

**CCC Public Health : July 2017**

Risk	Control Description	Residual Risk Level	Action Plan Description	Action Plan Owner	Review Date
1. Budget significantly over/under spent	Health Committee Oversight Business Planning Process  Monthly Finance Meetings Shared Priorities/MOU Steering Group  SMT	4			14/11/2017
2. Disruption to business of Public Health Directorate	Public Health Business Continuity Plan	9			14/11/2017
3. Excess pressure on staff due to mis-match of workload and capacity	1. HR policies and processes  2. Directorate Management Team  3. Work Plan  4. Line Management  5. Monitoring of work for HPHAS and Peterborough	12	2. Revise monthly monitoring  3. Focus of quarterly work plan reviews on staff workload/capacity match  4. Maintain work plan for 2017/18  5. Recruit to vacancies and ensure 'Acting Up' arrangements in place or interim support	Liz Robin  Liz Robin  Tess Campbell  Liz Robin	14/11/2017
4 (6). The Council has assurance that Health Protection Systems to control communicable diseases and environmental hazards, function effectively across all responsible organisations	1. Written reports from relevant organisations to the Health Protection Steering Group  2. Engagement of Local Authority Public health leads in incident Management Teams (IMT) for health protection incidents  3. TB: Assurance role through Health Protection Steering Group and TB Commissioning Group  4. Continuation of TB Network (led by PHE) and TB cohort reviews to team from cases and better understand the challenges  5. Implementation of 2015 National TB Strategy with establishment of east of England TB Control Board	8	6. TB network reviewed, revised ToRs, membership updated and attendance improved for network meetings and cohort reviews. Good attendance and engagement in this work.  7. Launch of collaborative TB strategy in Jan 2015. TB Control Board (East of England) established and CP network represented on Board by CCG. LTBI screening very successful, mainly in Peterborough due to higher prevalence  8. Development of commissioning plan for TB with a focus on specialist nursing staff and on discharge plan  9. MOU to 2020 issued in 2016 - some signed MOU's still awaited. Some confusion caused by the development of the PHE MOU.	Linda Sheridan  Linda Sheridan  Linda Sheridan	14/11/2017
5(8). A lack of Compliance and appropriate data protection and information governance legislation and good practice	1. Annual compliance with HSCIC information governance tools  2. Contract management and monitoring	8	2. Introduce more documentation and process into the Tool Kit, ie following up on actions, once NHS Digital release new toolkit  3. We still await the 2016/17 IG Toolkit score from NHS Digital - delays due to NHS Digital being 'busy'  4. Planning for 2017/18 IG Toolkit to begin in late summer/autumn once new NHS Digital Toolkit released  CCC to make a decision as to whether it also submits a tool kit for 2017/18, however this is an action for Corporate IG  9. Run a session at a Public Health Away Day to raise understanding of the requirements of the tool kit, key terms and requirements in year (once new toolkit is produced by NHS Digital)	David Lea  David Lea  David Lea	14/11/2017
6 (9). Public Health Services will not meet quality safety and risk standards	1. Quarterly meetings of QS&R Group  2. Quality measure in contracts 3. Contract monitoring meetings 4. Internal Policies including Safeguarding  5. Support from CCG on clinical governance health information issues	8	1. Ensure all aspects of our commissioning are managed smoothly through the Joint Commissioning Unit and Children's JCU	Liz Robin	14/11/2017

