APPENDIX 3

CORPORATE RISK REGISTER

Public Health

Version Date: June 2014

Details of Risk			Residual			Actions				
Risk No.	Risk Description	Key Controls	Probability	Impact	Residual Score	Actions	Action Owner	Target Date	Revised Target Date	Action Status
1	Failure to reduce health inequalities, particularly in the north of the county	*Links to Risk 14 on Corporate Risk Register* 1. Joint Strategic Needs Assessment 2. Health & Wellbeing Strategy and Action Plan 3. Local Health Partnership Action Plans 4. Targetted Public Health programmes 5. Annual Public Health Report	3	3	9	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 robust JSNA process 3. Ensure monitoring and reporting of inqualities including through routine performance monitoring 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 6. Implementation of sexual health tender : link to sexual health riisk register: Sexual Health Tender - Associated Risk Register V2.xls 7. Inequalities addressed within Older Peoples framework	LR EZ/ES	Mar-15 Aug-14 Oct-14		
2	Childhood Immunisation Targets - Risk that immunisation rates are below average with potential risk to public health of children.	1. Commissioning of imms now sits with NHS England 2. Assurance role through Health Protection Steering Group 3. Annual Health Protection Report to HWB Board	5	3	15	1. Joint planning with NHS England through Immunisations sub-group 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 *Note: Current mitigation of risks to neonatal BCG through delivery in community clinics is at risk due to intention to transfer back to maternity units - Neonatal BCG included in tarriff from maternity care*	LS	Mar-15		

Details of Risk		Key Controls	Residual			Actions				
Risk No.	Risk Description		Probability	Impact	Residual Score	Actions	Action Owner	Target Date	Revised Target Date	Action Status
3	Public Health does not have staff with the right skills and experience to deliver the priorities at a time of significant demand pressures	*Links to Risk 3 on Corporate Risk Register* 1. HR polices and processes 2. Frequent review by PH SMT	2	4	8	2. Close working with LGSS HR to ensure rapid processing of recruitment to vacancies	LR	~~Aug/Sep 2013~~	Feb-14	G
4	All Antenatal and Newborn Screening programmes. Risk that a child with a screen detectable condition does not receive timely treatment. Ante-natal includes screening for anomalies and infectious diseases. Newborn screening includes hearing and general physical health	1. Commissioning of screening now sits with NHS England 2. Assurance role through Health Protection Steering Group 3. Annual Health Protection Report 4. Screening programme boards (and Immunisation Steering group for newborn immunisation)	3	3	9	1. Continue to raise proactively at Health Protection Steering Group, and to offer local support where possible. *Note: CCC has accountability without managerial responsibility and require data from NHSE to provide assurance*	LS	Mar-15		
5	Capacity issues for TB Service – Number and complexity of TB cases, placing greater demand on TB services which is greater than capacity available.	1. Assurance role through Health Protection Steering Group 2. Continuation of TB Network (led by PHE) and TB cohort reviews to learn from cases and better understand the challenges.	2	3	6	1. Review services through TB network 2. TB network reviewed, revised ToRs, membership updated and attendance improved for network meetings and cohort reviews	LS	~~Sep-13~~	Mar-15	G G
6	Health Protection Systems to control communicable diseases and environmental hazards do not function in the new Health Care system architecture	1. On-call rota revised and populated. PHE HPT organising honorary employment contracts for PH staff in county councils, in order that they can work on behalf of Public Health England in the event of an incident 2. HPSG established and meeting reguarly to receive reporrts on routine HP activity and incidents. Reports will provide information for annual HP report to HWB 3. HP Governance structures and processes agreed by HPSG and member organisations. To include clear plans for ,management of incidents including communication lines in any incident	2	4	8	1. Outbreak control plan and other emergency plans being reviewed and revised to ensure clarity of roles and responsibilities. Revised Outbreak plan adopted as a working draft in December 2013 2. Governance paper presented to HPSG - to be presented to all member organisation for agreement when final version approved by HPSG 3. MOU in development to clarify roles and responsibilities in relation to the acccountability role of the DPH 4. Ensure sign off from 3 District Councils, that have yet to be received	LR	~~Aug-13~~	Jun-14	A G G A

