BOARD MEETING

28 July 2016

Paper Title:	Corporate Risk Register and Other Red Risks
Section:	Public
Lead Director:	Andy McElligott, Medical Director
Paper Author:	Debbie Webster, Deputy Director of Quality & Governance
	Paula Reilly, Assistant Risk Manager
Agenda Item:	**15**
Presented For:	Assurance

1. Purpose of this Report:

The purpose of this paper is to;
- Update the board on the review and revision of the Trust's corporate risks in light of the corporate objectives (as agreed within the BDCFT Risk Management Strategy)
- Inform and update the Board on any red risks (those not on the CRR) as at July 2016

2. Summary of Key Points

The Board usually receives a quarterly update on all CRR risks; this quarter the Board is presented with the new corporate risks (summarised in Section 2.1 and detailed in Appendix 1) which were identified through the review outlined in Section 1 of the paper.

3. Financial Implications

There are no specific revenue or capital requirements that arise from the CRR or red risks. However each principal risk and the actions that are required to mitigate the risks may have revenue or capital implications. This will be flagged up as necessary in papers to EMT and committees.

4. Legal Implications

None

5. Equality Impact Assessment

There are no negative impacts on equality

6. Previous Meetings/Committees Where the Report Has Been Considered:

Audit Committee		Quality & Safety Committee		Remuneration Committee		Resources Committee	
Executive Management Team	x	Directors Meeting	x	Chair of Committee's Meeting		MH Legislation Committee	

7. Risk Issues Identified for Discussion

The updated position against red risks not on the CRR and the agreed newly identified risks are provided.

8. Links to Strategic Drivers

Patient Experience	Quality	Value for Money	Relationships
The contents of the CRR potentially have a direct bearing on all of the strategic objectives.			

9. Publication under Freedom of Information Act

This paper has been made available under the Freedom of Information Act

10. Recommendations:

It is recommended that the Board:

- Considers and confirms / comments on the new corporate risks summarised in section 2.1 and in full at Appendix 1
- Agrees that risks which were previously on the CRR have been appropriately incorporated into the new risk register arrangements (Section 2.2).

Corporate risk register (CRR) review & red rated risks

1. Background

Through the BDCFT Risk Management Strategy (2016 – 2019) it was agreed that a piece of work would be undertaken during 2016/17 to more closely align the corporate risks with the corporate objectives.

This work commenced with a paper to EMT in June 2016 which identified the current risks and corporate objectives for consideration; further work has been undertaken by EMT members and as a result a new set of corporate risks has been identified and are summarised in Section 2.1.

Progress against red risks not on the CRR is included (as per agreed process) at Section 3 of this paper.

ASSURANCES

2. EMT review of the corporate risk register content

All additions / removals relating to the CRR are approved by the Executive Management Team; the following information summarises the content and changes made since the last report to Board:

2.1 New or escalated risks

The review process undertaken by the EMT has identified risks specifically linked to corporate objectives; these are summarised in the table below and presented in detail at Appendix 1.

	Corporate objective	Corporate risks
1	Achieve national access and waiting time standards	a) If RTT Dental, EIP and IAPT access and waiting time standards are not met patients will receive a poor quality service and we will not comply with our regulatory requirements which may impact on our governance rating
2	Work with commissioners so that more people can access appropriate services locally	b) If we fail to convince commissioners that we are capable of improving accessibility to local services , then they are more likely to market test those services via competitive procurement
3	Manage Trust resources to improve cost efficiency and productivity and deliver the planned financial position	c) If the Trust fails to accurately forecast and fully mitigate 2016/17 pressures to deliver key business and financial plan milestones then it may not secure STF funding, may fail to achieve the required revenue control total and planned FSRR and may ultimately face regulatory intervention. d) If the Trust fails to develop and implement detailed workforce and updated resource / delivery plans for Agile working, then in-year and future year financial efficiencies are unlikely to be realised as planned; either at the anticipated value or timescale.
4	Collaborate with West Yorkshire partners to develop best practice	e) If we do not develop best practice services through the develop best practice models across WY then people are likely to receive inpatient services outside of WY at a

