PUBLIC HEALTH

Details of Risk		Residual				Actions						
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Risk No.	Risk Description	Key Controls	Probability	Impact	Residual Sco	Actions	Action Owner	Target Date	Revised Target Date	Action Status		
		Links to Risk 14 on Corporate Risk Register										
1		Joint Strategic Needs Assessment (JSNA)				Ensure 'improving the healfh of the poorest fastest' principle in Health & Wellbeing Board (HWB) Strategy and Action Plan continues to receive high level of focus	LR	Mar-15	Jun-15	Α		
	Failure to address health inequalities, particularly in the north of the county	 Health & Wellbeing Strategy and Action Plan (HWB) Local Health Partnership Action Plans/Public Services Board in Fenland 				 Ensure robust JSNA process Ensure monitoring and reporting of inqualities including through routine performance monitoring and annual DPH report 				G G		
		4. Targetted Public Health progra 5. Annual Public Health Report	3	4	12	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)	FH	Aug-14	Mar-15	A		
		6. Shared priorities work				6. Implementation of sexual health tender : link to sexual health riisk register:	VT	Oct-14		G		
		7. Inequalities indicators				\2014\Sexual Health\Sexual Health Tender - Associated Risk Register V7.xls 7. Inequalities addressed within Older Peoples framework	KW	Oct-14		G		
						8. Review potential for targetted future investments in the 2015/16 Business Plan [Note: investment agreed for Healthy Fenland fund, targetted tobacco control, workplace health]	LR	Jul-14	Feb-15	G		
						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	VT	Jun-15		G		
	Childhood Immunisation Targets - Rates of immunisations, below national average with potential risk to public health of children	Commissioning of immunisations now sits with NHS England				Joint planning with NHS England through Immunisations sub-group				G		
		Assurance role through Health Protection Steering Group				Support to local initiatives - eg through LA Public Health team and LA childrens centres				Α		
2		Annual Health Protection Report to HWB Board	5	3	15	Ongoing close monitoring and public communication of local imms rates through appropriate channels	LS	Mar-15		Α		
						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						
	Public Health does not have staff with the right skills and	Links to Risk 3 on Corporate Risk Register										
3	experience to deliver the priorities at a time of significant demand pressures	HR polices and processes	2	4	8		LR					
	All Antenatal and Newborn Screening programmes. Ante- natal includes screening for	Assurance role through Health Protection Steering Group				Note: CCC has accountability without managerial responsibility and require data from NHSE to provide assurance						

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4	anomalies and infectious diseases. Newborn screening includes hearing and general physical health.	4. Screening programme boards (and Immunisation Steering group for newborn immunisation)	3	3	9		LS				
5	Capacity issues for TB Service – Increase in number and complexity of TB cases, placing greater demand on TB services.	2. Continuation of TB Network (led by PHE) and TB cohort reviews to learn from cases and better understand the challenges.	3	3	9	TB network reviewed, revised ToRs, membership updated and attendance improved for network meetings and cohort reviews Launch of collaborative TB strategy and implementation	LS	Jul-15		A	
6	Health Protection Systems to control communicable diseases and environmental hazards continue to function in the new Health Care system architecture		2	4	8	4. Ensure sign off from 2 district councils that have yet to be received.	LR			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	Raise concerns through Local Health Resilience Partnership (LHRP)	3	4	12	Note: Peterborough now recruiting for DPH and two Consultants	LR				
8	Uncertainty about Cambridge Community Services (CCS), leading to reduced delivery of their Public Health Services	Make input to CCS transition steering group and working group 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		A	
9	Uncertainty around the future of On-Call rota - structure & indemnity of PHE	Honorary contracts for on call staff with PHE to provide indemnity cover	2	4	8		LR				
11	Non-Compliance with Legislation		2	4	8	4. Public Health session on the law	LR			A	
	A lack of Information Management and Data Accuracy and the risk of non-	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. Complete new Local Authority Toolkit		Mar-15		A	
12	compliance with the Data Protection Act and inability to access to business critical data	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	5. Agree new Governance framework for Public Health Grant	LR				

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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		2	3	6	3. Pandemic flu plan to be taken to Health & Social Care Emergency Planning Group (H&SCEPG) and then LHRP.	LS	Jan-15		A	
15	Disruption to business of Public Health Directorate		2	4	8		LR		May-14		
16	Inequitable school entry	 Health Questionnaire on entry to school Health visitors obtain information early on in the life of a child 	4	3	12	Initial hearing screenings in 2014 work plan	ES	Mar-15	On Hold new Date awaited		
17		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	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	Oct-14		A	
19	Risk to successful transfer of Healthy Child 0-5 commissioning from NHS England to CCC in October 2015	3. Finance and legal advice established	2	3	6	3. Jointly agree service specification for 2015/16	LR/FH	Oct-15		A	
20		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	Further discussion with legal team Review after 9 months of operation	KP/DL/LR	Jan-15		A	

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22	Vision Screening Service not implemented	Hand over group to provide support and early identification of issues Communication between commissioners and providers	2	3	6	Set up transitional meeting of providers for handover Vision Screening - Risk Register.xls	FH			