

CORPORATE RISK REGISTER

PUBLIC HEALTH

Version Date: November 2014

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	<p><i>Links to Risk 14 on Corporate Risk Register</i></p> <ol style="list-style-type: none"> Joint Strategic Needs Assessment (JSNA) Health & Wellbeing Strategy and Action Plan (HWB) Local Health Partnership Action Plans/Public Services Board in Fenland Targetted Public Health programmes Annual Public Health Report Shared priorities work Inequalities indicators 	4	4	16	1. Ensure 'improving the health of the poorest fastest' principle in Health & Wellbeing Board (HWB) Strategy continues to receive high level of focus	LR	Mar-15		A
						2. Ensure robust JSNA process				G
						3. Ensure monitoring and reporting of inequalities including through routine performance monitoring and annual DPH report	EZ/ES	Aug-14	Mar-15	G
						4. Monitoring - eg of benefits changes impact (CFA) and of PH outcomes framework				A
						5. Ensure ongoing inequalities are addressed within Children's Outcomes Framework (COF)	VT	Oct-14		A
						6. Implementation of sexual health tender : link to sexual health risk register: Sexual Health Tender - Associated Risk Register V2.xls				G
						7. Inequalities addressed within Older Peoples framework	KM	Oct-14		G
						8. Targetted future investments in the Business Plan	LR	Jul-14	Feb-15	G

						8 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	VT	Jun-15		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	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 <i>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 tariff from maternity care</i>	LS	Mar-15		G 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	<i>Links to Risk 3 on Corporate Risk Register</i> 1. HR polices and processes 2. Frequent review by Public Health 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	Antenatal and Newborn Screening programmes do not achieve targets. 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. <i>Note: CCC has accountability without managerial responsibility and require data from NHSE to provide assurance</i>	LS	Mar-15		G

5	Capacity issues for TB Service – Increase in number and complexity of TB cases, placing greater demand on TB services.	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.	3	3	9	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 continue to 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 regularly to receive reports on routine HP activity and incidents. Reports will provide information for annual HP report to HWB 3. Health Protection 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 accountability role of the DPH 4. Ensure sign off from 2 district councils that have yet to be received.	LR	Aug-13	Nov-13	G G G A
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	1. Reporting of any concerns to Anglia & Essex public Health England centre, which covers Cambridgeshire and Peterborough 2. Raise concerns through Local Health Resilience Partnership (LHRP)	2	4	8	2. Continue to raise concerns through LHRP if necessary <i>Note: Peterborough now recruited interim DPH and consultant</i>	LR			G
8	Uncertainty about Cambridge 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	3	4	12	<i>Comment: CCS has been successful in securing the Sexual Health procurement</i> 2. Ongoing input to commissioning through CCG led CCS Commissioners Group, Children's Strategic Commissioning Group	LR	Mar-15		A
9	Uncertainty around the future of On-Call rota - structure & indemnity of PHE	1. Health Protection Steering Group 2. Regular contact 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	Sep-15	G G

10	Inability to manage the budget effectively, and utilise resources available	1. Budgetary control reporting (BCR) process being put into place	1	4	4	1. Complete and embed BCR process (TC to progress)	LR	Oct-13	G
		2. Financial risk log established and monitoring monthly				2. Continue to monitor unpredicted financial risks and uncertainties following transition as they arise		Jun-14	
		3. Close work with LGSS and CCC processes to ensure staff are able to complete these				3. Build relationship with LGSS finance team through regular meetings		Mar-14	
11	Non-Compliance with Legislation	1. PH SMT meetings	2	4	8	1. PHSMT face to face session on legal duties and indemnity to be organised with input from LGSS lawyer	LR	Sep-13	G
		2. PH Directorate meetings and newsletters				2. Review key policy documents		Mar-15	G
		3. Availability of inhouse legal advice				3. Take legal advice to ensure compliance with the law taking place, in order to reduce probability			G
						4. Public Health directorate session on the law			A
		1. Departmental governance, training and awareness raising: compliance of staff with NHS IG and CCC IG training.				1. Support CCC IG in completing NHS IG toolkit work.		Mar-15	G
		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 improvement plan working towards level 2.				2. Ensure staff participate in training.		Mar-15	G
		3. Information sharing protocols embedded with partners, especially the NHS.				3. Work with the CCG to ensure access to NHS data to support the HCPHAS, e.g. specify DSCRO requirements and data sharing agreements.		Mar-15	G

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	<p>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"</p> <p>5. National and local agreements and legislative definitions are in place to allow data flows to be established and to ensure appropriate data access.</p> <p>6. Internal audit review of Public Health Information Governance and impact of the toolkit</p>	2	4	8	4. Complete new Local Authority Toolkit	LR	Mar-15	A
13	Multi Agency Emergency plans require updating - plans for emergencies need to clarify organisational changes for health sectorsince April 2013	<p>1. Plans to be reviewed through LHRP and LRF health and social care working group</p> <p>2. Health Protection Steering Group (HPSG) to have oversight of plan development especially plans for Public Health incidents</p>	2	3	6	<p>1. Local Resilience Forum (LRF) and Health & Social Care Emergency Planning Group (H&SCEPG) reviewing all plans</p> <p>2. Outbreak plan revised and adopted by LHRP as a working draft, subject ot testing and comments from partners</p> <p>3. Pandemic flu plan to be taken to Health & Social Care Emergency Planning Group (H&SCEPG) and then LHRP.</p> <p>4. Need to take forward the results from the Ebola exercise</p>	LS	<p>Nov-13</p> <p>Dec-14</p> <p>Jan-15</p> <p>Dec-14</p>	<p>G</p> <p>G</p> <p>A</p> <p>G</p>

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	3	4	12	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 2. Test BCP 3. Update and test BCP	LR	Nov-13 Mar-14	May-14	G G G
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 <i>Note: The requirement for hearing screening at school entry is being reviewed nationally. This work will be halted until the national recommendation is clear.</i>	ES	Mar-15		
17	Legal requirement of Health & Wellbeing Board 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	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	1. Robust service planning 2. Performance Monitoring 3. Routine Monitoring of delivery to identify any required interventions	5	3	15	1. Poor performers are visited and remedial action plans agreed or additional supprt offered eg staff training. 2. Additional providers commissioned to access hard to reach groups 3. Review of targets for 2015/16	VT	Mar-15		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	2	4	8	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	LR/FH	Jan 15		A
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 (e.g. major procurements) 4. Committee scrutiny support (e.g. 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 2015		A

SCORING MATRIX (see Risk Scoring worksheet for descriptors)

PUBLIC HEALTH RISK REGISTER

Acronym	Full Title
BCP	Business Continuity Plan
BCR	Budgetary Control Reporting
CCG	Clinical Commissioning Group
CCS	Cambridgeshire Community Services
CFA	Childrens Families & Adults
COF	Childrens Outcomes Framework
DPH	Director of Public Health
DSCRO	Data Services for Commissioners Regional Office
F&PR	Finance & Performance Report
H&SCEPG	Health & Social Care Emergency Planning Group
HP	Health Protection
HPHAS	Healthcare Public Health Advice Services
HPSG	Health Protection Steering Group
HR	Human Resources
HWB	Health & Wellbeing Board
IG	Information Governance
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LHRP	Local Health Resilience Partnership
LRF	Local Resilience Forum
MOU	Memorandum of Understanding
NHS	National Health Service
PH	Public Health
PHE	Public Health England
PHOF	Public Health Outcomes Framework
PNA	Pharmaceutical Needs Assessment
SMT	Senior Management Team
TB	Tuberculosis
ToRs	Terms of Reference