	services for people in crisis who require urgent access to mental health service		cost to the WY system and receive inappropriate care and treatment which may result in, DTOC, lengthy ALOS, waiting lists, inappropriate use of police cells, increases in SI's, complaints
5	Develop sustainable plans for local health services stimulating provider collaboration to reduce hospital admissions and provide more cost effective care closer to home	f)	If providers fail to set organisational self-interest aside and collaborate, for the benefit of defined populations, then delivery of fully integrated and accountable care is unlikely
6	Manage the impacts of social care funding pressures and changes in local nursing and residential home sector provision	g)	If volatility in the nursing and residential care home sector or LA budget reductions reduce care packages or support to individuals then demands on the Trust's community services is likely to increase with potential to impair quality, safety or performance and / or require additional Trust resourcing
7	Secure a share of the nationally mandated increase in mental health funding	h)	If the Trust does not present a convincing case for investment in Mental Health that demonstrates whole systems benefits and is clearly referenced in the Bradford and Airedale MH Strategy then CCGs may not prioritise investment in these areas due to funding pressures
8	Innovate to expand the range of services that is provided locally	i)	If we do not expand our existing services or secure new services then we are unlikely to be seen as local and national leaders in the provision of outstanding healthcare. There is also a possibility that the organisation may lose core business and will become financially unviable without additional income.
9	Market the Trust's reputation for delivering high quality, award winning services to secure new service contracts	j)	If the Trust doesn't successfully market its reputation for delivering high quality, award winning services then opportunities for securing new service contracts could be reduced
10	Exploit digital technologies to transform care and stakeholder engagement locally	k)	If we fail to transform the Trust's informatics function, in line with a clear vision for the future of that function, then we will be unable to properly exploit digital technologies
		l)	If we are unable, through lack of capability and / or capacity, to train our workforce to fully utilise the power of new technologies, then we will not realise the benefits, either quality or financial.
11	Support a skilled, motivated and engaged workforce drawn from diverse backgrounds to continuously improve and develop	m)	If the Trust fails to recruit, retain and engage a diverse workforce in the right numbers with the right skills, behaviours and experience to innovate in delivering holistic models of care, it will be unable to meet the needs of services users, carers and commissioners in terms of delivering high quality, safe, outcome based, patient focused care and support. This in turn will impact on achievement of safer staffing levels, meeting CQC and other regulatory requirements, reducing bank and agency usage and spend and effectiveness in winning tenders where new integrated models of care and working are required.

2.2 Risks previously on the CRR

Prior to the recent review there were 5 risks on the CRR; these have been addressed as follows:

Risk subject (summarised)	Transfer of the risk
Clustering performance (Risk 1291)	This risk does not directly map to a corporate objective and now appears on the Operations Directorate risk register
Agile working programme is not fully embraced, embedded and implemented (Risk 1368)	Covered in new risks d) and l)
IM&T capacity and systems (Risk 1584)	Covered in new risks k) and l)
National shortage of Band 5 qualified nurses leading to unfilled vacancies (Risk 1606)	Covered in new risk m)
Commissioners re-procurement activity and potential for decommissioning with contracts lost to competitors (Risk 1652)	Covered in new risks b), h), i) and j).

3. Red risks not on the CRR, including changes since April 2016

3.1 Red risks closed or downgraded since April 2016

There were no red risks (other than those on the CRR) reported to the Board in April 2016.

3.2 Current red risks

There are currently no red rated risks across the organisation (other than any reflected in the revised CRR).

4. Risk Implications

There are no specific risk implications to highlight

5. Monitoring and review

The Board will next receive a report in September 2016; ongoing monitoring of the risk registers will continue through EMT, committees and local governance arrangements.

6. Timescales/Milestones

There are no specific associated timescales or milestones.

7. Recommendations

It is recommended that the Board:
- Considers and confirms / comments on the new corporate risks summarised in section 2.1 and in full at Appendix 1
- Agrees that risks which were previously on the CRR have been appropriately incorporated into the new risk register arrangements (Section 2.2);

Director's updates against individual risks

Risk Subject:	Meeting waiting time standards
Risk number:	
Director owning risk:	Nicola Lees
Risk register level:	Corporate
Current risk rating:	9
First entered onto risk register:	July 2016

Risk description:
If RTT Dental, EIP and IAPT access and waiting time standards are not met patients will receive a poor quality service and we will not comply with our regulatory requirements which may impact on our governance rating.

Director's update:
IAPT

Access target for IAPT is 15% of prevalence (12k treatments per year). CCG Quarterly Performance Group has agreed reduced performance against access target whilst the service implements a revised service model 2016/17. The service continues to monitor and benchmark against monthly access trajectory, which varies based on previous years' seasonal variation.

Numbers accessing treatment in June 2016 were above trajectory target for all 3 CCGs:

Airedale, Wharfedale and Craven CCG: 284 (target: 229)
Bradford City CCG: 135 (target: 121)
Bradford Districts CCG: 536 (target: 519)

Waiting time standard for IAPT is 95% to be seen within 6 weeks of referral date. CCG Quarterly Performance Group has agreed reduced performance against waiting time whilst the service implements a lead provider contract with local voluntary community sector partners. The service continues to monitor and benchmark against the waiting time standard on a monthly basis. The service has set waiting times as one of its quality goals.

Waiting time for June 2016 was above target, 100% within 4 weeks.

EIP

The EIP access and waiting times are monitored internally at service, business unit and board level. Externally they are monitored by CCGs (QPG) and NHS England. In addition to the access and waiting time standard a quality measure has also been introduced 'kite-marking' NICE concordant EIP services in line with the Commissioning Guidance. A method of self and peer review is being introduced in the latter part of 16/17.

The new waiting time and access standard that more than 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within 2 weeks of referral. This new standard is targeted at people aged 14-65.

Gaps in Controls

IAPT

There is a lack of demand for low intensity (step 2) therapy. 96% of IAPT referrals are via GP. The GP threshold for referral is too high, impacting demand from people with mild depression/anxiety. Service model will move to predominantly self-referral.

Poor data quality and transfer of data between the service and NHS England (HSCIC) result in under-reporting of performance against access and waiting times.

Stigma of mental health reduces engagement in self-referral.

EIP

The additional workforce to meet the new access standard is currently being recruited.

