

# CORPORATE RISK REGISTER

## PUBLIC HEALTH

Version Date: March 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	<i>Links to Risk 14 on Corporate Risk Register</i>								
		1. Joint Strategic Needs Assessment (JSNA)				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	LR	Mar-15	Jun-15	A
		2. Health & Wellbeing Strategy and Action Plan (HWB)				2. Ensure robust JSNA process				G
		3. Local Health Partnership Action Plans/Public Services Board in Fenland				3. Ensure monitoring and reporting of inequalities including through routine performance monitoring and annual DPH report				G
		4. Targetted Public Health programme				4. Monitoring - eg of benefits changes impact (CFA) and of PH outcomes framework				A
		5. Annual Public Health Report	3	4	12	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 risk register:	VT	Oct-14		G
2	Childhood Immunisation Targets - Rates of immunisations, below national average with potential risk to public health of children	7. Inequalities indicators				<a href="#">..\\2014\\Sexual Health\\Sexual Health Tender - Associated Risk Register V7.xls</a>				
						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
		1. Commissioning of immunisations now sits with NHS England				1. Joint planning with NHS England through Immunisations sub-group				G
		2. Assurance role through Health Protection Steering Group				2. Support to local initiatives - eg through LA Public Health team and LA childrens centres				A
		3. Annual Health Protection Report to HWB Board	5	3	15	3. Ongoing close monitoring and public communication of local imm rates through appropriate channels	LS	Mar-15		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 policies and processes	2	4	8		LR			
	All Antenatal and Newborn Screening programmes. Antenatal includes screening for	2. Assurance role through Health Protection Steering Group				<i>Note: CCC has accountability without managerial responsibility and require data from NHSE to provide assurance</i>				

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4	Maternal includes screening for anomalies and infectious diseases. Newborn screening includes hearing and general physical health.	3. Annual Health Protection Report 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	2. TB network reviewed, revised ToRs, membership updated and attendance improved for network meetings and cohort reviews 3. 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	2. Raise concerns through Local Health Resilience Partnership (LHRP)	3	4	12	<i>Note: Peterborough now recruiting for DPH and two Consultants</i>	LR			
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	2	4	8	<i>Comment: CCS has been successful in securing the Sexual Health procurement</i> 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	3. 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
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	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 legislative definitions are in place to allow data flows to be established and to ensure appropriate data access.	2	4	8	4. Complete new Local Authority Toolkit 5. Agree new Governance framework for Public Health Grant	LR	Mar-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  <a href="#">Vision Screening - Risk Register.xls</a>	FH			