

		CORPORATE RISK REGISTER								
		Public Health			Version Date: October 2015					
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	Failure to address health inequalities, particularly in the north of the county	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	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 Outcomes Framework (COF) 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	LR KW VT VT	Mar-15 Aug-14 Jul-14 Jun-15	 Mar-15 Feb-15	A G A A G G
2	Childhood Immunisation Targets - Rates of immunisations, below national average with potential risk to public health of children	1. Commissioning of immunisations now sits with NHS England 2. Assurance role through Health Protection Steering Group 3. Annual Health Protection Report to HWB Board	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. Task & Finish group to be established, Summer 2015 to analyse detailed data, consult stakeholders, and develop recommendation to improve uptake <i>Note: Current mitigation of risks to neonatal BCG through delivery in community clinics has been at risk due to intention to transfer back to maternity units - Neonatal BCG included in tariff from maternity care. Work with NHS England to develop reporting by maternity units to provide assurance that need is being met.</i>	LS	Mar-16		A A A A
3	Public Health does not have staff with the right skills and experience to deliver the priorities at a time of significant demand pressures	1. HR policies and processes 2. SMT	2	4	8	1. Development of progression scheme for all medical consultants (note: scheme developed but requirement to implement currently under review)	LR	Sep-15		A
4	All Antenatal and Newborn Screening programmes. Antenatal includes screening for anomalies and infectious diseases. Newborn screening includes hearing and general physical health.	2. Assurance role through Health Protection Steering Group 3. Annual Health Protection Report 4. Screening programme boards (and Immunisation Steering group for newborn immunisation)	1	3	3	1. Much improved data but need some wider understanding of the programme. Meet with screening leads to discuss further <i>Note: CCC has accountability without managerial responsibility and require data from NHSE to provide assurance</i>	LS	Mar-16		A
6	Health Protection Systems to control communicable diseases and environmental hazards continue to function in the new Health Care system architecture	1. Written report 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 4. Continuation of TB Network (led by PHE) and TB cohort reviews to learn from cases and better understand the challenges.	2	4	8	4. Ensure sign off from 1 district council that has yet to be received. 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 for TB network and relationship to new TB Control Board (East of England). Workshop held to discuss local priorities to inform implementation.	LS	Dec-15 Sep-13 Mar-16		A A A A

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		5. Implementation of 2015 National TB Strategy with establishment of East of England TB Control Board				8. Development of commissioning plan for TB		Sep-15		A
7	Impact of joint working with Peterborough on Public Health Services for Cambridgeshire	1. Joint DPH post	3	4	12	1. Merge meetings where appropriate	LR	Jan-16		G
		2. Internal Audit (Cambridgeshire) on arrangements				2. Appoint support post for KW Public Health Consultant		Nov-15		A
		3. Cambridgeshire SMT				3. Embed internal audit recommendations		Mar-16		A
		4. Peterborough CMT and Public Health Board								
8	Uncertainty about Cambridge Community Services (CCS), leading to reduced delivery of their Public Health Services	2. Commissioning and contracting structures	2	4	8	<i>Comment: CCS has been successful in securing the Sexual Health procurement</i> 2. Ongoing input to commissioning through internal commissioning structures and Childrens Joint Cmmissioning Board	LR	Mar-15		A
9	Impact of removal of On-Call Rota	1. Health Protection Steering Group	3	4	12	1. Transition period during October. New on-call arrangements in place but Cambridgeshire PH cover continues as standby on rota	LR	Oct-15		A
		2. LHRP 3. ADsPH				2. Make arrangements for emergency capacity in a major incident		Nov-15		
10	Inability to manage the budget effectively, and utilise resources available	1. Health Committee oversight	3	4	12	1. Plan for in year reductions	LR	Oct-15		A
		2. Business Planning Process				2. Plan for probable recurrant reduction in PH grant through 2016/17 Business Plannning process		Oct-15		A
		3. Monthly Finance Meetings				3. Ensure agreed split across directorates through Shared Priorities Steering Group and SMT		Oct-15		G
		4. Shared Priorities Steering Group				4. Maintain close relationships with finance post restructure of the function		Mar-16		A
		5. SMT								
11	Awareness of legislation and training requirements		2	4	8	4. Public Health session on the law	LR			A
12	A lack of Information Management and Data Accuracy and the risk of non-compliance with the Data Protection Act and inability to access to business critical data	1. Departmental governance, training and awareness raising: compliance of staff with NHS IG and CCC IG training.	2	4	8	1. Complete Local Authority Toolkit - new working on 2015/16 toolkit and work is underway on broadly on track. Most learning points from internal audit report addressed or flagged again for action.	LR / DL	Mar-16		A
		2. CCC and Public Health have the necessary policies and procedures in place to ensure compliance with NHS IG Toolkit at level 2 or with an innprovement plan working towards level 2.				2. Review audit aspects of 2014/15 toolkit work. Has been reviewed.		Jul-15		G
		3. Information sharing protocols embedded with partners, espeically the NHS.				3. Act on findings of 2014/15 audit work. Initial urgent actions taken and complete. Some actions still in train. Mop-up of incomplete network areas almost complete. Gudiance to be issued to PH Directorate along with key findings.		Oct-15		A
		4. Supporting corporate controls for "24. A lack of Information Management and Data Accuracy and the risk of non compliance with the Data Protection Act"				4. Toolkit improvement plan work & 16/17 Toolkit submission - as per lan - working with Matthew Smiith - see item 1		Mar-16		A
		5. National and local agreements and legislatiive defintions are in place to allow data flows to be established and to ensure appropriate data access.				5. Submit Local Authority Toolkit for 16/17		Mar-16		A