Dental
Unable to control the number of children requiring dental care with general anaesthesia (GA). There is a limit on the number of patients that can be listed for dental care with GA. A number of lists are lost as they fall on a Bank Holiday. Monitor agency cap has impacted on BTHFT, consequently lists are being cancelled; discussions regarding additional lists has been unsuccessful.

Actions taken to address gaps in past 3 months
IAPT

1. Develop and improve self-referral (August 2016)

    a. Create telephony single point of access facility
    b. Recruited Telecoach Supervisor
    c. Develop initial assessment and triage process
    d. Identify Telecoach staffing rota from existing PWP staffing
    e. Establish non-geographic phone number

2. Re-brand IAPT service to educational provider to de-stigmatise (September 2016)

    a. Identify potential service names
    b. Market test service name (proposed – Wellbeing College)

3. Wellbeing College website (September 2016)

    a. Commission web host/developer
    b. Agree website functionality

4. Implement electronic patient admin system (May 2016)

    a. Implement PCMIS

5. Re-locate service delivery to non-clinical environments (June 2016)

    a. Target highest cost room hires and replace

6. Implement on-line therapy courses (October 2016)

    a. Commission system/platform (SilverCloud)
    b. Identify staffing resource

7. Establish provider network and subcontracting (October 2016)

a. Establish network of VCS partners

<u>EIP</u>

Gap analysis and workforce plan developed based on commissioning guidance with investment required to meet the target articulated.

Investment agreed recurrently from April 16.

Recruitment and training plan in place and ongoing to facilitate widening of age range and employ appropriate skill mix to offer NICE concordant interventions.

Ongoing feedback to NHSE regarding preparedness and implantation identifying October 2016 as when the service can extend its upper age range and be NICE concordant in delivery.

<u>Dental</u>

Ongoing monitoring and cleansing of waiting lists. Ensuring staff are interpreting the rules correctly. Theatre lists are being used flexibly and a number of lists allocated to adults have been converted to paediatric lists. Lean principles applied to all pathways

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Actions to be taken over next 3 months
<u>IAPT</u>

1. Develop and improve self-referral (August 2016)

   a. Telecoach induction
   b. Develop standard operating procedures

2. Re-brand IAPT service to educational provider to de-stigmatise (September 2016)

   a. Market test service name (proposed – Wellbeing College)
   b. Trust Board approval

3. Wellbeing College website (September 2016)

   a. Develop website content
   b. Market test design

4. Implement electronic patient admin system with self-referral functionality (May 2016)

   a. Create self-referral portal
   b. Embed self-referral portal in website

5. Re-locate service delivery to non-clinical environments (June 2016)

   a. Identify alternative rooms for service delivery

6. Implement on-line therapy courses (October 2016)

   a. Develop implementation plan
   b. Develop content/branding

7. Establish provider network and subcontracting (October 2016)

     a. Review activity based payment tariff (finance)
     b. Develop staff backfill arrangement
     c. Establish therapy/course prospectus

<u>EIP</u>

Reporting systems development and configuration to facilitate concordant reporting through Unify is complete apart from and the date for MHMDS data which is to be agreed.

<u>Dental</u>

The above actions have resulted in some improvement.
- Ongoing monitoring of waiting lists and times
- Lists will continue to be used flexibly between adults and children
- Ensure that 18 week rules continue to be applied correctly

Risk Subject:	Work with commissioners so that more people can access appropriate services locally
Risk number:	
Director owning risk:	Andy McElligott
Risk register level:	Corporate
Current risk rating:	12
First entered onto risk register:	July 2016

Risk description:

If we fail to convince commissioners that we are capable of improving accessibility to local services , then they are more likely to market test those services via competitive procurement

Gaps in Controls

Capacity to service the increasing number of meetings / steering groups / development groups

Accessibility of some services remains suboptimal: CAMHS, community nursing, specialist psychology, podiatry

Services yet to be tested against new national waiting time standards for IAPT and EIP

Actions taken to address gaps in past 3 months

IAPT:

Created telephony single point of access facility

Recruited telecoach supervisor

Developed initial assessment and triage process

Identified telecoach staffing rota from existing PWP staffing

Established non-geographic phone number

Implemented electronic patient admin system PC-MIS

EIP:

Gap analysis and workforce plan developed based on commissioning guidance with investment required to meet the target articulated.

Investment agreed recurrently from April 16.

Recruitment and training plan in place and ongoing to facilitate widening of age range and employ appropriate skill mix to offer NICE concordant interventions

Service Manager for EIP has membership on the EIP Better Access Standard Regional implementation group led by NHSE

CAMHS:

Future In Mind Investment secured the existing Primary Mental Health Worker workforce. Internal moves and also utilising Future In Mind Investment that was allocated to BDCFT in June 2016 allotted to 'Early Help' has seen an ability to increase the PMHW workforce by 2.4 wte.

