

PUBLIC HEALTH DIRECTORATE RISK REGISTER REVIEW

DATE OF REVIEW: SEPT 2021

Risk Register Review – Summary

Summary of risks by Domain	TOTAL
Corporate Control	4
Finance	0
Safety and Quality	7
Operational Performance and Service Improvement	2

LOW	MEDIUM	HIGH	EXTREME	TOTAL
0	1	12	0	13
Number of new risks identified		0		
Number of risks removed from register		0		
Number of risks where overall rating has been reduced		0		
Number of risks where overall rating has been increased		0		
Risks to be forwarded to AMT for escalation to Corporate Risk Register or for consideration as “shared risk” across Directorates		0		
Have deadlines been met for action plans (If no – explain reasons)		All deadlines are reviewed each quarter and updates noted accordingly.		

RISK TITLE: Distribution of confidential HSC R&D division paperwork whilst procuring a new Grants Management System ADDED TO RISK REGISTER: June 2014 DIMENSION: Corporate Control									
Risk Ref	Description of risk	Existing Controls	Likelihood	Impact	Risk Rating	Treatment / Action Plan & Timescale	Lead Officer	Status	Review Date
PH CC O6	Disruption, loss of reputation and inefficient confidentiality due to inadequate mechanisms to distribute confidential research papers to external reviewers for HSC R&D award schemes, resulting in the approval to procure a new grants management system with an online secure portal for the confidential exchange of funding applications and research panel papers with approved external stakeholders	<p>Securing a new grants management system has been approved and procurement is now complete. The delivery/implementation phase is ongoing.</p> <p>The R&D team have received remote training & full data migration has been completed</p> <p>An interim secure web-based file sharing facility is currently being used but we are unable to use it for submission of proposals.</p>	Possible	Major	High	<p>We have agreed a go live date for June 2021 October 2021 (please note original date deferred due to the redeployment of staff when further training dates will be scheduled will be undertaken.</p> <p>Will be reviewed September December 2021</p>	Dr Janice Bailie	Directorate	September December 2021

RISK TITLE: Staffing (Organisational Change) ADDED TO RISK REGISTER: November 2013 DIMENSION: Public Health Directorate									
Risk Ref	Description of risk	Existing Controls	Likelihood	Impact	Risk Rating	Treatment / Action Plan & Timescale	Lead Officer	Status	Review Date
PH OPSI 07	<p>Risk to the delivery of the Public Health objectives resulting from a combination of reasons for staff turnover, and some long-term sick leave</p> <p>Potential for a sub-optimal response and inadequate response to an outbreak of any serious infection including healthcare associated infection. Potential difficulties in delivering a vaccination programme. (Related to a recommendation in the Hine Report).</p> <p>At 1st April 2019 a significant number of staff had left their posts in PHD leaving a gap in skills mix and expertise. Recruitment to some senior posts was unsuccessful</p> <p>Health Improvement has a high number of staff on temporary contracts.</p>	<p>Review underway looking at staffing levels/service pressures and monitored closely by PHMT.</p> <p>Work being reprioritised and priority tasks being clarified. However priority work has been deferred.</p> <p>Scrutiny committee in place to review staffing and prioritise business critical posts.</p> <p>Proposals for restructuring have been approved and are being implemented.</p> <p>Some Temporary Posts have been extended between 6 and 12 months these will continue to be reviewed until DoH approval given for the recruitment of permanent positions.</p> <p>Working with HR to implement a number of steps with individuals in relation to long term sick and absenteeism due to work related stress.</p>	Likely	Moderate	Medium	<p>Consider piloting of apprentice/deputy model to develop future PH practitioners by September 2021</p> <p>Health Improvement Senior management tier in Health Improvement now has 100% of staff in permanent contracts (as at 27th March) Senior Officer recruitment process is underway (June 2021) is now complete. Recruitment for permanent Bands 6 to 3 will now proceed – Dec 2021 / Jan 2022. 34-13% of staff remain in temporary contracts</p>	DPH/ADs	Directorate	Sept-Dec 2021

RISK TITLE: Staffing (Organisational Change) ADDED TO RISK REGISTER: November 2013 DIMENSION: Public Health Directorate									
Risk Ref	Description of risk	Existing Controls	Likeli - hood	Impact	Risk Rating	Treatment / Action Plan & Timescale	Lead Officer	Status	Review Date
PH OPSI 07 (cont'd)	.	<p>Establishment of additional temporary posts Recruitment to permanent posts when appropriate</p> <p>Approval of Retire and Return option for Consultants</p> <p>Consultant interviews were held in October 2019.</p> <p>Additional temporary Locum Dr's have been recruited to support the Covid-19 Public Health response.</p> <p>Health Protection Locum Consultant interviews were held in January 2021,</p> <p>Health Protection Development Plan has been drawn up which will consider short and long term solutions to be implemented in phases.</p> <p>Health Improvement Permanent recruitment process approved.</p> <p>Joint HP and SD&S Consultant interviews have taken place and consultants appointed. .</p>							

