

Ref (Client's Sheet)	New Ref	Work Stream	Risk Descriptions	Risk Owner	Assigned to	Status	Category	Due Date	Likelihood	Impact	Exposure	Impact Details	Current Controls	Progress Update	PH Transition Plan Ref (risk/action)
1	1	HR	There may be insufficient specialist and support staff post March 13 to deliver on public health outcomes and mandatory and critical services.	Nonnie.Crawford	Sue Stanhope	(1) Active	(4) Organisational / management / human factors	01/05/2012	2	3	6	Future structures which do not identify an appropriate capacity and skill mix may lead to an inability to deliver on public health outcomes. Similarly, differences in support arrangements between SCC and NHS SoTW could impact on the capacity of staff to achieve outcomes.	The DPH and Ass CX are developing options of how the structure will look. This will go to consultation with CX and HR director.		
26	2	HR	PCT staff whose function (screening and immunisation) aligns to PHE may not be aligned for TUPE transfer	Nonnie.Crawford	Nonnie Crawford	(1) Active	(4) Organisational / management / human factors ? Financial ? Technical / operational / infrastructure	01/05/2012	3	3	9	DoH guidance does not outline PCT sender of immunisation and screening dental services detailed) to Public Health England. This may lead to staff redundancy and a loss of skilled capacity from the system. If staff are transferred to the LA then there is a risk of unclear accountability in the event of SUI/poor uptake. Alternatively, alignment to PHE could lead to early transfer which would impact on delivery during 2012/13.	Awaiting guidance from DH If transfer to PHE in 12/13 then MoU/SLA between SoTW and PHE		1C (risk) 2B (risk)
26	3	SD	Services for 0-5s may become fragmented post March 13.	Nonnie.Crawford	Nonnie Crawford	(1) Active	(7) Technical / operational / infrastructure	01/10/2012	2	3	6	DH guidance does not clearly identify where all public health functions for 0-5s will transfer e.g. breastfeeding, early years interventions. This may lead to a deterioration in integration of locally and nationally commissioned (health visitor) services and hence poorer outcomes.	Awaiting guidance from DH		1C (risk)
4	4	E	There may be increased liability of capital assets/property/ leases for SCC as those associated with PH functions transfer from PCT	Nonnie.Crawford	Colin Clark	(1) Active	(1) Strategic / commercial	15/10/2012	1	4	4	The liability of a capital asset will impact on property LA portfolio. What leases are in place to house PH staff or on a property used to deliver. Will all responsibility be retained by PCT/NHS.	Government agreed all PCT assets will transfer to National Property Company. The discharge duty will be carried out via competition to best performing LIFT company. (This will include strategic overview of leasing of assets, which will be reviewed in line with length of contract).		
26	5	SD	Optimum hosting organization for the mandatory service PH support to NHS commissioners may not agree to host resources.	Nonnie.Crawford	Nonnie Crawford	(1) Active	(3) Legal and regulatory	26/04/2013	2	3	6	Current resource is shared across G, ST and S'land and supports PH as well as wider NHS commissioning. If an appropriate shared service is not agreed and appropriately hosted then this may impact on the delivery of this mandatory service as well as support to the PH team.	• Options paper being developed for SoTW, to be considered by DsPH/LA/CCGs and recommendations made to through SCC governance arrangements • Arrange provision either directly or commissioned.		1C (risk) 1G (risk)
11	6	I&I	Appropriate arrangements for knowledge management and data analysis may not be in place by Apr 13	Nonnie.Crawford	Paul Allen ?Richard Wright	(1) Active	(7) Technical / operational / infrastructure	10/12/2012	3	4	12	A lack of timeliness of guidance relating to hosting of and access to information may impact on the development of systems for data analysis, interpretation, use, access to expert opinions, evidence base, knowledge management. This will reduce the ability to identify need, implement appropriate interventions, manage performance, measure outcomes and evaluate actions.	Awaiting guidance from DH and legislation. Options for data sharing arrangements could be considered.		1C (risk) 5E (risk) 5F (risk)
32	7	I&I	SCC may not have access to the Child Health System for the National Child Measurement Programme (NCMP).	Nonnie.Crawford	Beverley Scanlon	(1) Active	(7) Technical / operational / infrastructure	07/01/2013	3	3	9	The Child Health System is to be hosted by the NHS Commissioning Board post March 2013. If SCC does not have access to this then it may not be able to deliver on a mandatory service (NCMP). There will also be a lack of information to undertake surveillance and needs assessment in	Awaiting national guidance.		2A (risk)
10	8	I&I	"Organizational memory" may be lost as staff delivering and supporting the public health function are dispersed to different organizations	Nonnie.Crawford	Sarah Reed	(1) Active	(1) Strategic / commercial	07/01/2013	1	4	4	Legacy information is required for transfer to include: Information and management Human Resources/Workforce Financial Contracting/Commissioning Assets Communication How is information required established and how will it be transferred?	Production of legacy documents to inform future PH commissioning part of PH Transition plan.		