PMHWs are aligned to school nursing teams and also to the growing pilot of 'Early Help Panels' which are multi agency panels that triage, sign post and provide more seamless referrals into specialist services ensuring that a young person and their family receive the right care at the right place at the right time

Additional investment to recruit CAMHS Clinicians into First Response Service to further support the FRS offer to Children & Young People (C&YP) in Crisis. Posts out for recruitment

Children's Crisis Care Concordat established

FRS already seeing C&YP in crisis. CAMHS Lead Clinician is providing at least weekly consultation, support & Training to FRS to ensure appropriate and safe responses to C&YP

CAMHS current Weekend Service remains operational with a phasing into being based at weekends with FRS & IHTT

Internal Working group established to embed safe working practices and transitions across FRS and CAMHS

April 2016 Future in Mind Investment to develop the Eating Disorder Team in line with the Better Access & Waiting Time Standard for Children & Young People with ED: gap analysis and workforce plan developed, reporting systems development and configuration to facilitate concordance in shadow form has been completed, recruitment to new posts is underway

COMMUNITY NURSING:

Revised community nursing specification developed, in conjunction with CCGs, for Bradford

New cluster model for health visiting / school nursing developed

Community Nursing / Matron analysis of impacts of Bradford service specification change and complex care pilot

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Actions to be taken over next 3 months

IAPT:

Re-brand IAPT service to educational provider to de-stigmatise (September 2016)

Wellbeing College website (September 2016)

Re-locate service delivery to non-clinical environments

Implement on-line therapy courses (October 2016)

Establish provider network and subcontracting (October 2016)

EIP:

Ongoing feedback to NHSE regarding preparedness and implementation identifying October 2016 as when the service can extend its upper age range and be NICE concordant in delivery

Reporting systems development and configuration to facilitate concordant reporting through Unify and onto MHMDS (date for MHMDS data flow yet to be agreed) this includes reporting on waiting times and also interventions

CAMHS:

The service is starting a period of internal service review of capacity, demand, service offer, vision and recommendations for a new approach. This is commencing in July and will take 6-9 months to complete

Immediate Actions to address historical internal waits

- Additional FTC's for clinical staffing to look to manage the internal waits for ASC & ADHD assessments.

- Review of roles and job plans to target areas with increased pressure skill mixing vacancy where appropriate

The recruitment to the additional PMHW posts has taken place with staff likely to be in post by September 2016

COMMUNITY NURSING:

Work underway with Bradford CCGs and joint meetings planned with GP Clinical Forum (early and mid-August meetings) to explore impacts of revised community nursing service specifications

Revisit completeness / usefulness of demand and capacity work in community nursing and consider how / if to replicate for CMHT, OP, LD

CMHT:

Understand CMHT demand / capacity - link to previous Meridian work (not double count productivity assumed in agile)

Start to specify new podiatry arrangements as part of both the AWC and Bradford diabetes procurements

Risk Subject:	Corporate Objective 3: Manage Trust resources to improve cost efficiency and productivity and deliver the planned financial position
Risk number:	
Director owning risk:	Liz Romaniak
Risk register level:	Corporate
Current risk rating:	20
First entered onto risk register:	July 2016

If the Trust fails to accurately forecast and fully mitigate 2016/17 pressures to deliver key business and finance milestones then it may not secure £553k STF that is linked to delivering a £1,350k surplus, may fail to achieve our £2,140k control total and planned FSRR and may ultimately face regulatory intervention.

Gaps in Controls

- Adverse year to date performance and a number of plan risks require detailed mitigation planning if the Trust is to achieve a planned surplus of £1,350k (this means being on track by Q3 and forecast by Q4)
- Abridged NHS Improvement timescales reduce time to validate Forecast with YTD position, will now need verification in arrears
- The Trust has not agreed performance trajectories with the regulator for Access Standards or internally considered assurances / risks other than at Annual Plan stage
- Children's Service contracts have a current imbalance of income and expenditure
- The Trust needs to develop new cost reductions to address further anticipated PH Grant reductions of at least 2.5% p.a. by 1.4.17 (which will mean effecting change during 2016/17)
- The Trust's 5 year financial plan assumes that turnover is used to 'realise' Agile working savings. The Agile Delivery Steering Group has not yet developed a detailed 2017/18 workforce plan. The Trust needs to target at least £600k benefit in 2016/17 from vacancies September-March to mitigate in-year pressures and as importantly to ensure achievement of 2017/18 CIP

Actions taken to address gaps in past 3 months
- Finance Risk Logs have been identified to flag key areas of financial risk. These are now being agreed with relevant DDs (from month 3) including actions to mitigate the risk (by reducing exposure to that item, or by taking other compensating actions in other budget areas) are being agreed.
- Performance Management Framework revised and terms of reference reviewed from month 3. Refocus of agenda on finance and exceptions and rescheduled meetings to allow more time for analysis, discussion and identification of key risk/exception areas for agenda
- EMT reviewed high level risks and mitigations in June 16, commenced details Estates forecast review, Business Unit/Directorate risk review, Agile working detailed workforce planning
- Sought clarification of STF eligibility criteria when accepting Control Total at end May 2016. Submitted plan phasing STF funding wholly in Q4 to mitigate risk
- Requested clarification regarding Access Weighting on receipt of STF eligibility letter on 7.7.16 of process to agree
- Feedback to NHS Improvement in relation to abridged reporting timescale / impacts on veracity of forecast agreed via FBIC and submitted

Actions to be taken over next 3 months

July:
- Estates forecast and mitigations to be agreed
- EMT finance time out 20 July to review risk assessment and to progress mitigation/action planning including review of downside mitigations and opportunities to bring forward 2017/18 and scope new CIPs
- FBIC to receive quarterly risk and mitigation assessment
- Access Standard eligibility/weighting to be clarified with NHS Improvement and performance improvement trajectories formally agreed
- Meridian Productivity Inpatient agency staffing / specialling review

