

Adults, Health and Integration Risk Register

PUBLIC HEALTH

Date added	Risk Title	Description of Risk	Risk category	Impact if the risk occurs	Likelihood of the risk occurring	Rating	Risk owner	Last Update
	Health Protection Capacity and Capability	<p>Failure of the Public Health team to maintain sufficient capacity/capability to respond to infectious disease outbreaks or pandemics due to rising national expectations (UKHSA/OHID), reduced external support, and funding instability.</p> <p>Risk category: Operational / Public Health Safety</p> <p>Impact: If the risk occurs widespread infection, widening health inequalities, loss of IPC support in care settings, and inability to support immunisation pathways.</p>	Operational	Major (4)	Possible (3)	Medium	Jacqui Burke, Sandra Husbuds	<p>Risk, general. Impact 4, Likelihood 3 risk for pandemics - Impact 5, Likelihood 2</p> <p>March 2026: Risk reviewed and reduced for brevity. There are specific cases and outbreaks of measles across London. There remains a risk of further cases and outbreaks in areas with low vaccination coverage.</p>
	Public Health Workforce: Health Protection	<p>Control Description</p> <ol style="list-style-type: none"> 1. Specialist staffing - PH Specialist in Health Protection in post to lead strategic/ reactive response. Status: effective. 2. IPC Team (NEL) - NEL-wide Infection Prevention & Control team to provide strategic, rather than operational support following local changes. 3. Preparedness planning - Pandemic & high-consequence infectious disease plans London-wide ready for rapid response. 4. Community engagement - Targeted work with Charact community, refugees, and homeless populations for vaccine uptake. 5. Health Protection Forum - Multi-agency intelligence sharing and scenario testing for outbreak readiness. 	Governance	Ongoing	Sandra Husbuds, Carolyn Sharpe	<p>March 2026: No change to Controls 1, 3 and 4, all effective and ongoing</p> <p>Control categories, Governance/ Training/ Resourcing and Communication</p>		
	Sexual Health and Sustainability	<p>Rising STI rates and service complexity exceeding budget allocations, compounded by NHS pay awards and provider cost increases.</p> <p>Risk category: Financial / Clinical</p> <p>Impact: Budget overspend, failure to realise planned savings (HTFS) health outcomes, increased STI and unwanted pregnancy rates and drug-resistant infections.</p>	Financial	Moderate (3)	Possible (3)	Medium	Jacqui Burke, Sandra Husbuds	<p>March 2026: Risk reviewed and reduced for brevity.</p> <p>Rates of STIs continue to rise in Hackney and across London. Clinical annual health problems continue to highlight increased service pressures from increased need, complexity and financial pressures from Agenda for Change (AC) NHS pay award pay increases.</p>
	Sexual Health and Sustainability	<p>Control Description</p> <ol style="list-style-type: none"> 1. Strategic oversight - Implementation of Clart SHT strategy and HRH risk areas shared by lead members. 2. Contractual adjustments - Extension of Homerton block contract to April 2027 at least (€1.8m). 3. Digital shift (DHPF) - Migration of residents from high-cost clinic settings to online provision. 4. Activity monitoring - Increased oversight of 'Out of Area' activity and challenging overperformance claims. 5. Staff Management - Monitoring of LSHF Staff review to mitigate potential 20-30% cost increases. 	Governance	Ongoing	Sandra Husbuds, Andrew Hutcheon, Froska Kanningme	<p>March 2026: No changes to Controls 1 & 2 are in place. Take up for control 3 is improving and ongoing. Control 4 is ongoing. Control 5 is temporarily phased</p> <p>Control categories, Governance and Communication</p>		
	Budget Stability	<p>Failure to secure Public Health expenditure within the ring-fenced grant due to inflation funding volatility, NHS Agenda for Change (AC) salary uplifts, and challenges in realising MTFP savings.</p> <p>Risk category: Financial / Strategic</p> <p>Impact: Significant financial instability across AHB& LBH budgets. Potential for service disruption, strained inter-organisational relationships with the City of London, and failure to meet statutory Public Health goals.</p>	Financial	Major (4)	Possible (3)	Medium	Jacqui Burke, Sandra Husbuds	<p>March 2026: Risk reviewed and reduced for brevity.</p>
	Budget Stability	<p>Control Description</p> <ol style="list-style-type: none"> 1. Financial governance and reporting - bimonthly financial meetings via the Bottom Forward Review (BFR) and quarterly SMT deep-dives to ensure grant condition compliance. 2. Procurement & contracts - Review of contracts, new contracts exclusively state that all uplifts (including AC) must be included in the provider's quoted price to prevent mid-contract budget requests. 3. Joint SLA management (LBH, CLC) - Agreed core funding contributions from the City of London with quarterly SLA review meetings to ensure consistent and accurate reporting. 4. National funding advocacy - Continuous monitoring of NHS national grant scenarios. 	Governance	Ongoing	Sandra Husbuds, Arthea Henry	<p>March 2026: No changes to Controls 1 & 2. Control 3 had lapsed in 2025 but returned in Feb 2026 in response to the SLA audit completed in Jan 2026. Financial updates are provided to PHMTF on a quarterly basis highlighting key risks/issues. Control 4 is ongoing.</p> <p>Control categories, Governance, Resourcing and Communications</p>		