12	9	G	Delegation of accountability to LA between Oct 12- April 13 without agreement of MoU/SLA may result in difficulty in establishing lines of responsibility and accountability and a lack of key support from NHS SoTW e.g. clinical governance, medicines management and appropriate data access.	Nonnie.Crawford Sarah Reed	Sarah Reed Peter Cowan	(1) Active	(3) Legal and regulatory (7) Technical / operational / infrastructure	04/06/2012	2	2	4	SCC does not have some of the support services currently required by the public health function. Until robust agreements are in place this could lead serious incidents in relation to patient safety and health protection. There could also be issues of data access.	Early delegation will only be agreed if robust arrangements are established through the use of MoU/SLA Roles and responsibilities and governance and accountability will be part of establishing the function structure and posts and will go through a period of consultation with staff and unions prior to implementation.		1A (risk) 2A (risk) 5E (risk)
13	10	G	A range of commissioning support including appropriate arrangements for clinical governance and medicines management may not be available to support public health commissioning from April 2013	Nonnie.Crawford		(1) Active	(1) Strategic / commercial	10/09/2012	3	4	12	Unless appropriate arrangements are put in place there may be no support in relation to clinical governance (including medicines management) when the functions transfer in April 2013. This may become a more acute problem following the outcome of the Francis Enquiry.	Development of options papers re clinical governance/medicines management and clinical advice to commissioners part of PH Transition Plan		4C (risk)
17	11	F	The ring-fenced public health budget may be insufficient for currently commissioned services plus administrative and infrastructure costs placing SCC at financial risk if notice is not given by SoTW	Nonnie.Crawford	Glenda Herron ?Andrew Stewart	(1) Active	(1) Strategic / commercial (2) Economic/financial/market (3) Legal and regulatory		2	4	8	If contracts novate to SCC and the budget is less than expenditure then SCC may be liable for continued funding. If the budget is insufficient for administrative costs, SCC may be liable for redundancy costs.	Opportunities are being identified to establish a financial "cushion" going forward e.g. Health Trainers. Service reviews have been undertaken by NHS SoTW and shared with SCC. PH Transition Plan identifies regular consideration of giving notice on contracts. The DPH and Ass CX are developing options of how the structure will look. This will go to consultation		1E (risk) 3A (risk)

15 43	12	SD	If notice is given to decommission a service without a full impact assessment then there is a risk that the decision will be challenged.			(1) Active	(3) Legal and regulatory		2	4	8	A decision to decommission a service following prioritisation of the budget either due to reductions in budget or service transformation may be challenged if the EIA/NRA is insufficiently robust. This could lead to financial risks and/or lack of progression in relation to service transformation.				1E (risk) 4E (risk) 5B (risk)
16	13	F	There may be redundancy costs for SCC	Nonnie.Crawford	Sonia Tognarelli	(1) Active	(2) Economic / financial / market	20/08/2012	2	3	6	Directorates should be fully aware that there will be redundancies of Public Health workforce if the ring fenced budget does not meet the current configuration or if it exceeds the identified functions. Timing and impact of this needs to be established.				
18 26	14	SD	Commissioning arrangements across South of Tyne and Wear may impede progress in transforming services	Nonnie.Crawford	Graham King	(1) Active	(1) Strategic / commercial	19/09/2012	2	3	6	Some services are jointly commissioned across SoTW. This may impact on service transformation as well as being a potential financial risk.				1C (risk)
20 26	15	M	GPs and Pharmacists may withdraw provision of services if ability to contract through LES and DES is not maintained.	Nonnie.Crawford		(1) Active	(2) Economic / financial / market		1	1	1	Contracts with GPs and Pharmacists are linked to core contracts. This will not be possible for the SCC as it will not hold the core contract. There may be a reluctance from some providers to consider alternative arrangements.	Awaiting national guidance.			1C (risk)
21 48	16	C	Lack of communication and engagement may result in poor workforce performance, misinformation, disengagement from the process and challenge from stakeholders.	Sarah Reed	Jane Peverley	(1) Active	(7) Technical / operational / infrastructure		2	3	6	Need to ensure full scoping of comms and engagement is planned and delivered- Includes: Workforce LA internal External stakeholders/ commissioners Public & Patients	A comms and engagement plan is being developed- need buy in from all providers			6A (risk)
22	17	HR	If PCT staff do majority of PH work on Sunderland, and spend some time at authority then there is an increased risk of TUPE. Risk to Council that could be challenged and	Sue Stanhope	Peter Cowan	(1)Active	(3) Legal and regulatory (2) Economic / financial / market	01/08/2012	3	3	9	Need to have a clear understanding of staff R&R's and time spent on Sunderland activity				
24 45	18	C/G	Legal issues relating to the novation of contracts from SPCT to SCC may not be resolved.	Sarah Reed/ Nonnie Crawford	Glenda Herron/ Juliette Collinson	(1)Active	(3) Legal and regulatory	02/03/2013	3	3	9	Unresolved legal issues related to the novation of contracts between NHS and LA could result in risks to service delivery.				1B (risk) 5C (risk)