July to September:
- Trust/Business Unit/Directorate risk logs and mitigations to be reviewed and refined
- Agree CIP mitigations for under-performing areas to retain integrity of high risk CIP reserve
- Develop detailed 2017/18 workforce plan for (Agile Working) by August 2016 (CPB progress update July 16) to provide assurance of;
    - deliverability of 2017/18 savings and
    - achievement of at least £600k turnover benefit in 2016/17.
- Children's Services: Finance, Estates & Children's BU to assess likely annual resource envelope reductions and model CIP options for i) Estates & ii) operational (contract period). To feedback actions that could /should be taken in 2016/17 i.e. necessary to deliver that CIP w.e.f. 1.4.17

Risk Subject:	Corporate Objective 3: Manage Trust resources to improve cost efficiency and productivity and deliver the planned financial position
Risk number:	
Director owning risk:	Liz Romaniak
Risk register level:	Corporate
Current risk rating:	20
First entered onto risk register:	July 2016

Risk description:

If the Trust fails to develop and implement detailed workforce and updated resource / delivery plans for Agile working, then in-year and future year financial efficiencies are unlikely to be realised as planned; either at the anticipated value or timescale.

Directors update:

Work has started to scope the implementation requirements for delivery of the 2017/18 Agile savings. The Agile Delivery Group in July will consider key requirements to move the agile agenda forward, including:

- Agile job role profiles
- Telephony and smart phone delivery plan
- Estates Agile Plan
- Communication Plan

Gaps in Controls

Detailed workforce plans are required highlighting the plans to deliver the 2017/18 Agile savings. APHCS, MHAC and Childrens. The plans will require quantifying financially and risk assessing through the QIA process.

Trust wide Agile plans have yet to be developed.

Actions taken to address gaps in past 3 months

High risk CIP & Agile red risk reserve mitigation

Agile time out May 2016 - key issues captured and shared with EMT 28 June.

Enabling resources agreed from 2016/17 Agile delivery:
    a) £35k Capital resource earmarked for docking stations / additional IM&T – agreed at CPIG/ Tech Board in June 2016
    b) Estates revenue budget implications assessed and agreed with Programme Office

Steering Group refreshed after June CPB – now 'Agile Delivery Group' with clear focus on / accountability to deliver savings/milestones in approved plans

Estates Agile Plans have been approved by the Quality Impact Assessment Panel in July 2017.

Actions to be taken over next 3 months

Develop detailed 2017/18 workforce plan for (Agile Working) by August 2016 to provide assurance of;
i) deliverability of 2017/18 savings and
ii) confirm can achieve at least £600k benefit in 2016/17. Progress update agreed to CPB in July

A number of Agile IM&T projects not prioritised by Tech Board due to resource constraints will need to be reviewed via Change Programme & Tech Board arrangements. Re-visit requirements and priorities against
iii) 2016/17 capital contingency/control total and
iv) 2017/18 annual revenue and capital plan.

EMT to re-vision, broadening of scope and ambition. ('You and your care', leading exponent of digital healthcare, all Trust services/back office functions).
Separately consider arrangements to 'hothouse' new ideas (Business Development salons) and any subsequent business case for change

Risk Subject:	Development of best practice models across West Yorkshire
Risk number:	
Director owning risk:	Nicola Lees
Risk register level:	Corporate
Current risk rating:	9
First entered onto risk register:	July 2016

Risk description:
If we do not develop best practice services through the development of best practice models across WY then people are likely to receive inpatient services outside of WY at a cost to the WY system and receive inappropriate care and treatment which may result in, DTOC, lengthy ALOS, waiting lists, inappropriate use of police cells, increases in SI's, complaints

Director's update:
The mental health vanguard is developing a Shared Outcomes Model commissioners and providers working together to design a model of care that is outcomes-focused for their catchment populations with shared standards and expectations.

A governance structure is in place, Healthy Futures will oversee the programme for developing and agreeing WYSTP and a set of principles have been agreed by the Health Futures Leadership team that take a whole system collaborative approach to ensure a sustainable health and care system in West Yorkshire, which mental health is a priority.

Gaps in Controls
The West Yorkshire Urgent and Emergency Vanguard shared outcome model around OOA treatments is not in place.

Data across West Yorkshire regarding OOA activity is inconsistent and not clear across the use of OOA treatments outside of the West Yorkshire region.

A shared electronic bed management system for West Yorkshire is currently not in place.

Further development of commissioning intentions for system-wide services for a urgent mental health Shared Outcomes Model, that will need to align with ongoing work of the West Yorkshire UEC Network, STP and Healthy Futures Collaborative Forum.

Actions taken to address gaps in past 3 months
Data analysis and benchmarking exercise undertaken by Attain that has provided a detailed initial performance map around the OOA treatments at Trust level across West Yorkshire

Actions to be taken over next 3 months
To scope out through a detailed review of the OOA activity across West Yorkshire including the varying bed management systems in place, to develop a shared operating model.

Commission Mental Health Strategies to undertake this review

Implement an agreed shared electronic bed management system across west Yorkshire.

