

**CORPORATE RISK REGISTER****Public Health**

Version Date: October 2016

Details of Risk		Key Controls	Residual Risk			Actions				
Risk No.	Risk Description		Probability	Impact	Residual Score	Actions	Action Owner	Target Date	Revised Target Date	Action Status
1	Inability to manage the budget effectively, and utilise resources available	1. Health Committee oversight 2. Business Planning Process 3. Monthly Finance Meetings 4. Shared Priorities Steering Group 5. SMT	2	4	8	1. Close monitoring of savings plan implementation through use of savings tracker 2. Ensure delivery of savings through Shared Priority/MOU Steering Group, DMT and F&PR	LR	Mar-17 Mar-17		A A
2	Disruption to business of Public Health Directorate	1. Public Health Business Continuity Plan	3	3	9	2. Test BCP 3. Update and test BCP	SG	Mar-16 Mar-16	Mar-16 Mar-17	G A
3	Excess pressure on staff due to mis-match of workload and capacity	1. HR policies and processes 2. DMT 3. Work Plan 4. Line Management 5. Monitoring of work for HPHAS and Peterborough	3	4	12	1. Finalise work plan 2. Revise monthly monitoring 3. Focus of quarterly work plan reviews on staff workload/capacity match	LR	May-16 Mar-17 Mar-17		G
4	Failure to achieve performance targets as set out in the 2016/17 Business Plan	1. Robust Service Planning in place, established and functioning 2. Performance monitoring, established and functioning and feedback incorporated into the F&PR process 3. Routine monitoring of delivery to identify any required interventions	3	3	9	1. Poor performers are visited and remedial action plans agreed or additional support offered, ie staff training 2. Additional providers commissioned to access hard to reach groups 3. Review of targets for 2016/17	VT	Mar-15		G G G
5	Programmes Team Delivery	1. Contracts meeting including performance measures 2. CamQuit leadership meeting	3	4	12	1. Options for service delivery including review of clinics	VT	Mar-16	Mar-17	A
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 learn from cases and better understand the challenges. 5. Implementation of 2015 National TB Strategy with establishment of East of England TB Control Board	2	4	8	5. Re-issue of the MOU 6. TB network reviewed, revised ToRs, membership updated and attendance improved for network meetings and cohort reviews. However need to ensure current enthusiasm is sustained 7. Launch of collaborative TB strategy in Jan 2015. Clarity about role fo TB network and relationship to new TB Control Board (East of England). Launch of LTBI screening. 8. Development of commissioning plan for TB	LS	Dec-15 Mar-16 Mar-16 Sep-15	01/04/2016 Nov 16 Mar-17 Apr-17 Mar-17	A A A A
		1. Annual compliance with HSCIC information governance toolkit				1. Follow up on improvement plan for 15/16 toolkit - now incorporated in 2016/17 plan.		Oct-16		G

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8	Lack of compliance and appropriate data protection and information governance legislation and good practice	2. Contract management and monitoring	2	4	8	2. Plan 16/17 toolkit work - meeting held on 15 September and revised plan agreed and initial actions underway 3. Conduct 2016/17 project work in line with agreed plan. 3. HSCIC toolkit submission made by deadline of 31/3/2017, including corporate plans and IG toolkit project plan	LR / DL	Oct-16 Feb-17 Mar-17		G A G
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	3	4	12	1. Escalation policy for public health incidents	TC	Mar-16		G
10	Child Health Information System (CHIS)	Information awaited	3	4	12	Actions awaited				
11	Failure to address health inequalities	1. Joint Strategic Needs Assessment (JSNA) 2. Health & Wellbeing Strategy and Action Plan (HWB) 3. Local Health Partnership Action Plans/Public Services Board in Fenland 4. Targetted Public Health programmes 5. Annual Public Health Report 6. Shared priorities work 7. Business Plan Targets and Inequalities Indicators 8. Traveller Strategic Co-ordination Group	3	4	12	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 3. Ensure monitoring and reporting of inequalities including through routine performance monitoring in F&PR and annual DPH report 4. Monitoring - eg of benefits changes impact (CFA) and of PH outcomes framework 5. Ensure ongoing inequalities are addressed within Children's 0-19 commissioning 8. Implementation of new investments such as Fenland Fund, Tobacco Control and Workplace Health 9. Lifestyle Service procurement will target areas with greatest health inequalities and provide services in areas where residents have previously been unable to access any support for improving high risk health behaviours 10. Ensure feedback on traveller health through the CCC Traveller Health Team, and ensure feedback to Public Health DMT on traveller health.	LR KW VT VT KP	Mar-15 Aug-14 Jul-14 Jun-15 Sep-17	Mar-16 Feb-15	G G A G G A
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 HWB Board 4. Engagement of CC Communications team to support messaging on the benefits of immunisation <i>Note: CHIS service being recommissioned. We need to be aware as we move forward what is happening to those children not invited for immunisation, and that the new system covers any risks like this.</i>	5	3	15	2. Support to local initiatives - eg through LA Public Health team and LA childrens centres 3. Ongoing close monitoring and public communication of local imms 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	LS	Mar-17 Mar-17 Mar-17 Mar-17 May-17		A A A A A
16	Impact of removal of On-Call Rota	1. Health Protection Steering Group 2. LHRP 3. ADsPH	2	3	6	2. Make arrangements for emergency capacity in a major incident 3. On-going discussions with PHE planned	LR	Nov-15 Mar-17		G

