

PUBLIC HEALTH DIRECTORATE RISK REGISTER REVIEW

DATE OF REVIEW: March 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		4 (PH CC 13, 14, 15 & 16)		
Number of risks removed from register		3 (PH CC 05, PH OPS 08, PH CC 12,)		
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 submission portal	<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</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> <p>The project is being consistently monitored – quarterly progress will be reported.</p> <p>Initial data transfer has been carried out to allow mapping against schema of new system</p> <p>Support for server housing existing information databases will continue by IT.</p>	Possible	Major	High	<p>IT has also confirmed agreement to extend support of the current database systems & data transfer until the new cloud based system is in place. Discussions are ongoing. Arrangements for data transfer are underway.</p> <p>We are currently exploring options for remote training and implementation</p> <p>Remote training is booked for January and February 2021 (DN: an existing control rather than an action?)</p> <p>Awaiting full data migration to complete, we are facilitating query resolutions at present and aim to agree a go live date in May 2021 when further staff training will be provided.</p> <p>Will be reviewed December 2020 June 2021</p>	Dr Janice Bailie	Directorate	December 2020 June 2021
						<p>If any action has slipped, please annotate reason here:</p> <p>Just to highlight this schedule may slip due to the current COVID-19 situation</p>			

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>Management & Admin funding reduced by 15% in April 2015 impacting on staffing levels and work.</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>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>Further delays in approval to confirm new approved structure in Health Improvement Division has delayed process of making permanent appointments.</p> <p>An OWD Group has been established to work on moving the structures forward and a separate review on the revised form and function of the Division has taken place.</p> <p>A paper had been submitted to DoH for approval to commence permanent recruitment The DoH have requested further clarification on a number of issues before any permanent recruitment can proceed. Response is currently being prepared in conjunction with HR.</p> <p>Permanent recruitment of HSWBI senior staff (Band 8cs) has commenced. Recruitment for permanent staff in Bands 8b – Band 3 will follow</p> <p>Health Protection Development Plan has been drawn up which will consider short and long term solutions to be implemented in phases. (DN: an existing control rather than an action?)</p> <p>Consider piloting of apprentice/deputy model to develop future PH practitioners by September 2021</p>	DPH/ADs	Directorate	December 2020 Sept 2021
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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 (cont'd)	<p>This is of relevance to PHA given the current position on VES, resignation of various senior staff, vacancy control and expected closure of HSCB and senior management changes across Trusts.</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>Further reductions in the 17/18 budget is expected but not yet confirmed by Department.</p> <p>Health Improvement has a high number of staff on temporary contracts.</p>	<p>Review of Health Improvement Division has now been completed by the Leadership Centre and formally signed off by AMT</p> <p>Establishment of additional temporary posts</p> <p>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, one successful applicant has been appointed and is due to start in February 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 is being delivered</p>				<p>Consultant Interviews are being held in October 2019</p> <p>Business cases are being developed to use programme funds to support appointment of additional non-consultant screening and Health Protection staff (Dec 2019 June 2021)</p> <p>Due to the ongoing COVID-19 pandemic response moving forward is delayed slightly.</p> <p>Business Case above to include the need for Band 3 support (June 2021)</p> <p>Health Improvement Senior management tier in Health Improvement now has 100% of staff in permanent contracts (as at 27th March) 31% of staff remain in temporary contracts. Senior Officer recruitment process is underway</p> <p>Joint HP and SD&S Consultant interviews are planned for May 2021 and will hopefully also provide a waiting list for future posts within the next 12 months.</p>			<p>June 2021</p> <p>June 2021</p> <p>June 2021</p> <p>June 2021</p>
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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>screening QA function risks exceeding the relatively small individual team resource (wte). This is an essential public health function. While the QA function is more robust and established within some screening programmes, the QA function within the antenatal, newborn and DESP programmes is most vulnerable. Additional staff are required to undertake these functions effectively – the recent challenge of COVID, necessitating the re-deployment of staff, has therefore been challenging, particularly given the need to restore the previously paused screening programmes.</p> <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>A staffing paper review had identified need for additional B7 and admin input (paper considered by AMT Nov 18).</p> <p>The DOH policy lead has been briefed.</p> <p>The above referenced paper will need to be revisited with a view to identifying potential M&A and/or programme monies that could be used to provide additional staff (Business case to be completed and subject to the usual approvals).</p> <p>This audit may necessitate identification of additional/new resources to support the BSO-related functions.</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 - 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>	Likely	Major	HIGH	<p>A Business Case to take forward development of team/capacity is being prepared – upon approval, this will be submitted to DoH for consideration. one B7 post was established at risk during 2019; recurrent funding is still outstanding, i.e. to be identified). (DN: review date?)</p> <p>Progress recruitment processes to fill vacant posts. (by June 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 June 2021)</p> <p>Explore options to secure additional data analytics input to screening programmes and bring forward business case if required. (by Sept 2021)</p>	<div>NR</div> <p>Stephen Bergin</p>	Directorate	<p>December 2020 June 2021</p> <p>June 2021</p> <p>Sept 2021</p>