	Joint Service Stability	<p>Risk of one partner (Hackney or City of London) perceiving significant value from the joint Public Health service, leading to service withdrawal and operational disruption.</p> <p>Risk category: Strategic / Partnership</p> <p>Impact: Major service disruption, immediate staffing shortages for independent operations, financial instability, and reputational damage to both corporations.</p>	Reputational	Major (4)	Unlikely (2)	Medium	Jacqui Burke, Sandra Husbuds	<p>March 2026: Risk reviewed and reduced for brevity.</p>
	Joint Service Stability	<p>Control Description</p> <ol style="list-style-type: none"> 1. Governance & audit - Quarterly SLA review and periodic auditing 2. Transparency in reporting - All commissioner contracts must report specifically against both Hackney and CLC, resident activity to demonstrate value for money to both stakeholders 3. Transition planning - A formal separation agreement with clear timelines to manage the potential move from a joint SLA to independent structures 4. Stakeholder engagement - Regular briefings for City and Hackney lead members and CLC regarding joint service identity and Health in all Policies (HiAP) work. 	Governance	Ongoing	Sandra Husbuds, Chris Lovell, Arthea Henry	<p>March 2026: Control 1 - Feb 2026 Hackney audit report finalised and shared with City to ensure transparency. Control 2 had lapsed in 2025 but returned in Feb 2026 in response to the SLA audit completed in Jan 2026. Control 3 formally established in Feb 2026 with periodic review. Control 4 is in place and ongoing.</p>		
	Mortuary Operations and Compliance	<p>Operational vulnerability at the refurbished Hackney Mortuary driven by:</p> <ul style="list-style-type: none"> - Hackney resuming its own forensic examinations (returned by Popper Mortuary) increasing the workload and pressure on existing staff. - The ongoing requirement to meet Fuller Enquiry security and governance recommendations. <p>Risk category: Strategic/ Compliance / Operational</p> <p>Impact: Increased risk of non-compliance with HTA/Fuller standards due to overstretched staff. Financial pressure from prolonged interim staffing and potential for service failure if the APT role remains unfilled.</p>	Strategic	Major (4)	Possible (3)	Medium	Jacqui Burke, Sandra Husbuds	<p>March 2026: Risk reviewed and reduced for brevity.</p> <p>No change to rating but interim cover for APT role and in-house forensics resuming create a resourcing pinch point, work is underway to address this, see controls.</p>
	Mortuary Operations and Compliance	<p>Control Description</p> <ol style="list-style-type: none"> 1. Interim measures & recruitment - Use of interim staffing to cover key personnel absences and support high volume periods. 2. Post-inquiry facility & asset management - a structured preventative maintenance program for critical plant and machinery and continuous 24/7 temperature monitoring and alarm systems to mitigate risk to body storage integrity. 3. Regulatory alignment (Fuller HSA) - Implementation of Fuller Enquiry recommendations. Focus on ensuring day-to-day operations fully comply with security requirements of doors and exit storage being locked despite increased forensic activity. 4. Standard Operating Procedures (SOPs) - Regular review. Periodic review and implementation of SOPs. 5. Forensic management - Monitoring the impact of in-house forensics on staff capacity. Regularly reviewing the Mortuary environment and operational processes to ensure it sustains the throughput of forensic cases. 6. Operational quality control - Use of root cause checks and audits to ensure non-compliance risks are identified early and that SOPs are reviewed regularly. 	Governance	Ongoing	Sandra Husbuds, Chris Lovell, Katharina Adams	<p>March 2026: Control 1 is in place, with plans to transition to permanent recruitment to ensure long-term continuity - improving Control 2, post-refurbishment snag list is closed, interim assets are handled through maintenance agreements as required - ongoing. Control 3 implemented. Schedule of regular review to be created. Control 4, Completed in late 2025. Mortuary staff refreshed on SOP knowledge and adherence. Schedule of regular review to be created. Control 5 NDV and under review to determine impact and required adjustments. Control 6, To be implemented by Summer 2026.</p> <p>Control categories, Governance and Resourcing</p>		