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7 (10). Child Health Information System (CHIS)	1. NHS England/PHE screening and immunisations Team 2. Cambridgeshire and Peterborough immunisations network provide progress reports	12	1. Follow up through screening and immunisations teams <i>Note: CHIS has now been re-commissioned and new provider in place</i> 2. Monitor situation as new provider takes over	Linda Sheridan  Linda Sheridan	14/11/2017
8 (11). Health inequalities that can be addressed by the Health & Wellbeing Board and Public Health services do not reduce	1. J Strategic Needs Assessment (JSNA) 2. Health and Wellbeing Strategy and Action Plan (HWB) 3. Local Health Partnership Action Plans 4. Annual Public Health Report 5. Targeted Public Health Programmes 6. Shared priorities work 7. Business Plan Targets and Inequalities Indicators 8. Traveller Strategic Co-ordination Group	8	1. Ensure 'improving the health of the poorest fastest' principle in Health & Wellbeing Board (HWB) Strategy and Action Plan continues to receive high level of focus 2. Ensure monitoring and reporting of inequalities including through routine performance monitoring in F&PR and annual DPH 3 Monitoring of PH outcomes framework 7 Ensure feedback on traveller health through the CCC Traveller Health Team, and ensure feedback to Public Health DMT on traveller health	Liz Robin  Liz Robin  Liz Robin  Kate Parker	14/11/2017
9 (4). Performance targets for School Nursing and Health Visiting as set out in the 2016/17 business plan not met	1. Robust Service Planning in place, establishing and functioning 2. Performance monitoring, established and functioning and feedback incorporated into the F&PR process 3. Routine monitoring of delivery to identify and required interventions	12	3. Review of targets for 2017/18. 3. Having low staffing levels in school nursing and health visiting, regular monitoring meetings to be held with provider	Raj Lakshman  Raj Lakshman	14/11/2017
10 (13). Childhood Immunisation Targets - Rates of immunisations, below national average with potential risk to public health of children	1. NHS England leading task and finish group has reported - group continues to oversee implementation of regulations 2. Assurance role through Health Protection Steering Group 3. Annual Health Protection Report to Health Committee CHIS Services are currently being re-commissioned	10	2. Support to local initiatives - eg through LA Public Health team and LA Childrens centres. NHS has worked with practices on data and on access to clinics - more open clinics 3. Ongoing close monitoring and public communication of local imm rates through appropriate channels 4. Implementation of recommendations of immunisation task and finish group 5. Continued oversight of the BCG vaccination programme through the Health Protection Steering Group 6. Improve flu vaccination uptake funded by CCC. Project successful. Detailed data analysis being carried out but 15% increase in uptake in target group of Pregnant Women	Linda Sheridan  Linda Sheridan  Linda Sheridan  Linda Sheridan	14/11/2017
11 (16). Impact of removal of On-Call Rota	2. LHRP 3. ADsPH	8	3. On-going discussions with PHE. New rota in place for over a year with no evidence of adverse consequences, but some concerns about de-skilling generic PH consultants who may be needed in the event of any major outbreak such as flu pandemic	Linda Sheridan	14/11/2017
12 (17). Awareness of legislation, training and legal requirements	1 Mandatory training on Information Governance 2. Access to legal advice from LGSS 3. Legal checks on Committee Papers (significant implications)	8	1 Public Health session on the law	Liz Robin	14/11/2017
	1. Plans to be reviewed through LHRP and LRF health and social care working group 2. Health Protection Steering Group (HPSG) to have oversight of plan development especially plans for Public Health incidents		4. Tested pandemic plan in exercise Corvus. Implementing identified actions, with some actions awaiting clarification from the centre. 5. Fuel plan has been developed but awaiting clarification from revised national plan which has just been issued (13/3/2017)	Linda Sheridan  Linda Sheridan	

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13 (18). Multi Agency Emergency plans require updating - plans for emergencies need to take account of ongoing organisational changes in the health sector		8	6. Protocol for identifying vulnerable people has been completed and now needs to be tested. IG issues raised being addressed and staff training planned  7. Ongoing discussions with PHE planned. PHE due to release revised STAC plan - LS has attended PHE STAC training (23/11/16)  9. CBRN Plan 10. Hospital Evacuation Plan	Linda Sheridan  Linda Sheridan  Linda Sheridan Linda Sheridan	14/11/2017
14 (22). Cancer Screening	1. Regular writing reporting to Health Protection Steering Group by NHS England 2. Task and finish group 3. Key Stakeholder working	12	1. Task and finish group have reviewed data and are now working on implementing recommendations for improvement  2. Training has been provided to frontline staff to improve their knowledge and understanding, in order to enable communication on the benefits of screening	Linda Sheridan  Linda Sheridan	14/11/2017
15 (31). Partner organisations do not work together effectively to deliver health outcomes	1. Health and Wellbeing Board 2. Public Health Reference Group 3. Healthcare Public Health Advice Service 4. Health Protection Steering Group 5. Health and Care Executive 6. Local Health Partnership	8	1. Maintain support to existing partnership arrangements 2. Ensure that any forthcoming review of partnerships maintains sufficient key controls for public health functions 3. New Place Based Partnerships to be explored.	Liz Robin Liz Robin Liz Robin	14/11/2017
16 (29). Transformation not delivered/or key aspects of the business not maintained	1. CCC SMT 2. PH DMT 3. Business Planning co-ordination steering group	8	1. Programme planning for public health transformation	Liz Robin	14/11/2017
17 (32). Legal or public challenge to Health & Wellbeing Board Pharmaceutical Needs Assessment (PNA) findings	1. Public Consultation and Engagement of Stakeholders 2. Regular review of pharmaceutical needs required given population growth forecast and new housing development	8	Pharmaceutical needs may change due to predicted increased population growth or potential pharmacy mergers/closures due to national pharmacy contract changes. Requirement for PNA supplementary statements if need changes. KW/KJ as lead Consultant will review 6 monthly. NSH England will advise if any changes and IG will ensure pharmaceutical needs reviewed within planning process	Katie Johnson	14/11/2017