RISK TITLE:		Delivery of Screening QA function (Staffing)							
ADDED TO RISK REGISTER:		April 2019							
DIMENSION:		Safety and Quality							
Risk Ref	Description of risk	Existing Controls	Likelihood	Impact	Risk Rating	Treatment / Action Plan & Timescale	Lead Officer	Status	Review Date

PH SQ 01	<p>Historic funding levels and redeployments due to covid within the screening division mean staffing levels no longer meet requirements to support increasingly complex and expanding commissioning and quality assurance functions of the PHA</p> <p>All adult screening programmes were paused (fully or partially) during the first wave of the pandemic (March – June 2020). Screening for antenatal infections, newborn bloodspot and newborn hearing continued</p> <p>It is estimated that it will take at least 12-18 months to restore all population screening programmes following the 'pause' and in the ongoing context of social distancing and infection control measures.</p>	<p>Additional short term staff secured:</p> <ul style="list-style-type: none"> - 1 PA of consultant from service development to support DESP — Extension of contract of former clinical lead for AAA screening to undertake public health functions New 10PA consultant appointed and supporting Bowel cancer and AAA screening — Temporary increase in hours of part time consultant - 2 Agency staff employed (1 band 4 admin and 1 band 7 programme support officer) — Temporary band 7 bowel screening programme manager post created <p>Band 7 programme manager appointed for cervical screening at risk (no recurrent funding source).</p> <p>Plans were developed and implemented to recommence screening programmes in summer 2020, with funding provided in 2020/21 to deliver additional capacity where possible</p> <p>Consultant screening group established to provide regional oversight</p>	Likely	Major	HIGH	<p>Progress recruitment processes to fill vacant posts. (by Sept 2021 ongoing – by Nov 2021)</p> <p>Review programme budgets to assess potential to redirect funding to staffing budget. If available, bring forward business case for approval to secure recurrent funding for band 7 posts (bowel and cervical programmes) and admin support for newborn programmes in first instance. (by SeptDec 2021)</p> <p>Explore options to secure additional data analytics input to screening programmes and bring forward business case if required. (by SeptDec 2021)</p> <p>Engage with Trusts and HSCB in further development of recovery plans to rebuild services; bring forward business cases as appropriate (review Sept 2021 - ongoing)</p>	NR	Directorate	Sept Dec 2021
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RISK TITLE: Restoration of population screening programmes (COVID-related) ADDED TO RISK REGISTER: October 2020 DIMENSION: Safety and Quality									
Risk Ref	Description of risk	Existing Controls	Likelihood	Impact	Risk Rating	Treatment / Action Plan & Timescale	Lead Officer	Status	Review Date
PH SQ 02		<p>Regular updates provided to HSC Rebuilding Management Board and DoH Sponsorship meetings.</p> <p>Ongoing monitoring of activity and capacity within each programme with escalation of risks and concerns as required.</p>	Likely	Major	HIGH	<p>Remaining IPTs to be progressed against 2021/22 screening budget, with slippage prioritised to support covid recovery (by DecSept 2021)</p>	NR	Directorate	SeptDec 2021

RISK TITLE: Call/Recall Audit Issues ADDED TO RISK REGISTER: October 2020 DIMENSION: Safety and Quality									
Risk Ref	Description of risk	Existing Controls	Likelihood	Impact	Risk Rating	Treatment / Action Plan & Timescale	Lead Officer	Status	Review Date
PH SQ 03	An internal audit of the call-recall functions, provided by BSO, for the bowel and cervical cancer screening programmes undertaken in Nov 2019 identified issues within the governance, risk management and control framework. These could lead to failures in the administrative functions of these programmes, such as patients being missed or not managed appropriately through the screening pathway.	<p>Quarterly performance management meetings have been established with BSO, with review of progress against the audit action plan.</p> <p>Funding approved against BSO business case to support enhanced governance of call recall functions.</p> <p>Additional failsafe reports have been put in place within bowel screening programme in response to a recent SAI</p>	Likely	Major	HIGH	<p>Additional impact of moving to manual data transfers of cervical screening histories between NI, England and Wales to be scoped.</p> <p>Consider recommendations from SAI review group relating to bowel screening, when available (Dec 2021)</p>	NR	Directorate	SeptDec 2021