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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>Restoration of population screening programmes (COVID-related)</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 (and longer to bring breast screening back to standard) following the 'pause' in services (March – July 2020) and in the ongoing context implementation of social distancing and infection control measures as a result of COVID-19.</p>	<p>Plans were developed and implemented to recommence all in place to manage recommencement of 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 updates provided to HSC Rebuilding Restoration Management Board. (awaiting outcome of funding bids)</p> <p>Ongoing monitoring of activity and capacity within each programme with escalation of risks and concerns as required.</p>	Likely	Major	HIGH	<p>Process to restart programmes commenced in June: programmes are being reintroduced in a planned and safe way, with emerging capacity used for people at highest risk and to ensure demand fits with capacity.</p> <p>Re-establish the Screening Programme Board (Nov 20) – to provide broader oversight (at CEx/Director level) DN: has this be re-established now?</p> <p>Restoration of Screening – Bid submitted to DoH for additional funding to support the restart programme. Outcome awaited. (Review December 2020) PHA have identified in year funding to support restoration. (DN: should this now be noted as an Existing Control?)</p> <p>Engage with Trusts and HSCB in further development of recovery plans to rebuild services.</p> <p>Bring forward business cases as appropriate</p> <p>Input to development work on a regional cancer recovery plan to include screening programmes. (June 2021)</p>	<div>NR</div> <p>Stephen Bergin</p>	Directorate	<p>December 2020</p> <p>June 2021</p>
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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. which 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. system objectives not being achieved (ie. call-recall).	<p>Quarterly performance management meetings have been established with BSO, with review of progress against the audit action plan.</p> <p>An action plan has been developed. A new IT system is required, however, to provide immediate and interim solution. A business case has been brought forward by BSO for £185k additional recurrent funding for staff and an offer of part funding of this in year was made. is required to provide staff, based within BSO, to address these issues: this Funding gap has been requested within the recent bidding round to DOH (2021-2024).</p>	Likely	Major	HIGH	<p>Awaiting outcome of bid to DoH for additional funding (review December 2020). DN: is outcome of funding bid known now?)</p> <p>IPT for additional resources to be currently being prepared progressed once funding confirmed.</p> <p>Project arrangements to be established to progress development and implementation of new IT systems (including PID, project team etc). Provisionally, to be established Jan-March 2021</p>	<div>NR</div> <p>Stephen Bergin</p>	Directorate	December 2020 June 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	<p>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> <p>Additionally there are a number of issues relating to specific screening programmes: Cervical Screening Programme (introduction of testing based upon the HPV screening test); Breast Screening (replacement of screening equipment, increase capacity in line with demographic growth and links to other IT systems) and Diabetic Eye Screening (implementation of fixed site location</p>	<p>Project arrangements being discussed to progress.</p> <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 formal assessment of the individual IT systems has commenced will be carried out. This is will examining the scope for existing systems to operate safely up until 2025, i.e., when a strategic 'Screening IT solution would hopefully be in place. This will be evaluated within a formal Screening IT appraisal, or 'risk assessment'. This is planned for 2021 (current discussions with in collaboration with HSCB/BSO Digital eHealth Services). (DN: timescale?)</p>	Likely	Major	HIGH	<p>established to progress development and implementation of new IT systems (including PID, project team etc). Provisionally, to be established Jan-March 2021</p> <p>To work with BSO ITS to complete the gap analysis work across all screening systems (May 2021)</p> <p>Participate in a workshop with DSCNI to inform and jointly develop a strategic way forward (May 2021)</p>	<div>NR</div> <div>Stephen Bergin</div>	Directorate	<p>December 2020</p> <p>June 2021</p>
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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 Without it 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>No resources have been identified for NI to obtain its own instance of BS-S, nor for the appointment of a temporary project manager.</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 .</p> <p>Project structure established</p>	Likely	Major	HIGH	<p>Establish project structure with appropriate governance arrangements, involving PHA, DHCNI, BSO, HSC Trusts, PHE and NHSD to progress the acquisition and implementation of BS-Select. Jan-March 2021</p> <p>Prepare business case and secure funding. Jan-March 2021</p>	NR	Directorate	June 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	<p>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 however PHA has been asked to take a co-ordination and oversight role on implementation. Delay during 2020 was due to COVID-19. 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.</p>	<p>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.</p>	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.</p>	Dr Brid Farrell	Directorate	March 2021 June 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 now are around resources, information governance, reporting, reputation, and business continuity planning – sustainability in an environment of uncertainty.</p> <p>Failure to scale up and down, within the necessary timescale will result in an inability to control and prevent community transmission of COVID 19, leading to increased deaths and a surge in activity that the HSC would not have the capacity to cope with.</p>	<ul style="list-style-type: none"> Relevant senior PHA staff represented on the Contact Tracing Steering Group (chaired by Dr L Mitchell and Mr A Findlay on behalf of the DoH); Programme lead overseeing all elements; PHA staff represented on the Digital TTIS Steering Group Work of the CTS supported by DoH STOPCOVIDNI (proximity) app Dynamics CRM operational in CTS Tier 3 call centre (provided by NIDirect) operational (through DoH MOU) Extensive communication programme with MLAs and key sectors including human rights, equality, older people and children's commissioners) 	Possible	Major	High	Extensive communications programme continues taking account of changing developments (review Mar 2021)	Dr Stephen Bergin	Directorate	March 2021

