

PUBLIC HEALTH DIRECTORATE RISK REGISTER REVIEW

DATE OF REVIEW: 31 March 2022

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		x		
Number of risks removed from register		x		
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 had agreed a go live date for October 2021 and whilst the system has been made available to staff, the 'super user' training has been delayed until February 2022 due to ongoing staff redeployment.</p> <p>To be reviewed March 2022</p> <p>The 'Super User' training was delivered as scheduled in February 2022. A new Customer Success Manager and Account Executive have been assigned to our project and the original contract is now under discussion for a no cost extension. Discussions have been opened with BSO about a project manager to support the delivery of this stage of the system and PALS are advising on the TPA revision.</p> <p>To be reviewed June 2022</p>	Dr Janice Bailie	Directorate	March June 2022

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>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.</p> <p>Health Improvement Senior management tier in Health Improvement now has 100% of staff in permanent contracts - Senior Officer recruitment is now complete. Recruitment for permanent Band 6 staff is now underway in process and at shortlisting stage. Once this is complete Band 4 & 3 recruitment will proceed as required-13% of staff remain in temporary contracts</p>	DPH/ADs	Directorate	Mar June 2022

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)	.	Establishment of additional temporary posts Recruitment to permanent posts when appropriate Approval of Retire and Return option for Consultants Additional temporary Locum Dr's have been recruited to support the Covid-19 Public Health response. Health Protection Development Plan has been drawn up which will consider short and long term solutions to be implemented in phases. Health Improvement Permanent recruitment process approved. Joint HP and SD&S Consultant interviews have taken place and consultants appointed (June 21). Additional consultant staff recruitment being planned for mid 22.							

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 - New 10PA consultant appointed and supporting Bowel cancer and AAA screening - 1 Agency staff employed 1 band 7 programme support officer) to support breast screening project <p>Band 7 programme manager appointed for cervical screening at risk (no recurrent funding source).</p> <p>Data analytics support enhanced for bowel and cervical programmes via funding of BSO post</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> <p>Band 4 admin vacancies in cancer screening filled Feb/Mar 2022</p>	Likely	Major	HIGH	<p>Progress recruitment processes backfill posts created by staff secondments and new vacancy fill vacant posts (ongoing – by Nov 2021 posts offered) (by June 2022)</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 June 2022)</p> <p>Dependant on budget allocation for 2022/23</p> <p>Explore options to secure additional data analytics input to screening programmes via input to review of health intelligence needs of PHA</p> <p>Engage with Trusts and HSCB in further development of recovery plans to rebuild services; bring forward business cases as appropriate (ongoing) bids made for funding in 2022/23</p> <p>Ongoing review of potential to draw back redeployed consultant staff</p>	NR	Directorate	March June 2022

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>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> <p>Regular monthly updates are provided to HSC Rebuilding Management Board and DoH.</p> <p>Ongoing monitoring of uptake, activity and capacity within each programme with escalation of risks and concerns as required.</p> <p>IPTs progressed against 2021/22 screening budget with slippage prioritised to support in-year covid recovery.</p>	Likely	Major	HIGH	<p>Review March 2022</p> <p>Engage with Trusts and HSCB in further development of recovery plans to rebuild services; bring forward business cases as appropriate (ongoing)</p> <p>Bids made for funding in 2022/23 to support ongoing recovery and capacity (await confirmation of 2022/23 budget)</p>	NR	Directorate	March June 2022

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. Ongoing planning meetings with UL colleagues to minimise risks when this goes live.</p> <p>Consider recommendations from SAI review group relating to bowel screening, when available Feb-2022</p> <p>Recent SAI report to be reviewed in collaboration with BSO and a suitable action plan developed and implemented. (action plan agreed by end April)</p>	NR	Directorate	March June 2022

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	<p>Host a workshop to involved BSO, DSCNI and Encompass representatives to inform and jointly develop a strategic way forward March 2022 – Nominees being finalised</p> <p>PHA to host a workshop to involved BSO, DSCNI and Encompass representatives to inform and jointly develop a strategic way forward. Nominees have now been identified by each organisation and date for workshop to be agreed. (aim for workshop before end June 2022)</p>	NR	Directorate	March June 2022

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>Project manager appointed in BSO.</p> <p>Project structure established</p>	Likely	Major	HIGH	<p>Business case completed and awaiting approval to move forward (March 2022)</p> <p>Secure funding into 2022/23 as project timescales have slipped (March 2022)</p>	NR	Directorate	March June 2022