	Data Governance, Intelligence and Integrity	Potential failure of Public Health intelligence functions driven by: - Incomplete or delayed flows between LA, NHS, and ICB - Over-restrictive or poor data quality limiting required analysis - Algorithmic bias, over-reliance on unvalidated AI outputs, and unauthorized data misuse - Digital outputs affecting surveillance or statutory monitoring. Risk category Digital / Information Governance / Strategic Impact Flawed commissioning decisions based on biased or inaccurate data, inability to detect emerging health threats, breach of sensitive data, and failure to meet anti-racism/equality commitments.	Reputational	Major (4)	Possible (3)	Medium	Jacque Burka, Sandra Husbands	March 2026: Risk reviewed and reduced for brevity. Likelihood reduced from 4 to 3.
Date added	Control Title	Control Description	Control category	Status	Control Owner			Last Update
	Data Governance, Intelligence and Integrity	1. PH Intelligence work plan (2025-2027) - focusing on upskilling staff, embedding anti-racist practices in data collection, and improving the digitalization of service data for commissioning. 2. AI assurance & theory - introduction of 'trameca checker', validation requirements, and transparency protocols for AI tools. Includes staff training to interpret and challenge AI-generated insights. 3. Data quality and equity audits - Regular review of Data Sharing Agreements (DSAs) and categorization of contracts that restrict data flow. Implementation of a data quality improvement plan for demographic completeness. 4. System Resilience (SDP) - Development of SDPs specifically for key data flows and surveillance platforms to ensure statutory reporting continues during system outages.	Governance	Ongoing	Sandra Husbands Chris Lovitt	March 2026: Control 1 in place, Control 2 in progress, Controls 3 and 4 in place with further work planned. Public Health Intelligence continues to work with the Clinical Effectiveness Group, the NEL ICB Data Team, Homeiron Information Service to optimise data sharing across various service areas.		

Date added	Risk Title	Description of Risk	Risk category	Impact rating	Likelihood rating	Rating	Risk owner	Last Update
March 2026	Public Health Commissioning and Market Stability	Risk of service failure or poor outcomes due to: - Insufficient lead-in times for procurement and contract negotiation - Market fragility, provider underperformance, and inadequate safeguarding oversight - LHM PH Grant announcements and rapid changes in national policy or statutory requirements. Risk category Commissioning / Financial / Statutory Impact Persistent unmet health needs, financial loss through provider failure, reputational harm, and potential safeguarding breaches	Reputational	Major (4)	Possible (3)	Medium	Jacque Burka, Sandra Husbands	March 2026: Newly added risk

Date added	Control Title	Control Description	Control category	Status	Control Owner			Last Update
March 2026	Public Health Commissioning and Market Stability	1. Workforce stabilisation & leadership - Implementation of key leadership roles for strategic overview 2. Contract performance framework - Creation and implementation of a clear framework setting expectations for providers, consistent KPI reviews, and formalised early warning/notification protocols. 3. Procurement planning - Continuous review of Commissioning Board plan to ensure mandatory leads on times for needs assessments, market engagement, and service design. 4. Safeguarding & quality assurance - Active review of safeguarding reporting pathways and incident monitoring across 4 providers to ensure consistent escalation of 'near misses'	Governance	Ongoing	Sandra Husbands Chris Lovitt	March 2026: Control 1, leadership roles recruited, further stabilisation needed for roles held by staff seconded outside PH Controls 2, 3 & 4 in place and ongoing. Control categories, Governance and Resourcing		

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March 2026	Population Health Workforce	Significant reduction in ICB workforce (50% target) threatening the ability of the City and Hackney Population Health Hub. Key threats include: - Redundancy or removal of roles essential to the Hub's function - Loss of long-term institutional knowledge and local partnership history - Indirect threat to Long Term Condition (LTC) prevention and other pathways due to disrupted partnership work Risk category Workforce / Partnership Impact Fragmentation of population health delivery, stalled progress on LTC prevention, and loss of integrated working efficiency between the ICB and Public Health.	Reputational	Moderate (3)	Likely (4)	Medium	Jacque Burka, Sandra Husbands	March 2026: Newly added risk

Date added	Control Title	Control Description	Control category	Status	Control Owner			Last Update
Population Health Workforce	Population Health Workforce	1. Internal workforce stability - Ensure the Population Health Hub remains fully staffed from the Public Health side to maintain a level of expertise regardless of ICB change 2. Alternative hosting models - Exploring options for other partnership models outside the ICB to host or fund roles that are critical to the Hub's function 3. Knowledge management - Formal process to share and document relationship intelligence and partnership history between Hub leads to mitigate the impact of potential staff departures.	Governance	Ongoing	Sandra Husbands Chris Lovitt	March 2026: Control 1 in place, Control 2 under review, Control 3 in progress. Control categories, Governance, Project and Resourcing		