APPENDIX 1

Risks added to the Public Health Directorate Risk Register as at 31st March 2021

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: Inability 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 2

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

RISK TITLE: Lack of access to capacity & technical skills to monitor contracts ADDED TO RISK REGISTER: September 2012 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-05	<p>Lack of access to capacity and technical skills to monitor finance and high level of detail of contracts and therefore reputational risk to the organisation and inability to meet high audit standards. Complexity of procurement process creating tension when operating alongside contract key performance targets</p> <p>Loss of capacity as a result of staff leaving through VES will place increased pressure on remaining HSWBI staff to manage business processes effectively</p> <p>New demands following audit requirements eg assessing annual accounts of providers leading to further pressures on staff. Continued uncertainty and temporary nature of posts in Health Improvement Division a further source of pressure.</p>	<p>Review and monitoring of business processes in partnership with Finance and Operations colleagues as appropriate. (Monthly)</p> <p>Regular contact with Legal services and governance re addressing procurement queries and Freedom of Information requests (As and when required).</p> <p>Failure to meet monitoring requirements will be escalated to the appropriate Director and Chief Executive if required.</p> <p>Postpone timescales on other work in order to address gap in capacity. (Reviewed monthly)</p> <p>Discussions have taken place with DoH to address any outstanding barriers in terms of recruitment process.</p>	Likely	Moderate	High	<p>Further delays in approval to confirm new approved structure in Health Improvement Division has delayed process of making permanent appointments.</p> <p>An OWD Group has been established to work on moving the structures forward and a separate review on the revised form and function of the Division has taken place.</p> <p>A paper had been submitted to DoH for approval to commence permanent recruitment The DoH have requested further clarification on a number of issues before any permanent recruitment can proceed. Response is currently being prepared in conjunction with HR.</p> <p>Permanent recruitment of HSWBI senior staff (Band 8cs) has commenced. Recruitment for permanent staff in Bands 8b – Band 3 will follow Review progress Mar 21</p>	<p>Finance / Director of Operations/ Brendan Bonner/ HSWBI Leads/</p> <p>NR</p>	Directorate	December 2020 March 2021

RISK TITLE: Lack of access to capacity & technical skills to monitor contracts ADDED TO RISK REGISTER: September 2012 DIMENSION: Corporate Control									
Risk Ref	Description of risk	Existing Controls	Likelihood	Impact	Risk Rating	Treatment / Action Plan & Timescale	Lead Officer	Status	Review Date
CC-Q5 (cont'd)		<p>Regular meetings are held with finance to monitor the immunisation budget and ensure allocation of funding appropriately</p> <p>Recruitment of temporary staff continues in order to assist with business demands formerly carried out by those staff who have left the service</p> <p>Scrutiny Panel has given approval to move to recruitment of permanent posts in the new structures May 2017</p> <p>Review of Health Improvement Division has now been completed by the Leadership Centre and formally signed off by AMT</p>							

