

Full Risk Register

Risk Register - Public Health

Current Risk Level Summary

Green	1	Amber	7	Red	2	Total	10
		1	-5			1	-5

Current Risk Level Changes

0	1	1	0	0
0	0	1	2	0
0	0	1	0	2
0	0	1	1	0
0	0	0	0	0

Risk Ref	PH0005	Risk Title and Event			Assigned To	Last Review da	Next Review		
Health Inequalities					Anjan Ghosh	24/02/2025	24/05/2025		
<p>These areas have high rates of premature mortality (deaths occurring under the age of 75 years) due to causes such as cardiovascular disease, respiratory disease and alcohol-related disease and cancer; causes that are strongly linked to unhealthy behaviours such as poor diet, physical inactivity, smoking and excessive alcohol. The risk is that whilst health is improving in general these communities health would not improve at the same rate as less deprived communities.</p> <p>Inequitable access to health improvement Services</p> <p>There is a risk that some groups within the population may be disproportionately affected by national macro -economic conditions. Those in low paid or insecure work, or with existing health conditions or who were already socially isolated, may find it increasingly difficult to afford bills and food and also struggle to access the services they need e .g. weight management and physical activity services.</p>									
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk	
Analysis of health inequalities in Kent shows that health outcomes are much worse in the most deprived decile areas in Kent. Covid has affected different communities in different ways a consequence of which is widened health inequalities. Wider determinants such as the impact of the cost of living and latent demand following lockdown are also a factor. Reduced screening rate e.g. in maternity (smoking) and sexual health (STIs) which could contribute to poor health	The average life expectancy in the most deprived decile areas in Kent is 76 years for men and 80 years in women, compared to 83 years and 86 years respectively in the most affluent areas. These inequalities will lead to rising health and social care costs for the council and its partners amongst those groups least able to support themselves financially. Reduced screening will make it harder to identify health risks and intervene. For example, non delivery of vision screening, STI screening, late HIV diagnosis and non delivery of NHS health	High		<ul style="list-style-type: none">• Campaign plan in place for the 5 public health priorities. Communications work with Public Health consultants to drive public awareness and engagement using multi channel approach. Outreach of the campaigns is measured, and where possible impact is also assessed and reported to Health Reform and Public Health Cabinet Committee.• Specific work around health inequalities is being targeted at specific communities• Ensure that commissioning takes account of health inequalities when developing service based responses and looking at well recognised co-intersectional when targeting groups as a system. 'One You Kent'.	Jo Allen	Control		Medium	
		16							9
		Serious (4)							Significant (3)
		Likely (4)						Possible (3)	
					Anjan Ghosh	Control			
					Anjan Ghosh	Control			

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<p>outcomes. Increased demand on GP services and sexual health services may result in people having less access to contraception and emergency contraception.</p> <p>There is a risk that the lockdown period and subsequent pressures on the cost of living have exacerbated unhealthy behaviours and potentially increased future demand on primary care services.</p>	<p>checks may prevent identification of CVD, STIs, increase risk of poor outcomes and may prevent intervention.</p> <p>Potentially increasing the health inequality gap exacerbating a problem that already exist. Likely to have a significant toll on both their physical and mental health. Digital alternative service offerings may not be accessible due to certain groups not having access to resources required e.g. laptops, scales, smart phones.</p>			<ul style="list-style-type: none"> • Strategic piece of work around population health management with accompanied set of actions that will be implemented by the ICS working with PH. • Kent Marmot Coastal region Programme to adopt a layered approach starting with two of the eight Marmot principles, 'creating fair employment and good work for all' and 'enabling young people and adults to maximise their capabilities and have control over their lives'. For the purposes of this programme, we will call them 'skills for work' and 'work and employment' • Ensure that an analytical focus remains on the issue of health inequality, providing partners and commissioners with the detail needed to focus support on this issue • Strategic Commissioning will be leading a public health transformation programme across all services • Services continue to increase delivery, with the risk based approach being maintained. Additional funding has been received to enhance services ie. Drug and Alcohol, Smoking and Family Hub. More work is taking place in relation to campaigns and health promotion messages • Alternative methods of service delivery e.g. telephone, video. Supporting the target audience to have access to online communication and engagement methods. Targeted promotion of services to lower quartiles where engagement has been significantly impacted • Relevant workstreams to review/input into EQIAs Monitoring of engagement and alternative methods used as needed to ensure representation 	<p>Anjan Ghosh</p> <p>Ellen Schwartz</p> <p>Matthew Wagner</p> <p>Victoria Tovey</p> <p>Victoria Tovey</p> <p>Victoria Tovey</p>	<p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p>		
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Review Comments Reviewed on 21 February agreed new control for Marmot Coastal regional programme
24/02/2025