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		6. Internal audit review of Public Health Information Governance and impact of the toolkit								
13	Multi Agency Emergency plans require updating - plans for emergencies need to clarify organisational changes for health sectorsince April 2013	1. Plans to be reviewed through LHRP and LRF health and social care working group	2	3	6	3. Pandemic flu plan to be taken to Health & Social Care Emergency Planning Group (H&SCEPG) and the LHRP	LS	Jan-15		G
		2. Health Protection Steering Group (HPSG) to have oversight of plan development especially plans for Public Health incidents				4. Exercise Corvus to test pandemic flu plan		Oct-15		G
						5. Learning from Exercise Corvus to be included in plan		Mar-16		A
14	Failure to progress implementation of Health & Wellbeing Strategy	1. HWB Strategy Stakeholder events 2. HWB Board Newsletter 3. HWB Strategy Action Plan 4. HWB Board formal meetings and development days	2	4	8	1. Arrange future stakeholder events and meetings with key organisations 2. Regular production of newsletter 3. Regular review of action plan and of commissioning intentions of organisations involved 4. Ensure good links with new Corporate Services post 5. Review and update strategy	LR	Oct-13 Jan-15	Mar-14	G
15	Disruption to business of Public Health Directorate	1. Public Health Business Continuity Plan	2	4	8	1. Write BCP to link with Corporate Business Continuity Plan	LR	Nov-13	May-14	G
						2. Test BCP			Mar-16	A
						3. Update and test BCP		Mar-14	Mar-16	A
16	Inequitable school entry hearing screening programme	1. Health Questionnaire on entry to school	4	3	12	1. Initial hearing screenings in 2014 work plan	KW	Mar-15	Mar-16	A
		2. Health visitors obtain information early on in the life of a child				NB: Awaiting National Guidance which should be published in December 2015				
18	Failure to achieve performance targets as set out in the 2015/16 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	4	3	12	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
19	Risk to successful transfer of Healthy Child 0-5 commissioning from NHS England to CCC in October 2015	1. Steering group established across NHS England and CCC 2. Memorandum of understanding between NHS England and CCC 3. Finance and legal advice established 4. Boundary meetings - jointly with NHSE	2	3	6	1. Review draft allocation for healthy child 0-5 programme and feed back to DoH 2 Agree form of contract transfer in October 2015 3. Jointly agree service specification for 2015/16 4. Agree project plan for transfer 5. Develop risk register for transfer Transition of 0-5 Commissioning\Transfer of commissioning 0-5 services - Associated Risk Register V5.xls	LR/FH	Oct-15		G G G G G
20	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	2	6	1. Further discussion with legal team 2. Review after 9 months of operation	KP/DL/LR	Jan-15		A A
21	Cancer Screening inc Bowel Cancer	1. Regular writing reporting to Health Protection Steeting Group by NHS England 2. Task and finish group 3. Key Stakeholder working	3	4	12	1. Taks and finish group to review data and work with key stakeholders to identify issues leading to low uptake, with a view to making recommendations for improvement <i>Note: Bowel Cancer screening is not being looked at by the Task and Finish group, this is being picked up by the Health Protection Steering Group</i>	LS	Oct-15		
22	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. Set up transitional meeting of providers for handover Vision Screening - Risk Register.xls	KW	Oct-15		A
23	Failing to effectively deliver Public Health Outcomes through the	1. Public Health MOU has been developed	1	4	4	1. Put in place comprehensive Governance Framework	LR	Oct-15		G
		2. Comprehensive Governance Framework in Place				2. Put in place reporting mechanism to Health Committee				G

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23	cross directorate Public Health MOU	3. Professional Assurance of the Grant 4. Finance Director sign off of grant 5. Future reporting to Health Committee as part of Finance and Performance report 6. Reporting to Department of Health	1	4	4	3. On-going-monitoring throughout the year 4. Internal adit 2014/15 spent	LR	Oct-15		G G
24	School nursing contract	1. Signed section 75 2. Performance management	2	3	6	1. Negotiation with Lead School Nurse 2. Performance management of new KPIs within 0-19 healthy child programme by JCU	FH KW	Aug-15 Oct-15		A
25	Public Health Grant Assurance	1. Public health Board 2. DPH and Finance Director signature on assurance statement to PHE 3. Clear Accounting	2	4	8	1. Meetings to determine 2015/16 final budget allocations and spend	LR	Apr-16		A
26	Public Health Services will not meet Quality Safety and Risk standards	1. Quarterly meetings of QS&R Group	3	4	12					