Governance arrangements for delivery of the STP are to be finalised

Risk Subject:	Develop sustainable plans for local health services stimulating provider collaboration to reduce hospital admissions and provide more cost-effective care, closer to home
Risk number:	
Director owning risk:	Andy McElligott
Risk register level:	Corporate
Current risk rating:	16
First entered onto risk register:	July 2016

Risk description:

If providers fail to set organisational self-interest aside and collaborate, for the benefit of defined populations, then delivery of fully integrated and accountable care is unlikely

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Gaps in Controls

Need for a clearer Board-level strategy around provider collaboration and preferred future delivery models

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Actions taken to address gaps in past 3 months

Leading partner in diabetes structured collaboration in Bradford. Medical Director appointed as programme director for the redesign work stream. Three large scale redesign workshops held with significant representation from all local providers, GP alliance and VCS.

Subcontractor on complex care pilot in AWC.

Partnership bid submitted to provide diabetes care in AWC. Final presentation to commissioners on 2th July.

Member of both AWC and Bradford provider alliances.

Playing a key role in both local and West Yorkshire STP at various levels

Agreed CAMHs collaboration and submitted joint CAMHS tertiary pilot application to NHSE in June 16 (although confirmed unsuccessful July 16).

Agreed secure services (forensic) collaboration linking into Vanguard, meeting arranged July 16.

Actions to be taken over next 3 months

Establish governance arrangements and roadmap for two separate accountable care systems

Explore associated risks as part of accountable care risk / gain share discussions (AWC system only)

Clarify accountable care / capitation budget arrangements for allocating 'new' funding to safeguard MH funding

Risk Subject:	Corporate Objective 6: Manage the impacts of social care funding pressures and changes in local nursing and residential home sector provision
Risk number:	
Director owning risk:	Liz Romaniak
Risk register level:	Corporate
Current risk rating:	15
First entered onto risk register:	July 2016

If current volatility in the care home sector and LA budget reductions continue to reduce care packages and support to individuals then demands on the Trust's community services will become unsustainable with potential to impair quality, safety or performance and / or require additional Trust resourcing

Gaps in Controls

- Do not know the real extent of pressures from LA budget cuts or Care Home sector volatility on our services (have only basic activity count measures on CIS to track).
- Community services are under pressure from 'creep' from social care, care homes and as a result of increased GP expectations and linked to NMOC (complex care) stretching a finite resource
- Despite concerted efforts by the Trust throughout 2015/16 the LA only engaged with Health after budget reductions had been proposed internally and prepared for public consultation preventing necessary discussion / mitigation planning
- AWC CCG withdrawing non-mandated BCF investment with BMDC

Actions taken to address gaps in past 3 months

- Community Nursing / Matron analysis of impacts of Bradford service specification change and complex care pilot

Actions to be taken over next 3 months

- Work underway with Bradford CCG Commissioner and joint meetings planned with GP Clinical For a (Early and Mid August meetings) to explore impacts of revised community nursing service specifications (and GP practice nurse).
- Revisit completeness / usefulness of demand and capacity work in community nursing and consider how / if to replicate for CMHT, OP, LD
- Understand CMHT demand / capacity - link to previous Meridian work (not double count productivity assumed in agile)
- Explore associated risks as part of Accountable Care risk/gain share discussions (AWC system only)

Risk Subject:	Corporate Objective 7: Secure a share of the nationally mandated increase in mental health funding
Risk number:	
Director owning risk:	Liz Romaniak
Risk register level:	Corporate
Current risk rating:	16
First entered onto risk register:	July 2016

If the Trust does not present a convincing case for investment in Mental Health that demonstrates whole systems benefits and is clearly referenced in the Bradford and Airedale MH Strategy then CCGs may not prioritise investment in these areas due to funding pressures.

Gaps in Controls

- Whole systems financial pressures may mean net new MH investment is unaffordable
- Commissioners have not yet developed a clear MH Strategy or shared investment priorities / phasing
- Whole systems financial pressures may mean net new MH investment becomes unaffordable
- Parts of MH system (U&E Care) are aligning via a WY single operating model – but tertiary MH is controlled by NHSE and impact local provision, income/costs suggesting scope to further enhance local provision, revenues and efficiencies.

Actions taken to address gaps in past 3 months
CCG Contractual:

- Requested that CCG clarify connections from and role of MH Strategy group to CMB/SDG and links in to 2017/18 annual contracting processes July 16.
West Yorkshire:
- Agreed CAMHs collaboration and submitted Joint CAMHS tertiary pilot application to NHSE in June 16 (although confirmed unsuccessful July 16).
- Agreed Secure Services (forensic) collaboration linking into Vanguard, meeting arranged July 16.

Actions to be taken over next 3 months
Trust:

- Develop a compelling business case with clear whole systems benefits stemming from investment in BDCFT priorities for MH to secure funding.
- Trust F2E session July 16 with key MH stakeholders to engage in, explore and prioritise key MH next steps/actions and link to MH Strategy
- Clarify Accountable Care / Capitation Budget arrangements for allocating 'new' funding to safeguard MH funding
CCG Contractual:
- Consider managing CCG OOA MH budgets. Secure safe/transparent budget & resource transfer. Principles July FDs, discussion at August SDG.
- Consider new request to manage CCG MH VCS budgets
West Yorkshire:
- Joint CAMHS application to NHSE submitted in June 16. Confirmed unsuccessful July 16.
- Secure collaboration linking into Vanguard, meeting July 16.