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Risk Ref	PH0102	Risk Title and Event				Assigned To	Last Review da	Next Review
Increased prevalence of Mental Health conditions and Impact of well being and mental health.						Jessica Mookherjee	24/02/2025	24/05/2025
It is anticipated that mental health conditions may develop/increase post Covid 19 pandemic, alongside the additional pressures brought on by increases in the cost of living.								
Increased mental health conditions within health care staff could see a decrease in service capacity and have a long term effect on the individual as a result of increases in the cost of living, and post covid-19 pandemic.								
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
Impact of well being and mental health conditions may develop/increase due to experiences post Covid 19 pandemic, alongside the additional pressures brought on by increases in the cost of living	Countywide could see an increase in mental health conditions within the general population increasing pressure on services with demand greater than supply, which could lead to poorer outcomes in recovery	High		• Joint work with NHS to target suicide prevention		Jessica Mookherjee	Control	Medium
		16		• Development of a gambling strategy to tackle debt and poverty as a result of gambling.		Jessica Mookherjee	Control	31/01/2025
		Serious (4)		• Closer working with partners to ensure services are embedded within the Integrated care strategy		Jessica Mookherjee	Control	Likely (4)
		Likely (4)		• Regular communication of mental health information and open door policy for those who need additional support. Promote mental health & wellbeing awareness to general population and staff offer whatever support they can to help.		Jessica Mookherjee	Control	
				• Co-design is needed to bridge the gap between mental and physical health. Ensure stakeholders from mental health and those delivering psychological therapies are engaged to ensure that the approach is delivered in the most effective way to bring about change post covid 19 pandemic, and while in the midst of rising cost of living.		Jessica Mookherjee	Control	
Health Care Staff Impact of well being and mental health. It is anticipated that mental health conditions may develop/increase post Covid19 pandemic as and as result of the rising cost of living.	Increases in suicide rates							
Review Comments 13/02/2025 SMT review: new actions and controls to be drafted and added on: outcome from Mental Health needs assessment new Therapeutic Support Service extension of the Parent Infant mental Health Service 24/02/2025								

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Risk Ref	PH0125	Risk Title and Event			Assigned To	Last Review da	Next Review	
NHS Pay Award					Anjan Ghosh	12/01/2025	12/04/2025	
Increased pay pressure on NHS contract for 25/26 and beyond.								
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
National agreed pay award for NHS staff is 5.5% which is higher than the 2% planning assumptions set out nationally. National dialogue continues regarding the pay award and including medical staff. Furthermore the implications of National Insurance contributions remains unclear There remains uncertainty as to whether the uplift to the Public Health Grant will be able to support any future pay award increases especially for staff of NHS providers or those subject to the Agenda for change pay structure.	Increased budget pressure for 25/26 and future years.	Medium		• Financial forecasts requested from suppliers.	Victoria Tovey	A		Low
	Future commissioning models may be unaffordable.	15		• Would consider lobbying nationally via ADPH's and OHID and letter to be sent by the Leader to Public Health Minister.	Anjan Ghosh	-Accepted Control		6
	Impact on commercial negotiations for NHS providers on future contracts.	Significant (3)		• Consideration around use of reserve funding in the short term.	Anjan Ghosh	Control		Moderate (2)
	Service disruption for unviable contacts.	Very Likely (5)		• Proactive conversations with suppliers and liaison with commercial.	Victoria Tovey	Control		Possible (3)
Review Comments		02/1001/2025: Reviewed with Pam McConnell and Victoria Tovey. This risk remains on track to its target position. Central Gov has confirmed additional funding will be provided that will be recurring year on year to cover some of these additional costs.						
		12/01/2025						