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17	Awareness of legislation, training and legal requirements		2	4	8	1. Public Health session on the law 2. Escalate Contract issues to DPH 3. Escalate Contract issues to Head of Legal and LGSS	VT	Mar-17 Mar-17		A G G
18	Multi Agency Emergency plans require updating - plans for emergencies need to take account of ongoing organisational changes in the health sector	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	2	4	8	3. Pandemic flu plan to be taken to Health & Social Care Emergency Planning Group (H&SCEPG) and the LHRP. Tested and approved in Exercise Corvus and approved but subject to ongoing review, and clarification from the centre 4. Learning from Exercise Corvus to be included in plan, but awaiting clarification on National Issues. 5. Fuel plan has been developed but awaiting clarification from revised national plan 6. Protocol for identifying vulnerable people - working group developing this 7. On-going discussions with PHE planned	LS	Mar-17 Mar-17 Mar-17 Mar-17		G A A A A
21	Directorate support to Health Committee (Scrutiny Function) and CCG: risk of conflict of interest or breaching information barriers	1. Healthcare Public Health advice service MOU includes confidentiality requirements. 2. Honorary contracts for staff handling very sensitive issues 3. Confidentiality agreements on specific sensitive issues (ie major procurements) 4. Committee scrutiny support (ie attendance at meetings, preparation of briefings) carried out by staff not involved in HPHAS 5. Discussion of issues with Chair and Spokes at regular Chair's meetings/Spokes meetings	3	3	9	1. Further discussion with legal team 2. Review during 16/17 3. Consider in light of Health Executive Governance	LR	Jan-15 Mar-17 Mar-17		G A G
22	Cancer Screening	1. Regular writing reporting to Health Protection Steering Group by NHS England 2. Task and finish group 3. Key Stakeholder working	3	4	12	1. Task and finish group have reviewed data and are now working on implementing recommendations for improvement 2. Training of frontline HIMP staff to improve their knowledge and understanding, in order to enable communication of the benefits of screening	LS	Mar-17 Mar-17		A
23	Vision Screening Service not implemented	1. Hand over group to provide support and early identification of issues 2. Communication between commissioners and providers	2	3	6	1. Start date for services agreed 2. Monitor for three months to identify any gaps in pathway	VT	Apr-15 Jul-16		G A
25	DAAT : Managing budget pressures	1. Financial risk plan and spend review. Contingency plan and contract review 2. P&CC Star Chamber 3. Internal group identifying risks and outcomes of external peer review	2	3	6	1. Early notification from PH/CFA regarding intended budget reduction to be applied to existing contracts 2. Planning for PH/DAAT savings of £58k YOS and £100k 3. Attend P&CC Star Chamber: provide cost/benefit analysis to support continued investment as agreed 4. Peer Review and procurement of data	ST/CT/JK	Oct-16		A A G G

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27	Emerging demand for weight management services	1. Negotiations with NHS to regulate or fund addition additional requirements 2. Performance management meetings 3. Performance management monitoring	3	4	12	1. Establish joint commissioning forums 2. Secure funding from CCG to meet increased demand 3. Monitor demand carefully	VT	Mar-16 May-16 Mar-17		G G A
29	Failure to deliver transformation and maintain key aspects of the business	1. CCC SMT 2. PH DMT 3. Business Planning Co-ordination Steering Group	3	4	12	1. Programme planning for public health transformation 2. Contribute to consultation on the Corporate Review	LR LR	Mar-17 Aug-16		A G
30	Inability to identify, agree and implement savings	1. Business Planning Co-ordination Steering Group 2. Health Committee 3. Public Health DMT	3	4	12	1. Continue to develop savings plans to present to committee	LR	Nov-16		A
31	Failure to deliver health outcomes or manage resources due to partner organisations not working together effectively	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 partnerships	2	4	8	1. Maintain support to existing partnership arrangements 2. Ensure that any forthcoming review of partnerships maintains sufficient key controls for public health functions	LR	Sep-17		