ADULTS

Date added	Risk Title	Description of Risk	Risk category	Impact rating	Likelihood rating	Rating	Risk owner	Last Update
	Existing budget and resources are not sufficient to meet demand (Finance, reputational and poor service user outcomes and experience)	That the existing budget and resources are not sufficient to meet demand. This poses clear financial and reputational risks, as well as poor service user outcomes and experiences. Demographic pressures (and lack of so-farough provision) are causing an increased demand on budget. The cost of living is contributing to increased rates across the market and a reduction in the ability of individuals to contribute towards care. Pressure on the provider market and social care workforce may mean insufficient resources to meet demand. Increasing health inequalities (more apparent since Covid) and other recovery costs have added cost pressures across the system, with increases in demand and impact on adults from Black and Global Majority Communities.	Financial	Major (4)	Very Likely (5)	High	Jacque Burka	This remains on the Corporate Risk Register from 2024. Updated March 2026 Demand for ASC continues to rise beyond population projections, with substantial increases in numbers leading long term care and support with hospital discharge, including complexity of care and interactionality of needs (health, homelessness and substance misuse for example). Unit costs of providing care are also rising, alongside commitment to LLW, with impact from cost of living. Payment processes were severely impacted by the cyber attack - we were unable to complete financial assessments for new service users for ~18 months, resulting in a significant loss of care-charging income. Challenge now exist in clearing back this income, with learning to be implemented on how we equitably charge and create a simplified process for care charging. Savings target set for 2026/27 related to eight local financial assessments and care charging changes agreed at Cabinet in 2025. The demand in the directorate continues to rise and outstrip the allocated budget and grants. There has been an uplift in general fund allocation but there remains a predicted shortfall. These risks continue to be monitored and reported through the monthly DFP report and through monthly updates at ASC SLT, A&A DLT, as well as Council Budget Meetings as appropriate. A transformation programme exists to contribute towards the costs associated with the current demand against budget envelope, as well as an ask of system partners to contribute to demand and impact of health inequalities in the community.

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	Financial Controls	There is a departmental savings tracker and invest to save (invest) controlled by Finance, with Assistant Director Leads and relevant officers, and reported to ASC SLT monthly. For services with a STJ Agreement, this is monitored at the appropriate quarterly governance meetings. Heslop Foster On work has priority areas around finance, including systems to provide more accurate sign off of care delivered vs care commissioned. Quality assurance process for care and support commissioning embedded, including well established QAM Panel process for finance oversight at senior level (deputy head of service up to Director). Closely monitoring future funding arrangements for hospital discharge pathway, with oversight of health contribution via the BCP. Significant savings plan agreed as part of MTFP that is on track to deliver, with further devolving targets set by the department within invest to save initiatives.	Governance	Ongoing	Georgina Diba	Ongoing controls		

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	Provider Failure and local market sustainability	Within the continuing challenging financial climate, the ability of Social Care providers to continue to deliver high quality, cost effective services is at risk. There are risks regarding sustainability of the market, and financial viability of providers. Cost of living and delivering services is adding further pressure. Concern around provider failure	Financial	Major (4)	Unlikely (2)	Medium	Jacque Burka	Reviewed February 2026 This risk remains. There continues to be instability in the homecare market nationally. Cost models developed with ADMSL London and NICE indicate that no boroughs are currently meeting the true cost of homecare according to our own criteria (e.g. London Living Wage and the Ethical Care Charter). Homecare is dependent on providers' other authorities, to which it has less influence on the market sustainability. Recent inflationary growth and issues in the supply market (e.g. fuel, utilities) add extra concern. Changes to NI in 2025 are adding additional pressure to market and adult social care budget.

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	Waiting list of statutory care act assessment, reviews and occupational therapy	<p>There are a number of activities we have been taking or testing to reduce down the waiting list, including but not limited to Access and Duty now undertaking certain Care Act assessments at the point of referral; embedding an Occupational Therapy post in the Access and Duty Team; the Trusted Assessor program; incorporating qualified Social Work posts into the Review Team; adopting an approach of care act assessments and reviews, generally by the same practitioner, as standard within the Integrated Discharge Service and a more joined up approach between Case Management and Occupational Therapy, thereby reducing duplication and sharing information to inform risk.</p>	Governance	Ongoing	Georgina Diba																																						
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