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Risk Ref	PH0001	Risk Title and Event			Assigned To	Last Review da	Next Review	
CBRNE incidents, communicable diseases and incidents with a public health implication					Anjan Ghosh	24/02/2025	24/05/2025	
Failure to deliver suitable planning measures, respond to and manage these events when they occur. Insufficient capacity and/or resources to deliver response and recovery concurrently for a prolonged period, alongside other potential incidents, including potential future wave(s) of Covid-19 or other types of unforeseen pandemics								
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
The Council, along with other Category 1 Responders in the County, has a legal duty to establish and deliver containment actions and contingency plans to reduce the likelihood, and impact, of high impact incidents and emergencies. The Director of Public Health has a legal duty to gain assurance from the National Health Service and UK Health Security Agency that plans are in place to mitigate risks to the health of the public including outbreaks of communicable diseases e.g. Pandemic Influenza, resurgence of Covid-19 or other novel unforeseen pandemics Ensuring that the Council works effectively with partners to respond to, and recover from, emergencies and service interruption is becoming increasingly important in light of recent national and international security threats and severe weather incidents.	Potential increased harm or loss of life if response is not effective. Increased financial cost in terms of damage control and insurance costs. Adverse effect on local businesses and the Kent economy. Possible public unrest and significant reputational damage. Legal actions and intervention for failure to fulfil KCC’s obligations under the Civil Contingencies Act or other associated legislation.	Medium		• Communications and Public Health consultants work together on adhoc communications campaigns using multi-channel and multi-agency approach to maximise opportunities to engage with vulnerable groups when needs arise, for example management of outbreaks of disease, extreme weather, government interventions.	Jo Allen	Control		Medium
		15						12
		Major (5)						Serious (4)
		Possible (3)						Possible (3)
				• Utilising data sets from ONS and UKHSA and local health partner to give a picture of known and emerging communicable diseases across Kent.	Anjan Ghosh	Control		
				• If all triggers are breached at a local level, the matter will be escalated to CMT and Health Protection Board to consider reinstating Kent and Medway Resilience Forum command structures for interventions and further measures contingent on central government guidance.	Anjan Ghosh	Control		
				• KCC and local Kent and Medway Resilience Forum partners have tested preparedness for chemical, biological, radiological, nuclear and explosives (CBRNE) incidents and communicable disease outbreaks in line with national requirements. The Director of Public Health has additionally sought and gained assurance from the local UK Health Security Agency office and the NHS on preparedness and maintaining business continuity	Anjan Ghosh	Control		

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			<ul style="list-style-type: none"> Local Health Planning Group UK Health Security Agency work locally to ensure NHS are ready and have plans in place for example for Winter Flu, and Avian Flu 	Anjan Ghosh	Control		
			<ul style="list-style-type: none"> Multiple governance – e.g. Health Protection Board , Kent Pandemic Response Cell 	Anjan Ghosh	Control		
			<ul style="list-style-type: none"> The Director of Public Health works through local resilience fora to ensure effective and tested plans are in place for the wider health sector to protect the local population from risks to public health. 	Anjan Ghosh	Control		
			<ul style="list-style-type: none"> Kent Resilience Forum has a Health sub-group to ensure co-ordinated health services and UK Health Security Agency planning and response is in place 	Anjan Ghosh	Control		
			<ul style="list-style-type: none"> National Pandemic framework is expected in 2025 	Anjan Ghosh	Control		
			<ul style="list-style-type: none"> Director of Public Health (DPH) now has oversight of the delivery of immunisation and vaccination programmes in Kent through the Health Protection Board 	Anjan Ghosh	Control		
			<ul style="list-style-type: none"> Public Health infection prevention and control nurse attends Kent and Medway Infection Control Committee 	Ellen Schwartz	Control		

Review Comments Reviewed by Anjan on 21 February 2025. In view of the continued threat of a future pandemic can national exercise being organised in 2025. this will result in a local pandemic plan being developed by Kent and Medway Resilience Forum (KMRF) in collaboration with both Kent and Medway Public Health Divisions.
24/02/2025