RISK TITLE: IT Systems Screening ADDED TO RISK REGISTER: October 2020 DIMENSION: Safety and Quality									
Risk Ref	Description of risk	Existing Controls	Likelihood	Impact	Risk Rating	Treatment / Action Plan & Timescale	Lead Officer	Status	Review Date
PH SQ 04	The IT systems under-pinning individual screening programmes are becoming outdated, with some at risk of losing functionality over the medium term 3-5yrs. This will compromise the safe delivery of these programmes with risk of gaps in functionality, systems not fit for purpose, increasing need for manual processes and potential that system may no longer be supported.	<p>Processes are in place within each programme to manage any identified current risk – use of manual processes/reporting/monitoring/failsafe systems.</p> <p>A technical risk assessment of the Screening IT systems has been completed - commissioned by BSO ITS.</p>	Likely	Major	HIGH	Participate in a workshop hosted by DSCNI to inform and jointly develop a strategic way forward (SeptDec 2021)	NR	Directorate	SeptDec 2021

RISK TITLE: Breast Screening IT System Screening ADDED TO RISK REGISTER: December 2020 DIMENSION: Safety and Quality									
Risk Ref	Description of risk	Existing Controls	Likelihood	Impact	Risk Rating	Treatment / Action Plan & Timescale	Lead Officer	Status	Review Date
PH SQ 13	<p>From April 2021 the safety and delivery of the NI Breast Screening Programme and Surveillance Programme for Women at Very High Risk (VHR) of Breast Cancer will be compromised without the acquisition and implementation of an additional piece of software—Breast Screening Select (BS-Select)—which provides a functional link between NHAIS (the primary care demographics database) and the National Breast Screening System (NBSS). The programme will no longer be able to work to, and be properly monitored against, national standards and guidance as NBSS updates will depend on BS-Select being in place</p>	<p>Technical work-arounds were put in place during 2020 so that the NI BSP would not be compromised. (This will not be possible as new updates are introduced beyond April 2021.)</p> <p>Discussions are underway with Public Health England (PHE), who own the NBSS and BS-Select software, and with NHS Digital, in order for them to provide BS-Select software to NI in 2021 at no capital cost.</p> <p>Approval obtained to use programme monies to recruit temporary band 7 Project manager appointed in BSO.</p> <p>Project structure established</p>	Likely	Major	HIGH	<p>Prepare business case and secure funding. (Sept-Dec 2021)</p>	NR	Directorate	Sept-Dec 2021

RISK TITLE: Delay in Implementing Valproate Guidance ADDED TO RISK REGISTER: December 2020 DIMENSION: Safety and Quality									
Risk Ref	Description of risk	Existing Controls	Likelihood	Impact	Risk Rating	Treatment / Action Plan & Timescale	Lead Officer	Status	Review Date
PH SQ 14	Delay in the implementation of guidance on valproate use in females of childbearing potential – risk of pregnancies exposed to valproate which have the potential to be avoided. Responsibilities rest with GPs and Trusts to implement. PHA has been asked to take a co-ordination and oversight role on implementation and is working closely with HSCB who commission epilepsy and related services where this drug is prescribed. Delay during 2020 was due to COVID-19.	Previous actions include communications to GP practices as reminders of actions required and establishment of a regional group to support oversight and to explore and scope options to improve implementation.	Likely	Major	HIGH	<p>A plan for patient identification using a GP LES has been developed. Funding for this only available until March 2021 but actions will be required into 21/22. Options as to how annual specialist review will be delivered are still to be developed once number of patients per specialty is clearer from the patient identification exercise. (review Sept 2021)</p> <p>[NB-Covid pressures mean this risk cannot currently be reviewed]</p>	Dr Brid Farrell	Directorate	Sept 2021

RISK TITLE: Contact Tracing Service – Sustainability ADDED TO RISK REGISTER: December 2020 DIMENSION: Safety and Quality									
Risk Ref	Description of risk	Existing Controls	Likelihood	Impact	Risk Rating	Treatment / Action Plan & Timescale	Lead Officer	Status	Review Date