Risk Subject:	Expanding existing services / securing new services
Risk number:	
Director owning risk:	Nicola Lees
Risk register level:	Corporate
Current risk rating:	16
First entered onto risk register:	July 2016

Risk description:
If we do not expand our existing services or secure new services then we are unlikely to be seen as local and national leaders in the provision of outstanding healthcare. There is also a possibility that the organisation may lose core business and will become financially unviable without additional income.

Gaps in Controls

a) Track record of winning new business and developing income generation opportunities

b) Underdeveloped internal capacity to facilitate partnership collaborations for new business opportunities outside the immediate geography of Bradford and District

c) Fragmented approach to considering business opportunities and alignment to existing commercial strategy

d) Access to resources to support effective tender development and service development on a proactive basis

Actions taken to address gaps in past 3 months
a) Head of Business and Service Development now in post (March 2016) and leading the development of new business opportunities, as well as leading the development of business cases or tender submissions for Trust core business.
b) New scoring matrix and bid assessment tools in place to inform bid making decisions
c) Challenging cost improvement programme for 2016/17 has been agreed. Including an emphasis on substantial overhead efficiency with 12% corporate functions efficiencies.
d) Reorganising of the business support function within the operational functions of the Trust to direct resources towards the preparation of key tender and business opportunities
e) Specialist budget of £50k in place to buy in specialist services as and when needed
f) Bank of external consultants and expertise established to advise on and support tender submission where there are identified capacity or expertise issues within BDCFT

Actions to be taken over next 3 months
a) Have a refreshed commercial strategy in place by August 2016 that identifies key business markets with growth potential and a delivery plan for realising targeted levels of income and growth
b) A delivery partner network close to being established where BDCFT will market opportunities it is interested in bidding for locally or regionally and identifying partners for collaborative proposals (July to August 2016)
c) Roll out a formal process and framework by August 2016 for investing in commercial ideas from staff of the Trust that offers the Trust a competitive edge and growth opportunities
d) Building internal capacity to support management of subcontractors in the delivery of services in existing or new locations – terms of reference and timescales for this yet to be agreed.

Risk Subject:	Corporate objective 9; Market the Trust's reputation for delivering high quality, award winning services to secure new service contracts
Risk number:	
Director owning risk:	Paul Hogg
Risk register level:	Corporate
Current risk rating:	8
First entered onto risk register:	July 2016

Risk description: If the Trust doesn't successfully market its reputation for delivering high quality, award winning services then opportunities for securing new service contracts could be reduced.

Gaps in Controls

- Lack of marketing collateral to address services most at risk to tendering
- Clear positioning of BDCFT brand needed to exploit market opportunities
- Alignment of communications team priorities with refreshed commercial strategy
- Uncertainty about how 2 ACSs will impact on service contracts

Actions taken to address gaps in past 3 months

- New Communications team now fully established with clear objectives
- Robust Annual Plan in place for 2916/17 – communications priorities linked to key service deliverables
- In-house tender/bid processes established
- Strong BDCFT brand (Vision Wheel, Your and Your Care etc.)

Actions to be taken over next 3 months

- New Communications Strategy to Board (due July 2016)
- Launch of social media initiative across Trust (Q2-3 2016/17)
- New Commercial Strategy (due September 2016)

Risk Subject:	Exploit digital technologies to transform care and stakeholder engagement locally
Risk number:	
Director owning risk:	Andy McElligott
Risk register level:	Corporate
Current risk rating:	16
First entered onto risk register:	July 2016

Risk description:

If we fail to transform the Trust's informatics function, in line with a clear vision for the future of that function, then we will be unable to properly exploit digital technologies

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Gaps in Controls

Need to develop a clear digital strategy to help determine future shape / size of informatics workforce

Need to link Trust strategy to local digital roadmap development

Need to explore opportunities for joint working with other providers

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Actions taken to address gaps in past 3 months

Informatics now within Medical Directorate

Acting DD of Informatics appointed, 20th June 2016, with urgent remit to clarify structures and immediate requirements

Substantive recruitment continues with a number of staff beginning work with BDCFT this quarter

Fixed term recruitment , for agile and other project posts, commenced

Current focus on production of a definitive schematic informatics structure diagram, confirming all finances and position to date, progressing 16/17 informatics work plan monitored via Informatics Board, reviewing all risks as part of the CRR review, on call - paper going to deputy directors on 5th July

Job description for new Head of Informatics produced

Actions to be taken over next 3 months

Recruitment for Deputy Director of Quality, Governance and Informatics commenced.

A new 'Head of Informatics' post has been created and will go out to advert late July 2016.

Recruitment to substantive informatics roles nearly completed and most fixed term project posts filled for 16/17 agile and informatics projects, so there is an expectation that the team will be fully resourced by end of August 2016.
Newly agreed set of informatics objectives to be promoted and utilised going forward for staff appraisals and team working :

- o To stabilise the informatics teams & services and ensure management foundation stones are routinely in place
- o To successfully deliver the 16/17 informatics work plan
- o To continue to develop informatics BAU functions and tasks
- o To improve the responsiveness , customer focus and reputation of the informatics service
- o To plan improved effectiveness and efficiencies within the informatics service
- o To being to plan informatics work streams and priorities for 2017/18 and beyond

Governance arrangements for the technology Board and all reporting meetings e.g. Informatics Steering Group to be reviewed in next 2 months.