Details of Risk		Key Controls	Residual			Actions				
Risk No.	Risk Description		Probability	Impact	Residual Score	Actions	Action Owner	Target Date	Revised Target Date	Action Status
7	Impact of any changes that take place in Peterborough Public Health Services following transition, that could have an adverse impact on Public Health Services in Cambridgeshire	2. Reporting of any concerns to Anglia & Essex Public Health England centre, which covers Cambridgeshire and Peterborough 3. Raise any concerns through Local Health Resiliance Partnership (LHRP)	3	4	12	2. Continue to raise any concerns through LHRP if necessary *Note: Peterborough now recruiting for DPH and two Consultants.*	LR			A
8	Uncertainty about Cambridgeshire Community Services (CCS), leading to reduced delivery of their Public Health Services	1. Make input to CCS transition steering group and working group 2. Commissioning and contracting structures	2	4	8	*Comment: CCS has been successful in securing the Sexual Health Procurement.* 2. Ongoing input to commissioning through CCG led CCS Commissioners Group and Children's Strategic Commissioning Group	LR	Mar-15		G
9	Uncertainty around the future of On Call rota - structure & idemnity of PHE	1. Health Protection Steering Group 2. Regular meetings between DPH and PHE Centre Director 3. Honorary contracts for on call staff with PHE to provide indemnity cover	2	4	8	1. Majority of issues now resolved. 2. Honorary contracts need to be completed	LR	Nov-13		G G A
10	Inability to manage the budget effectively, and utilise resources available	1. Budgetary control reporting (BCR) process being put into place 2. Financial risk log established and monitoring monthly 3. Close work with LGSS and CCC processes to ensure staff are able to complete these	1	4	4	1. Complete and embed BCR process (TC to progress) 2. Continue to monitor unpredicted financial risks and uncertainties following transition as they arise 3. Build relationship with LGSS finance team through regular meetings	LR	Oct-13 Jun-14 Mar-14		G
11	Non compliance with Legislation	1. PH SMT meetings 2. PH Directorate meetings and newsletters 3. Availability of inhouse legal advice	2	4	8	1. PHSMT face to face session on legal duties and indemnity to be organised with input from LGSS lawyer 2. Review key policy documents 3. Ensure compliance with law taking place, in order to reduce probability	LR	Sep-13		G

Details of Risk		Key Controls	Residual			Actions				
Risk No.	Risk Description		Probability	Impact	Residual Score	Actions	Action Owner	Target Date	Revised Target Date	Action Status
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. 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 inmprovement plan working towards level 2. 3. Information sharing protocols embedded with partners, espeically the NHS. 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" 5. National and local agreements and legislatiive defintions are in place to allow data flows to be established and to ensure appropriate data access.	2	4	**8**	1. Support CCC IG in completing NHS IG toolkit work. 2. Ensure staff participate in training. 3. Work with the CCG to ensure access to NHS data to support the HCPHAS, e.g. specify Data Services for Commissioners Regional Office (DSCRO) requirements and data sharing agreements.	LR	~~Nov-13~~ Mar-14 Mar-14	Jan-14	G G G
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. Health Protection Steering Group (HPSG) to have oversight of plan development especially plans for PH incidents	2	3	**6**	1. Local Resilience Forum (LRF) and Health & Social Care Emergency Planning Group (H&SCEPG) reviewing all plans 2. Outbreak plan revised and adopted by LHRP as a working draft subject to testing and comments from partners.	LS	~~Nov-13~~	Oct-14	A G
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	LR	~~Oct-13~~	Mar-14	G A G G
15	Disruption to business of Public Health Directorate	1. PH Business Continuity Plan (BCP)	2	4	**8**	1. Write BCP to link with Corporate Business Continuity Plan 2. Test BCP 3. Update and test BCP	LR	~~Nov-13~~ Mar-14	May-14	G G G

Details of Risk		Key Controls	Residual			Actions				
Risk No.	Risk Description		Probability	Impact	Residual Score	Actions	Action Owner	Target Date	Revised Target Date	Action Status
16	Inequitable school entry hearing screening programme	1. Health Questionnaire on entry to school 2. Health visitors obtain information early on in the life of a child	4	3	12	1. Initial hearing screenings in 2014 work plan	ES	Mar-15		G
	Legal requirement of HWB to complete Pharmaceutical Needs Assessment not met	1. Production of draft updated PNA within 3 years of previous PNA. 2. Public consultation and engagement of stakeholders 3. Regular review of pharmaceutical needs required given population growth forecast and new housing development.	2	2	4	1. Draft PNA produced according to legal regulations, led by Steering group of key stakeholders. Final report due April 2014 after public consultation. 2. Pre-engagement exercise conducted and Public consultation conducted (16 Dec - 21 Feb for 60 days pls bank holidays) according to regulations with opportunities for feedback from public. Letter sent to key stakeholders including neighbouring HWBs for feedback. 3. PNA needs may change due to predicted increased population growth. Requirement for PNA supplementary statements if need changes: KW as Lead Consultant will review 6 monthly & ensure PNA on agenda for plannign meetings for consideration.	KW KW KW	~~Apr-14~~ Dec 2013 - Feb 2014 Oct-14	Jul-14	G G A
18	Failure to achieve performance targets as set out in the 2014/15 Business Plan (new risk)	1. Robust service planning 2. Performance management 3. Routine monitoring of delivery to identify any required interventions	3	4	12					