PH SQ 15	<p>This risk follows from the removal of a CTC risk from the corporate risk register. It reflects the shift from establishment of the CTC to its sustainability.</p> <p>The risks relating to the CTC are now in relation to</p> <ul style="list-style-type: none"> - Governance - Reputation - Information Governance - Resourcing/Sustainability - Business Continuity 	<p>A formal Programme Board and CMO Oversight group provide strategic direction. Director and Deputy Director posts have been appointed within the CTC to provide senior expertise and ensure links with other areas.</p> <p>Extensive communication programme remains underway</p> <p>Agreed formal processes are in place to govern the flow of information within the CTC – these processes now extend to the receipt of information from the UK HO in respect of travellers.</p> <p>Contact Tracers within the CTC are employed on FT/PT contracts and bank roles. This model allows the CTC to flex up through the use of additional bank hours when prevalence rates are high and fall back to core contracted hours when prevalence rates are low.</p> <p>The CTC also has access to a large pool of PHA redeployed staff who provide tracing support when the CTC comes under surge pressure.</p>	Possible	Major	High	<p>An audit of operational practices within/aligned to the CTC has now been undertaken. The CTC will progress recommendations once received to close any identified gaps (June 2021)</p> <p>Work is now underway to close the outstanding recommendations in line with the revised timelines agreed with Internal Audit (review Oct 2021).</p> <p>An extensive communications programme continues to take place taking account of changing developments (review June 2021)</p> <p>Significant communication work has taken place in relation to the recent move of school contact tracing to the CTC (review Oct 2021).</p> <p>Work underway to agree a process to govern the receipt of ROI traveller information (June 2021)</p> <p>Significant work has taken place in relation to the receipt of ROI traveller information with both the DSA and DPIA nearing completion. The DSA is scheduled to be sent to ROI for approval in early Oct (review Oct 2021).</p> <p>Workforce planning underway to agree a CTC model until March 2022, in the interim temporary contracts are being extended to September 2021 (June 2021)</p> <p>Work on the CTC Business Case for 20/21 remains underway, the Business Case sets out the envisaged workforce model for 20/21.</p>	Dr Liz Mitchell	Directorate	<p>September 2021</p> <p>June 2021</p>
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RISK TITLE: Inability to fully access Child Health System (CHS) data ADDED TO RISK REGISTER: April 2021 DIMENSION: Operational Performance & Service Improvement									
Risk Ref	Description of risk	Existing Controls	Likelihood	Impact	Risk Rating	Treatment / Action Plan & Timescale	Lead Officer	Status	Review Date
PH CC 13	Health Protection does not have the ability to fully access Child Health System (CHS) data (at a detailed, individual level) to enable identification of low uptake groups and/or locations that require public health action	Under current arrangements, Health Protection request reports from Trusts as and when required but response will be dependent on their capacity. A recently revised MOU is in place between PHA and the Child Health System to facilitate better access to data.	Likely	Moderate	HIGH	Consider appointment of an in-house IT management expert or utilise existing central analytical function to support and develop data system that can be used by the PHA to support the childhood vaccination programmes. By September 2022.	NR	Directorate	Sept 2021

RISK TITLE: Inability to fully access immunisation data from GP systems ADDED TO RISK REGISTER: April 2021 DIMENSION: Operational Performance & Service Improvement									
Risk Ref	Description of risk	Existing Controls	Likelihood	Impact	Risk Rating	Treatment / Action Plan & Timescale	Lead Officer	Status	Review Date
PH CC 14	Health Protection does not have the ability to access GP systems to enable identification of low uptake groups and/or locations amongst adult populations in the community that require public health action	Health Protection currently receives aggregate data from HSCB. In the interim we are working with HSCB colleagues to obtain ad hoc data as needed	Likely	Moderate	HIGH	Work with regional IT team to advocate for inclusion of non-COVID vaccine programme data to be incorporate within existing data systems e.g. Vaccine Management System, ESR. By September 2022.	NR	Directorate	Sept 2021

RISK TITLE: In ability to fully analyse the vaccine data ADDED TO RISK REGISTER: April 2021 DIMENSION: Operational Performance & Service Improvement									
Risk Ref	Description of risk	Existing Controls	Likelihood	Impact	Risk Rating	Treatment / Action Plan & Timescale	Lead Officer	Status	Review Date
PH CC 15	Due to limited capacity and epidemiological expertise within the existing team, Health Protection would not be able to carry out a detailed analysis of immunisation data.	Health Protection has adequate funding to recruit staff to deliver the vaccination programmes. The immunisation team holds regular meetings to discuss work plans and development of staff in line with other surveillance specialties.	Likely	Moderate	HIGH	Work with lead for surveillance to develop epidemiological expertise amongst the team through staff development, consider recruitment of full time epidemiological scientist for immunisations. By September 2021.	NR	Directorate	Sept 2021

RISK TITLE: Diversion of permanent vaccine experts in DH ADDED TO RISK REGISTER: April 2021 DIMENSION: Operational Performance & Service Improvement									
Risk Ref	Description of risk	Existing Controls	Likelihood	Impact	Risk Rating	Treatment / Action Plan & Timescale	Lead Officer	Status	Review Date
PH CC 16	Due to the diversion of permanent vaccine experts in DH there is a risk that recently appointed staff do not currently have the skills and ability to deliver vaccination programmes in partnership with PHA.	We are having early discussions around developing an SOP and weekly meetings with DH staff to improve the partnership working with PHA.	Likely	Moderate	HIGH	PHA vaccination staff to provide DOH staff with advice and SOP/Protocols to support them in the transition. By September 2021. Weekly meetings with DOH vaccination staff. By September 2021.	NR	Directorate	Sept 2021

APPENDIX 1

Risks added to the Public Health Directorate Risk Register as at 30th June 2021

APPENDIX 2

Risks removed from the Public Health Directorate Risk Register as at 31st March 2021