Trust level contributions to the Digital Road Map and Bradford 2020 continue and will report formally to Technology Board.

Informatics finances ,CIPs and work plans will be fully reviewed by September 2016 , in order to provide robust assurances

Risk Subject:	Exploit digital technologies to transform care and stakeholder engagement locally
Risk number:	
Director owning risk:	Andy McElligott
Risk register level:	Corporate
Current risk rating:	9
First entered onto risk register:	July 2016

Risk description:

If we are unable, through lack of capability and / or capacity, to train our workforce to fully utilise the power of new technologies, then we will not realise the benefits, either quality or financial.

Gaps in Controls

Need to develop a digital strategy which aligns with district-wide digital strategy

Need to better understand future training requirements linked to our digital strategy

Actions taken to address gaps in past 3 months

Existing expertise within informatics and clinical teams has been helping to embed use of new technologies

Actions to be taken over next 3 months

Acting Deputy Director of Informatics to join all agile steering groups and to meet on a regular basis with the Head of PMO in order to facilitate enhanced joint working.

Informatics team to develop new and innovative ways to train staff, in order to offer a range of training options e.g. face to face, video, super user trainers etc. to meet the varied learning styles and competency levels of Trust Staff

Informatics team to support other Trust learning and training initiatives e.g. the new HR staff app.

Informatics staff to review current technology and identify possible training needs e.g. Lync.

Informatics staff to identify learning and put items into e-comms that will benefit all staff.

Key informatics staff to be an active part of the 'starters and leavers agile task and finish group' so that every new member of staff has the knowledge, training and kit to begin work by day 2 of employment in BDCFT.

Risk Subject:	Corporate objective 11; Support a skilled, motivated and engaged workforce drawn from diverse backgrounds to continuously improve and develop
Risk number:	
Director owning risk:	Sandra Knight
Risk register level:	Corporate
Current risk rating:	12
First entered onto risk register:	July 2016

Risk description: If the Trust fails to recruit, retain and engage a diverse workforce in the right numbers with the right skills, behaviours and experience to innovate in delivering holistic models of care, it will be unable to meet the needs of services users, carers and commissioners in terms of delivering high quality, safe, outcome based, patient focused care and support. This in turn will impact on achievement of safer staffing levels, meeting CQC and other regulatory requirements, reducing bank and agency usage and spend and effectiveness in winning tenders where new integrated models of care and working are required.

Gaps in Controls

- Lack of vision for an integrated workforce linked to local and WY STP
- Currently no agreed vision and associated plan to shift the organisation from delivery of an agile work programme to a culture in which the Trust becomes a leading exponent of digital healthcare
- Staff survey indicates that BME staff feel more discriminated against with fewer opportunities for promotion and career progression than their white counterparts.
- Lack of a comprehensive strategy to roll out cultural competence training across the organisation.
- Current graduates not trained and in sufficient numbers to deliver holistic care, and not fully prepared for the work environment particularly in in patient settings.

Actions taken to address gaps in past 3 months

- Participation in District and West Yorkshire workforce planning structures to support the development of a vision and strategy for an integrated workforce linked to the STPs
- Workforce and BME employment strategies and action plans continue to be monitored through FBIC and Board.
- New cohort of Moving Forward launched and new work shadowing scheme with students at Shipley College.
- Focus groups organised to discuss the staff survey results linked to BME staffs' and others' poorer perceptions of opportunities for career progression and experiences of discrimination.
- Scrutiny of KPIs in the Board Integrated Performance Report to ensure achievement of expected levels of performance and bringing performance back on track where targets are not being met
- Agile OD resource identified to support new ways of working and enable innovation in how care is delivered and where from
- Senior Leadership Agile Workshop held to support the Trust in moving from an agile organisation to becoming a leading exponent of digital health care
- Economy-wide workshops held with Shipley College and Bradford University to plan for the development of the future qualified and support healthcare workforce
- Trust approved as a West Yorkshire Centre of Excellence for support staff

development in our joint bid to the national academy of skills for health with Leeds Teaching Hospitals Trust

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Actions to be taken over next 3 months

- Deep dive report to September FBIC on workforce planning
- Further develop partnership /links and agreed actions with universities further education colleges using the new student loan model and apprenticeship level to enrol sufficient numbers of students with the right skills to ensure there is a pipeline of talented staff to recruit from
- Participate in the new structures to support the development of the West Yorkshire Workforce element of the STP and local STP
- Launch the Centre for Excellence for support staff development and engage west Yorkshire stakeholders across the health and social care sector
- Workforce Race Equality Scheme performance and plan to be reported to the Board
- Develop with the Leadership Academy a culture change programme that raises awareness and understanding across all teams of the behaviours that will support achievement of a diverse workforce that feels valued.
- Develop a cultural competence programme that will enable staff to work effectively with diverse teams
- E-rostering reporting to ensure rostered areas have the right number of staff with the right skills.
- Agree an action plan post the senior leadership workshop in late May to support embedding of agile working across the Trust and creating a culture to support the development of a fully digital organisation