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Risk Ref	PH0120	Risk Title and Event				Assigned To	Last Review da	Next Review	
Cost pressure risk to public health budget						Anjan Ghosh	24/02/2025	24/05/2025	
Reduced provision of services including reducing contract values and potentially expected public health outcomes not met									
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk	
Annual increases to the core public health grant is generally unknown until late within the financial year and may not cover all pressures (inflation, NHS pay, National Insurance contributions, overheads and other demands) therefore making it challenging to balance the public health budget. Additionally the annual increases often do not take into account demographic and morbidity changes which result in an increase demand on services Reduction or stoppage of grants from third parties (NHS), and OHID additional grants. In conjunction with ;this lack of clarity regarding the continuation of any additional centrally and ICB funded grants beyond 2025/26	Impact on public health reserves	Medium	20	<ul style="list-style-type: none">A project to review all aspects of the Public Health Budget management and financial processes has commenced to ensure that these continue to be effective and efficient in line with the Consultant Led ModelPublic Health service transformation programme is being conducted through 23/24 to further inform future Public Health commissioning plans. This process has been extended to be fully complete by September 2026Would consider Lobbying nationally via ADPH's and OHID and letter to be sent by the Leader to Public Health Minister.Temporarily draw on public health reservesRelationship within the Council directorates around potential reduction in Public Health investmentWhilst PH transformation is underway manage relationships with key strategic partners (KCHFT and MTW) and renegotiate contract values	Anjan Ghosh	A -Accepted	01/04/2025	Medium	
	Reduction in public health investment in other council services that contribute to public health outcomes	15 Major (5)	 -5		Anjan Ghosh	A -Accepted	01/04/2026	12 Serious (4)	
	Poorer health outcomes for Kent residents and potentially increase health inequalities	Possible (3)			Anjan Ghosh	A -Accepted		Possible (3)	
	Strain on relationships within strategic partnerships (especially with KCHFT and MTW)				Anjan Ghosh	Control			
	Potential reputational damage with residents of Kent and wider stakeholders and elected Members				Anjan Ghosh	Control			
					Anjan Ghosh	Control			
					Victoria Tovey	Control			
inability to support salary pressures within NHS providers Destabilisation of substance misuse services									
Review Comments		Budgetary Oversight meetings are taking place and continues to be monitored regularly							
		24/02/2025							

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Risk Ref	PH0091	Risk Title and Event				Assigned To	Last Review da	Next Review
Increased Demand on Services						Victoria Tovey	08/01/2025	08/04/2025
There is a risk that services may not have the capacity to deal with the additional demand and associated cost pressures or may have to reduce quality to meet the need.								
There is a risk that residents will wait longer for a service and their needs will escalate or their motivation may decrease.								
Opportunities for early identification maybe missed.								
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
Increasing demand for Public Health Services due to whole system pressures, increasing need and the continued pressure on cost of living. There is a risk that services do not have capacity to see people being referred into the service in a timely way. Some of the increasing demand seen is as a result of the impact of Covid-19, and as a result of pent up demand. Some of the increased demand is due to changes in demography	We may be overspent or be unable to deliver against mandated requirements. Which will lead to: Increasing waiting list, quality of services may reduce as case loads increase, service may not be able to meet targets due to capacity of providing a good, quality interventions. Staff wellbeing reduce due to additional case loads/work. Impact on other health/social care social services. Increasing demand and changes in demography may also exacerbate health inequalities.	Medium		• Transformation programme to ensure service sustainability to meet needs	Victoria Tovey	A	31/03/2026	Medium
		12		• Working with Analytics and KPHO monitoring demographic data trends to support forward service planning.	Victoria Tovey	-Accepted Control		8
		Significant (3)		• Utilise funding to support service transformation and efficiencies and effectiveness. Ensuring PH Grant is only funding applicable services. Income generation.	Victoria Tovey	Control		Moderate (2)
		Likely (4)		• Capacity modelling to make sure services have the flexibility to meet need and activity can be adjusted accordingly.	Victoria Tovey	Control		Likely (4)
				• Provider has a workforce plan in place	Victoria Tovey	Control		
				• Support service innovation to drive efficiency and effectiveness eg introduce more digital solutions to assist with increasing demand.	Victoria Tovey	Control		
				• Open book accounting with providers to monitor costs where appropriate.	Victoria Tovey	Control		
				• Engagement with ICB regarding eligibility criteria for weight management services	Victoria Tovey	Control		
				• Performance monitoring meetings provide opportunities to discuss service provision and for both parties to raise any concerns regarding demand, levels of service, quality or risks. Proactive action to be taken as needed for example amending referral criteria or action plans.	Victoria Tovey	Control		