25 26	19	C	Optimum commissioning arrangements may be unachievable for some services where the footprint is greater than Sunderland.	Sarah Reed	Glenda Herron	(1)Active						If the optimum commissioning arrangements are on a wider than Sunderland basis, different commissioning arrangements in other LAs and inability to reach agreement with other LAs may mean that the benefits of a collaborative commissioning model can not be realised.				1B (risk) 1C (risk)
27	20	SD	JSNA may not be sufficiently robust as a basis of commissioning decisions.	Nonnie.Crawford	Gillian Gibson	(1)Active	(3) Legal and regulatory					If EIAs and evidence of engagement are not sufficiently robust then notice and/or re-commissioning arrangements may be challenged.				1 D (risk)
26 29	21	C	Lack of clarity for the transfer of appropriate commissioning arrangements to NHS CB and PHE	Nonnie.Crawford		(1)Active	(3) Legal and regulatory					Delays in establishment and operations of PHE and NHS CB may mean that the transfer of commissioning arrangements to the NHS CG and PHE is also delayed resulting in a risk to service delivery and possible fragmentation.	Development of legacy document. Awaiting central action			1 C (risk) 1 F (risk)
31 36	22		Lack of stability in the system could impact on coordination of response to health protection issues	Nonnie.Crawford		(1)Active	(7) Technical / operational / infrastructure					Previous changes in arrangements of health protection services took many months to confirm through SLA/MoU. Under new mandated arrangements the DPH will be the accountable officer but may not be able to give assurance of these new complex arrangements by April 2013.	Develop a clear model for the delivery of health protection, as a mandated function, during transition and in the new local public health service			2A (risk)
33 42 45	23	G	There may be an inability to agree where legacy costs reside of any currently unknown SUIs/Negligence claims/in system as part of the transfer of functions.			(1)Active	(3) Legal and regulatory (2)Economic / financial / market					A lack of agreement between STPCT and SCC on where liability for legacy costs reside for any currently unknown SUI/negligence claim or any in the system could delay transfer beyond April 13.	DH guidance?			2A (risk) 4D (risk) 5C (risk) 5D (risk)
34	24		Current NHS standards e.g. free at the point of use, "You're Welcome" may not continue as commissioning transfers from the NHS to the LA			(1)Active	(3) Legal and regulatory (2)Economic / financial / market					Current standards may not transfer with functions. This may have unintended consequences such as reduction in uptake of some services leading to poorer health outcomes				2A (risk) 4E (risk)
26 35 46	25		SCC may not be able to access NHSLA/CNST.			(1)Active	(3) Legal and regulatory (2)Economic / financial / market					Inability of SCC to access NHSLA/CNST may lead to increased insurance costs which could impact on the costs of commissioning PH services and other PH functions e.g. health protection	DH guidance? Identify costs of alternative arrangements			1C (risk) 2A (risk) 4C (risk)
37 38	26		There may be a lack of resource to full fill the critical function of infection control assurance from April 2013			(1)Active	(3) Legal and regulatory					There is currently no staff in STPCT PH department who have infection control skills. Without alternative arrangements there will be no capacity to undertake infection control assurance which is identified as a critical function	Appraisal of options for the commissioning and delivery of infection control assurance to be developed			2B (risk) 2B (action)
26 39	27		Plans for workforce transfer may not progress to enable successful TUPE progress for PH staff by April 13			(1)Active	(4) Organisational / management / human factors					Delays or lack of clarity in HR sender and receiver guidance or disagreement over implications of ring fenced budgets (rb) and staff transition unresolved between NHS SoTW and Sunderland City Council may prevent progress in agreeing workforce transfer	Awaiting further DH guidance.			1C (risk) 3A (risk)
41	28		LAs may not agree Lead DPH assignment/alignment for LRF			(1)Active						New arrangements for Health Protection involve a lead DPH for the LRF area. If LAs do not agree this there may be a lack of expertise and coordination in the event of an				4B (risk)
44	29		LA Chief Officers and Political Leadership may not support implementation timelines defined by DH			(1)Active	(4) Organisational / management / human factors					If the LA does not support DH implementations timelines then it will not be possible to deliver the plan.	Plans developed to DH timescales will be agreed through SCC structures			4F (risk)
45	30		There may be an interaction of LA political process with prioritisation of previous NHS provided services			(1)Active						Political demands may prioritise services provided by council staff over those provided by the NHS. If council staff do not have the appropriate skills this may impact on the provision of services for those with high clinical need.				5C (risk)
31			There may be insufficient capacity to deliver transition									There may be insufficient capacity to maintain progress in delivering transition alongside improvements in relation to public health priorities				5A (risk)
32	C&P		Sunderland CCG may be at risk as they work alone, whereas other CCG's have joined with bordering area. This makes them larger and they may therefore have more buying power and influence	Nonnie.Crawford Sarah Reed	Nonnie Crawford	(1)Active	(2)Economic / financial / market (1) Strategic / commercial	01.01.12	3	3	9	Impact on the influence and commissioning levels for Sunderland city				