further Risk Actions	Action Owner	Target Date	Status
						Likelihood	Impact			Likelihood	Impact		Description			
2	Test and Trace	Risk that the rota does not deliver extra capacity to the T&T HPR because of constant changes/training requirements	Introduction of the T&T app causes the need for all rotated in staff to re-train on all tasks	The need to re-train causes delays in being able to support the operations and reduces productivity of the rotated-in staff; training is draining on HPR capacity, as key elements need to be explained directly to avoid mistakes and confusion, as the system is still in development	TA	4	3	12	Staff are being rotated-in in manageable numbers to manage training needs; lunch & learn training sessions being planned once all necessary tweaks to the app are implemented by the Dev Team; link to the UAT (Sandbox) environment shared with wider staff for practice	3	2	6	Selection for rota based on competencies and training needs as well as specific operational demand. As the capacity of the core team increases the rota is being phased out. Trained BAU staff retained on the rota until end of April.	TA	01/05/2021	Open
4	Test and Trace	Risk of duplication or omission in response to situations in Care Homes due to a number of partners involved in the response and lack of clear framework & process.	Overlapping responsibilities because of different care home status	Potential for conflicting advice or no advice being given	MR	3	3	9	Developing approach with system partners and an SOP for HPR. Working with Adult Social care partners on appropriate comms.	1	3	3	Finalised SOP refresh as BAU in partners returns	MR	01/05/2021	Open
5	Test and Trace	Risk of staff wellbeing deteriorating due to work loads, pressures and working remotely	Workload pressures and lack of communication	Poor quality of service and potential risk to outcomes leading to transmission not being controlled	DF	4	3	12	HPR Team Kitchen. Regular 121's. Breaks inbetween meetings encouraged and scheduling meetings with breaks in between. Sharing & prioritising workload amongst team members. Increase Core Team capacity through recruitment of additional G6s, G5s & G3s.Planned team engagement event 14th April.	2	3	6	Review through staff wellbeing snap shot	DF	01/06/2021	Open
6	Test and Trace	Risk of the team no working in sync, silo working within the team due to working remotely and changes to management and increase in core capacity.	Lack of communication between teams	Poor quality of service and potential risk to outcomes leading to transmission not being controlled	DF	2	3	6	Daily check-in, de-briefs, weekly service lead meetings, bi weekly core team meetings and leads meetings.	1	3	3	Review through staff wellbeing snap shot	DF	01/06/2021	Open
7	Test and Trace	Recruitment - insufficient training capacity for new recruits or training demands having an impact on the ability to provide service.	Insufficient time dedicated to induction	Poor quality of service and potential risk to outcomes leading to transmission not being controlled	TA	3	3	9	Clear induction programme in place for new starters, monthly training of all PH staff, phased discontinuation of BAU rota	2	3	6	Review through staff wellbeing snap shot	DF	01/06/2021	Open
8	Test and Trace	Surge in situations in Edu settings as a result of schools fully reopening 8th March and after Easter break.	Lack of capacity in response team	Poor quality of service and potential risk to outcomes leading to transmission not being controlled	MO	3	3	9	Continuous work with Edu colleagues, review risk assessment and help schools prepare. Ongoing comms with schools (Webinar) . BY to communicate with Edu group meeting for clarity around LFT testing in setting or home.	2	3	6	Review surveillance data on school outbreaks over April and May	JDM	01/05/2021	Open
9	Test and Trace	Speed or quality of response compromised due to increased workload around response to single cases in residential settings (linked to PHE framework).	Lack of communication	Poor quality of service and potential risk to outcomes leading to transmission not being controlled	TA	3	3	9	Invite PHE to weekly meetings with environmental health and relevant consultants or suggest a separate meeting (SW/GK). Information is being shared regularly by email with PHE.	1	3	3	Schedule forward plan of weekly outbreak response meeting	TA	20/03/2021	Open
10	Test and Trace	Risk of omission/duplication in response due to PHE not being aware/involved in situations in workplaces, any emerging trends as there is no regular communication with PHE for workplaces & public venue settings	Lack of communication	Poor quality of service and potential risk to outcomes leading to transmission not being controlled	TA	3	3	9	Invite PHE to weekly meetings with environmental health and relevant consultants or suggest a separate meeting (SW/GK). Information is being shared regularly by email with PHE.	1	3	3	Schedule forward plan of weekly outbreak response meeting	TA	20/03/2021	Open
11	Test and Trace	Relaxing of the lockdown rules over the next couple of months resulting in potential increase in infection rates/outbreaks impacting on our HPR capacity as BAU rota is discontinued.	Lack of capacity in response team	Poor quality of service and potential risk to outcomes leading to transmission not being controlled	TA	3	3	9	HPR capacity being expanded and trained before end of April.Surge capacity plan in place	1	3	3				Closed