RISK TITLE: Delay in Implementing Valproate Guidance ADDED TO RISK REGISTER: December 2020 DIMENSION: Safety and Quality									
Risk Ref	Description of risk	Existing Controls	Likeli-hood	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>The PHA is working with HSCB and Trusts to develop a co-ordinated approach to monitoring the implementation and impact of new guidance.</p> <p>A GP LES (ending March 2022) is to improve patient identification for Trusts to facilitate annual specialist reviews.</p> <p>Further meetings will identify the necessary resources for annual specialist reviews to be delivered. A letter was sent to Trusts in Oct 2021 outlining Trust requirements for the GP LES for patient identification to proceed.</p> <p>DOH circulars have set out actions as below:</p> <ul style="list-style-type: none"> • GPs to identify women on valproate, check they have 	Dr Brid Farrell	Directorate	Sept 2021 June 2022

						<p>effective contraception as appropriate, refer for specialist annual review.</p> <ul style="list-style-type: none"> • Specialists to review treatment and, if valproate is the only suitable treatment, ensure an acknowledgment of risk form is signed. • Pharmacists to ensure valproate dispensed in whole packs - packs dispensed with warning label. 			
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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 2022
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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 2022

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.	<p>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.</p> <p>Recruitment ongoing via the enhanced HP service with £1.9M of funding provided by DoH. By December 2022</p>	Likely	Moderate	HIGH	<p>Work with lead for surveillance to develop epidemiological expertise amongst the team through staff development, consider recruitment of full time epidemiological scientist for immunisations.</p> <p>By December 2022.</p>	NR	Directorate	Dec 2022

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. Regular meetings with DoH staff ongoing. Review by March 2022.	Likely	Moderate	HIGH	PHA vaccination staff to provide DOH staff with advice and SOP/Protocols to support them in the transition Weekly meetings with DOH vaccination staff. By March 2022.	NR	Directorate	March 2022

RISK TITLE: Health protection and health improvement staff deployed to the COVID-19 response ADDED TO RISK REGISTER: December 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 17	There is a risk that the HIV and Hep C outbreak does not get the level of input required to bring this outbreak under control (this is attributable to the prioritisation of the covid response within the PHA).	PHA have an outbreak response plan, however resources have been diverted to deal with the Covid-19 pandemic.	Likely	Moderate	HIGH	Consider redeploying staff to deal with the HIV & HEP C outbreak. By April 2022.	Dr Gillian Armstrong	Directorate	April 2022

RISK TITLE: Health protection staff diverted to the COVID-19 response ADDED TO RISK REGISTER: December 2021 DIMENSION: Operational Performance & Service Improvement									
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Risk Ref	Description of risk	Existing Controls	Likelihood	Impact	Risk Rating	Treatment / Action Plan & Timescale	Lead Officer	Status	Review Date
PH CC 18	There is a risk that the acute and proactive HP response to other infectious diseases and CBRN incidents do not get dealt with due to HP staff dealing with the Covid-19 pandemic.	PHA have an outbreak response plan, however resources have been diverted to deal with the Covid-19 pandemic.	Likely	Moderate	HIGH	Consider redeploying HP staff to deal with infectious diseases and CBRN incidents. By April 2022.	Dr Gillian Armstrong	Directorate	April 2022

RISK TITLE: Health Protection Environmental Hazards Statutory Duty & IPCCs

ADDED TO RISK REGISTER: December 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
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PH CC 19	<p>Environmental hazards, including providing responses as a statutory consultees for IPCCs within the designated time frame.</p> <p>Missing IPPC deadlines is an issue more than a risk.</p>	<p>PHA has a consultant lead dealing with environmental hazards; however they have been diverted to deal with the Covid-19 pandemic.</p> <p>The usual time frame is 28 days to respond to an IPPC. These documents can be very detailed with reference made to the industrial processes, legislative limits and if they are IPPC renewals then make ref to performance of the factory etc. Furthermore, reviews of IPPCs can happen in batches so if there are local e.g. timber producers they could all be reviewed in a relatively short period of time meaning work mounts up quickly.</p> <p>In short, typically the 28 day time frame is too short and with other planned work, possible leave etc...</p>	Likely	Moderate	HIGH	<p>Consider redeploying staff to deal with environmental hazards.</p> <p>By April 2022.</p> <p>As such the EA (in reference to Scotland were content to permit extensions even under normal times. The current emergency situation and pressure of work from COVID means that this is essential until the current situation calms down and more resource can be allocated to environmental work. I would also note that many of the recent applications had been outstanding for over a year in N. Ireland. Look at implementing a model from other UK regions. By September 2022.</p>	NR	Directorate	September 2022
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APPENDIX 1

Risks added to the Public Health Directorate Risk Register as at 31 March 2022

APPENDIX 2

Risks removed from the Public Health Directorate Risk Register as at 31 March 2022