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				<div>• Transformation and Review of service models to ensure running as effectively and efficiently as possible.</div>	Victoria Tovey	Control		
Review Comments	<div>02/01/2025: Review meeting conducted with Risk Owner and Pam McConnell. Formal agreement has now been granted to extend the transformation programme to end March 2026. Action updated to reflect the new timeline. Demand has been on a reducing trend however no changes have been made to the current or target assessment ratings at this time.</div> <div>08/01/2025</div>							

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Risk Ref	PH0090	Risk Title and Event				Assigned To	Last Review da	Next Review	
Difficulties in recruiting and retaining Public Health nursing staff.						Wendy Jeffreys	10/02/2025	10/05/2025	
Service Failure									
Kent is currently experiencing issues across all commissioned services in recruiting good quality staff which is making it difficult in meeting the needs of the population that require Public Health Services.									
Training opportunities are not necessarily available to nurses . The role of the health visiting service is needing to respond to more complex needs alongside government policy change.									
Kent's proximity to neighboring local authorities in maintaining salaries at a competitive level especially with those within the London Area.									
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk	
Kent is currently experiencing issues across all commissioned services in recruiting and keeping good quality staff which is making it difficult in meeting the needs of the population that require Public Health Services.	Service delivery is impacted. Clinical and Safeguarding risk to children within the Health Visiting and School Public Health Service. Some visits may have to be postponed or reprioritised. Low levels of staffing in health visiting teams are impacting within specific districts.	Medium		<ul style="list-style-type: none">• A safe staffing, safe working protocol has been agreed to effectively manage the workload of the Health Visiting teams in a safe and consistent manner.• Contract management meetings investigate any poor KPI reporting and meeting the set targets. This is usually reported as recruitment issues Escalation through usual routes to DPH.• KCHFT have introduced a mixed model approach to staffing and skillsets as per their internal health visiting strategy to respond to the current context. There is a mixture of bands 3,4 and 5 within the model.• Recruitment and retention action plan is in place and monitored through the Quality Action Team and governance meetings.• Bank staff are being utilised to support teams where possible to cover vacant posts and gaps in provision.	Wendy Jeffreys	Control		Medium	
		10			Wendy Jeffreys	Control		8	
		Moderate (2)			Wendy Jeffreys	Control		Moderate (2)	
		Very Likely (5)			Wendy Jeffreys	Control		Likely (4)	
					Wendy Jeffreys	Control			
Review Comments 06/02/2025: Review completed with Risk Owner. Potentially a new control to be added around the Public Health Transformation Programme which includes activity that will further mitigate this risk to its target level. Risk Owner to consider best approach to adding control in the next quarter. No changes were made to the current or target risk ratings.									
10/02/2025									

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Risk Ref	PH0122	Risk Title and Event				Assigned To	Last Review da	Next Review	
Public Health Service Transformation Programme						Victoria Tovey	08/01/2025	08/04/2025	
Continuity of business during transition phase									
Service delivery destabilised impacting wider council service									
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk	
Kent and Medway ICB share some providers with KCC. K&M ICB are recommissioning all adults and children’s community services contracts in similar timescales to the PHSTP. Providers may find their contractual funding arrangements change following recommissioning.	Commissioning: Impact existing providers’ the financial stability, overall viability and ability to deliver any required change to services; Reduction in choice of providers if they are no longer financially viable.	Medium		<ul style="list-style-type: none">Regular liaison with ICB and other key partnersEngagement with stakeholders is taking place, including various engagement eventsUsing project and programme management good practice such as: Project manager and officer in post Service, programme and project level risk registers in place and are updated regularly. Monthly highlight reports to PHSTP Steering Group and Commercial & Transformation DMTRegular dialogue across internal KCC business partners (Integrated Commissioning, Commercial & Procurement, Communications, Consultations, Legal, Democratic Services, PH Business Support) to:<ul style="list-style-type: none">Identify requirementsSecure support where requiredMonitor, review and control timescales	Victoria Tovey	Control		Low	
		9			Victoria Tovey	Control		6	
		Significant (3)			Victoria Tovey	Control		Significant (3)	
		Possible (3)			Victoria Tovey	Control		Unlikely (2)	
Work pressures from business-as-usual activities conflicts with the timescales required to meet key governance steps within PHSTP.	Timescales: Delays in financial and public health outcomes.								
The need/requirement for public consultation may be identified late.	Overall: Impact on overall public health service offer and objectives of the transformation programme				Victoria Tovey	Control			
Re-direction from decision makers regarding the most suitable procurement route and applicable procurement regulations.									
Review Comments		02/01/2025: Review meeting held with Risk Owner and Pam McConnell. Change activity is progressing as planned and in staggered stages to limit service impact, with some services already procured / decommissioned. No changes have been made to Current and Target risk assessments during this review , however progress anticipated to complete during Q1 has potential to lead to a reduction in the risk profile at the next review point.							
		08/01/2025							