12	Test and Trace	Insufficient capacity to deliver testing requirements during an Operation Eagle-like surge response	Lack of capacity for door to door delivery and collection	Poor control of transmission and potential spread of VOC	NF	3	3	9	Current door to door drop and collect contract in place with capacity for two further Op Eagle responses.	3	2	6	Second call off contract being commissioned in case of need to execute more than one OpE response at a time	NF	Jun-21	Open
13	Test and Trace	Insufficient capacity to respond to rising tide and/or 3rd wave	The easing of restrictions, international 3rd/4th waves and circulating new VOCs	Very significant increases in incidence of COVID-19 possibly with a more infectious and virulent strain	DF	2	5	10	1) Divert staffing from PH Division into Test and Trace Business Unit 2) Use contingency funding to recruit more staff 3) Divert staffing from elsewhere within BCC into Test and Trace Unit 4) Deploy surge response team	1	5	5	Ongoing training programme to ensure all PH staff are constantly up to speed with COVID. Contingency funding identified in forward budget plans	DF	01/06/2021	Open
14	Test and Trace	Insufficient vaccine uptake due to vaccine hesitancy in certain groups	Misinformation and/or valid concerns about vaccine	Geographical or other segmental pockets of poor vaccine uptake e.g. certain ethnic groups	MO	3	4	12	1) Ongoing surveillance to identify locations/segments of poor uptake 2) Ongoing surveys to understand reasons for hesitancy 3) Targeted campaigns to improve uptake	2	4	8	GIS maps to overlap poor uptake with location, ethnicity, religion, age etc. Surveys to understand reasons. Targeted campaigns	JDM	01/05/2021	Open
15	Test and Trace	Widespread incidence of new VOC from which the current vaccines provide little or no protection	Ongoing mutations and travel	Increase morbidity and mortality	DF	2	5	10	1) Ongoing surveillance to identify locations/segments of poor uptake 2) Ongoing surveillance and linking with PHE to understand national and regional picture. Ongoing surveillance of demand on healthcare system to ensure deaths and hospitalisations continue to decrease as vaccination rolled out. Surge response and 3rd wave capacity secured	1	5	5	Ongoing surveillance. Surge capacity increased. Ongoing COVID training with a view to deploying more staff from PH Division. Contingency funding secured	DF	01/08/2021	Open
16	Test and Trace	Contact tracing team becomes overwhelmed as all contact tracing is devolved down to local level	National policy direction is to move to local management	Unable to deliver required telephone outreach to cases and contacts	TA	3	4	12	Current position has capacity flow cap. Modelling potential resource implications of further devolution.	2	4	8	Ongoing monitoring of current demand versus capacity with modelling of impact and resource implications for discussion with regional team	TA	01/06/2021	Open
17	CRG	Loss of visibility of Covid decisions	There is a risk that CLT and Members lose sight of Covid-related decisions with the disbanding of the cells and the transfer of the majority of Covid-related activity into individual directorates.	Lack of capacity and engagement in a cross-organisational response leading to poor control of transmission	GB	2	2	4	1. CRG was setup to coordinate and monitor Covid-related activity across directorates. 2. Confirm with each directorate the local approach to Covid decision making. 3. Document the decision making processes, including for	1	2	2				Closed
19	CRG	Risk to testing locations	Risk that as we emerge from lockdown, locations currently used as LFD testing sites will be required to open to support their primary purpose so will no longer be available for use as LFD testing venues.	Lack of testing capacity leads to poor identification of cases which leads to uncontrolled transmission	NF	4	4	10	Pilot migration of BAU sites to hybrid or collection only testing sites. 2. Pilot new home testing kit collection sites with new BAU venues.	2	3	6	Review with DHSC symptomatic testing site future and financial and service implications	NF	01/05/2021	Open
20	CRG	LFT Map accuracy	There is reputational risk if LFT testing sites are not updated to show the correct site locations. Mobile sites are a particular area of concern	Lack of testing uptake leads to poor identification of cases which leads to uncontrolled transmission	NF	3	4	12	Corporate coms lead working with DHSC coms to regularly update national and local websites	1	2	2				Closed
22	CRG	Changes in policy around support for vulnerable people and isolation financial support	Development of changes to vulnerability hub (shielding) and isolation Grants	Poor compliance with isolation leading to increased transmission	TS	2	4	8	Ongoing engagement with DHSC to try and understand policy intentions.	2	4	8	Consider mitigation funding in budget planning for isolation grants, mitigation funding in place for vulnerability support hub through BCVS	RH	01/05/2021	Open
23	CRG	Dynamics Wave 1 Release of software to support	Microsoft will upgrade the Dynamics	Loss of data or inconsistent data leads	PB	2	3	6	Ongoing engagement to understand	2	3	6	On-going engagement	PB		Open