RISK TITLE: Lifeline Service ADDED TO RISK REGISTER: April 2019 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 08	<p>The Lifeline Service successfully transferred from the management of Contact NI to BHSCT on 1 April 2018 (with the management of the communications element of the service transferring to the direct management of the PHA).</p> <p>The Lifeline service has become mainstreamed as part of the spectrum of HSC service managed by the Belfast HSC Trust, but subject to annual IPT/PMRs.</p> <p>The review of crisis services by DoH has just been launched and may impact on LIFELINE service. On the instruction of DoH the contract for the current service is a contingency arrangement for 18 months, to enable review and informed decisions on the future model, including the possibility of re-procurement. There is a risk that further uncertainty regarding</p>	<ul style="list-style-type: none"> Regular meetings between PHA and BHSCT regarding IPT, contract management, KPIs etc; Internal PHA reporting and monitoring structure (Lifeline Roundtable Group) Contract with BHSCT has been extended until 31 March 2021. A review of the financial model will be undertaken during 2020/21 alongside a service model alignment with other crisis services such as MATT, SHIP, Home Treatment etc 	Possible Minor	Moderate Minimal	Medium Low	<p>Contract will continue to be monitored in line with PHA policy</p> <p>As part of a wider review of Crisis Interventions Support Lifeline will be included as part of any long term solution. A review of crisis services is underway by DoH which will include LIFELINE, MATT etc</p> <p>Work will continue on an enhanced IMS to support the service efficiency and delivery</p> <p>Contract deliverables for year 21-22 with BHSCT are being reviewed</p>	Brendan Bonner Fiona Teague	Directorate	Dec 2020 March 2021 March 2021 March 2021 March 2021

RISK TITLE: Failure to Deliver Twenty Regional Vaccination Programmes ADDED TO RISK REGISTER: April 2019 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-12	<p>The Health Protection Directorate has responsibilities for delivery of DH policy for twenty Regional Vaccination Programmes, which accounts for 97% of the health protection budget.</p> <p>At overall organisational level, the professional resource (AfC ≥ Band 6) for vaccination programmes is very small scale. Since January 2019 it has reduced further with existing staff stretched.</p>	<p>Prioritisation of current immunisation work load.</p> <p>Health Protection consultant recruitment attempted unsuccessfully in December 2018.</p> <p>Planning for a new joint recruitment campaign for consultants in October 2019.</p> <p>Consultant interviews scheduled for the 24th October 2019.</p> <p>(DN: are the above 3 still required to be noted as existing controls?)</p> <p>Scrutiny has also approved the temporary recruitment of a Band 7 Vaccinations Manager until March 2020 via expression of interest.</p> <p>Recruitment is underway for the Band 7 Immunisation Manger but may be delayed slightly due to the COVID-19 pandemic. HP would hope to appoint by Dec 20.</p>	Likely	Major	HIGH	<p>Interviews planned for late September/early October 2020.</p> <p>(DN: should this risk be removed? – its rated as High, but has no actions planned)</p>	NR	Directorate	December 2020 March 2021

RISK TITLE: Failure to Deliver Twenty Regional Vaccination Programmes ADDED TO RISK REGISTER: April 2019 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-12 (cont'd)	<p>One consultant has resigned, there is less nursing input due to nursing gaps elsewhere in the HP Directorate and the need to prioritise acute response, the Band 4 project officer has been on long-term sick leave, as well as surveillance staffing pressures. This is not a sustainable position, both in terms of the potential for significant issues to be missed, and the personal strain on individuals, with the potential for increased sickness absenteeism and further loss of staff.</p> <p>Ultimately this has the potential to lead to the PHA failing in its requirements to deliver the PHA immunisation function effectively and efficiently and its statutory obligations in respect of health protection.</p>	<p>The HP business case has been approved by DOH for Phase 2 staff re-structuring, however this is currently delayed due to the on-going COVID-19 pandemic. Hopefully move forward with this by Sept-Dec 20.</p> <p>The HP service has managed to get several locums to assist with on-going work, however this is only a short-term fix until Dec 20.</p> <p>2 x permanent Band 7 Immunisation posts have been created within HP and also an additional 2 x temporary Band 7 HP Covid-19 support posts have been created for up to 2 years.</p> <p>SD&S were also appointed a temporary Band 7 Covid-19 Testing manager for up to 2 years from the pool of successful candidates.</p> <p>Additional temporary Locum Dr's have been recruited via medical agencies to support the Covid-19 Public Health response.</p> <p>Health Protection Locum Consultant interviews were held in January 2021, one successful applicant has been appointed and is due to start in February 2021.</p>				<p>Start recruitment process for additional consultants either full-time/part-time or Locums by December 2020. (DN: has this happened? If not, need revised timescale added)</p>			