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Risk Ref	PH0083	Risk Title and Event				Assigned To	Last Review da	Next Review
Public Health Ring Fenced Grant						Anjan Ghosh	24/02/2025	24/05/2025
Ensuring/assuring the Public Health ring fenced grant and reserve is spent on public health functions and outcomes, in accordance within National Guidance.								
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
Public Health Ring fenced Grant and reserve is spent in accordance within National Guidance.	If it does not comply with national guidance could result in the DPH not being able to sign the Annual Public Health Grant declaration which could result in an external audit taking place leading to similar consequences to that of Northamptonshire County Council (i.e. UKHSA seeking a return of Public Health Grant)	Medium		• Public Health transformation programme is being conducted from 2023/24 to 2026/27 to further inform future public health commissioning plans.	Anjan Ghosh	A	31/03/2026	Low
		8				-Accepted		2
		Serious (4)		• Agreed public Health funding towards other services within the Council that deliver on public health outcomes	Anjan Ghosh	Control		Minor (1)
		Unlikely (2)		• Agreed funding for Integrated commissioning team and analytics function and any other council directorate and services as relevant to support public health outcomes functions and outcomes	Anjan Ghosh	Control		Unlikely (2)
				• DPH and Section 151 Officer are required to certify the statutory outturn has been spent in accordance with the Department of Health & Social care conditions of the ring fenced grant	Anjan Ghosh	Control		
				• Continued budget monitoring through collaborative planning	Avtar Singh	Control		
				• Commissioners to conduct regular contract monitoring meetings with providers	Victoria Tovey	Control		
				• Providers to complete timely monthly performance submissions to ensure delivery of outcomes	Victoria Tovey	Control		
				• Regular review of public health contracts, performance, quality and finance are delivering public health outcomes	Victoria Tovey	Control		
Review Comments	Reviewed by both SMT and Director of Public Health and remains closely monitored							
24/02/2025								

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Risk Ref	PH0123	Risk Title and Event				Assigned To	Last Review da	Next Review		
Provider Selection Regime						Victoria Tovey	12/01/2025	12/04/2025		
There is a risk of challenge from providers										
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action			Control / Action	Target Date	Target Risk	
Provider selection regime changes the legal basis on which contracts need to be purchase and applies to all public health services.	Financial impact Legal challenge Strain on resource May impact on ability to continue partnerships as we have in the past	Low		<ul style="list-style-type: none">• Templates and guidance is in place and in use by the service piloting prior to autumn wider launch - these need to be signed off by legal• All PSR procurements are going to CPOB for review• Staff attending training and webinar sessions• Engagement with Commercial and Procurement Team and Services to determine the wider impact of the regime on commissioning activities.• Working group is in place to support process development			Clare Maynard	Control	31/08/2024	Low
		6					Victoria Tovey	Control		6
		Significant (3)					Victoria Tovey	Control		Significant (3)
		Unlikely (2)					Victoria Tovey	Control		Unlikely (2)
Need to take a risk based approach to manage both procurement and contractual changes.						Michael Bridger	Control			
Review Comments	02/01/2025: Review undertaken with Risk Owner. No changes proposed to either Current or Target risk ratings . 12/01/2025									