Bradford District Care **NHS**

NHS Foundation Trust

EXECUTIVE MANAGEMENT TEAM
April 2016

Paper Title: Review of Corporate Risk Register and Other Red Risks

Lead Director: Andy McElligott, Medical Director

Paper Author: Paula Reilly, Assistant Risk Manager

Agenda Item: **14**

1. Report purpose

The purpose of this report is to:
a) To present key risk register issues for EMT information/consideration (point 2 below)
b) Present the April Board paper relating to the CRR for approval (appended)

2. Report to EMT

The risk quality report was submitted to the March Directors meeting for discussion. The report included statistical and qualitative information in relation to risk registers across the Trust. There were no key issues arising from this discussion.

There has been no identification of risks which are new or require escalation to, or de-escalation from, the corporate risk register.

The review of the corporate risk register, its content and any movement is included at Section 2 of the appended Board paper.

There are currently no red risks other than those that appear on the CRR. Since the last report to Board in January 2016, two red risks not on the CRR have been re-graded to moderate.

4. Recommendations

EMT is asked to:
- Consider the corporate risks presented in the Board paper and confirm that the updates provide an appropriate level of assurance
- Identify whether there are any risk issues requiring escalation or de-escalation
- Identify any additional issues for escalation to Trust Board
- Comment on / approve the appended Board paper

Bradford District Care **NHS**

NHS Foundation Trust

BOARD MEETING

28 April 2016

Paper Title:	Corporate Risk Register and red rated risks
Section:	Public
Lead Director:	Andy McElligott, Medical Director
Paper Author:	Paula Reilly, Assistant Risk Manager
Agenda Item:	**14**
Presented For:	Assurance

1. Purpose of this Report:

The purpose of this paper is to present the progress with the mitigation of the Trust's 'live' corporate risks and to inform the Board of any red risks across the organisation as at April 2016. The Board review the CRR and red risks quarterly.

2. Summary of Key Points

The Director accountable for has provided an update position against each of the corporate risks.

Summary information as to changes to the CRR and red risk content is also provided.

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	3
Executive Management Team	x	Directors Meeting		Chair of Committee's Meeting		MH Legislation Committee	

7. Risk Issues Identified for Discussion

The updated position against the Corporate Risk Register and all red 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 the content of and changes to the Corporate Risk Register
- Agrees the level of assurance is adequate for the CRR or identifies any further assurances required.

Corporate Risk Register (CRR) & red rated risks

1. Background

1.1 Process

The Board currently reviews the CRR and red risks quarterly to ensure that risks are being adequately managed and mitigated and note any current threats to the delivery of the Trust's strategic objectives

Each corporate risk is allocated to a committee for further scrutiny and assurance. In addition, the audit committee receives the CRR twice a year for information and assurance. The directors' meeting provides the evidence that risks are being assessed, managed and mitigated appropriately

ASSURANCES

2. Corporate Risk Register content including changes since January 2016

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

There have been no new risks added or escalated to the corporate risk register since January 2016.

2.2 Risks closed or de-escalated

There have been no risks closed or de-escalated from the corporate risk register since January 2016.

2.3 Current risks on the CRR

There are 5 risks on the CRR, two of which are rated red;

- Risk 1291; clustering
- Risk 1368; agile
- Risk 1584; IM&T
- Risk 1606; Band 5 nurse shortages
- Risk 1652; Impact of service reviews

Update positions on each of the risks is provided by the responsible Director as follows:

Risk Subject:	Clustering
Risk number:	1291
Director owning risk:	(Change Programme Board Risk) Director of Finance
Risk register level:	Corporate Risk Register
Current risk rating:	12
First entered onto risk register:	05/02/14

Risk description:

"Poor recording of clusters leading to below 95% target cluster performance - service users not being re-clustered according to guidance. Would have a negative impact on trust income if a full activity/outcomes based contract was introduced in future years.
Potential for financial penalties in future years if out of date clusters continue and current risk of reputational damage if performance does not improve relative to peers."

Hazard description:

Not hitting 95% service users clustered. This would have an adverse impact on notional trust income in the event of an activity/payments currency being introduced in future years that is linked to data quality / completeness around care clustering and presents a current reputational risk for the Trust with Commissioners.

Directors update;

Clustering performance in adult and older people's mental health services remains markedly below the 95% target, however the appointment of 3 Assistant Psychologists has been pivotal in improving performance and raising awareness of clustering. Their work has seen systems change to prevent the 'phantom cluster' issue preventing the opening of new clusters. As such, the issue with existing multiple open clusters has now been successfully resolved (new multiple clusters may still be generated if clinicians incorrectly edit an existing cluster within RIO, instead of adding a new cluster to the system. This should be a rare occurrence and training on the correct procedure is being provided by the Assistant Psychologists should it occur.

CPPP has been overall Amber RAG-Rated this month, as in recent months. This overall rating reflects the ongoing work to improve clustering performance and obtain the 95% clustered target, with performance as of 31st March 2016 at 87.1% clustered (Clustering Indicator Number 2). There remains a focus on the lowest performing teams and those cases that exceed 1 and 3 years inactivity (the teams with the highest numbers of unclustered service users currently being adult CMHT City with 131 and adult CMHT South and West with 233, out of a trust total of 640 unclustered). The current target of 95% target remains in place.

There is continued work to target an improvement in the clustering performance, and this includes:
- The number of multiple open clusters is reported at a locality level to deputy directors on a weekly basis.
- Additional resource in the form of three Psychology Assistants was approved for a fixed term period, with the band 5 position being agreed for 12 months and the band 4 assistants being extended to June 2016. The Band 5 position is in the process of being advertised, with extremely position interest, and is aimed to be in post by June 2016. One of the Band 4 positions will become vacant in April, and work is ongoing to secure cover for the end of June 2016.
- The Psychology Assistants are working with teams and supporting staff to focus on:
  o resolving data quality issues
  o closing multiple open clusters – this action now complete
  o reviewing service users who do not have a current in-date cluster.
  o Regular reporting of unclustered cases

Work is still focussed on the lowest performing teams, this being City CMHT, South and West CMHT. Support is provided to all teams upon request.

Good progress has been made as a result of the investment in the CPPP team, including:

- Performance has significantly improved on numbers of cases clustered since the project was commissioned. However there has been a drop in performance over the last 4 weeks.
- Developing and roll out of the Cluster Buster App
- Extensive training across the organisation
- System improvements to improve the ease of recording clustering. Further work is required in the area,
- Development of FAQ logs and questionairres

The CPPP Steering Group is focusing on clustering and data quality to target an improvement to 95% clustering performance – a challenging target that will require sustained and ongoing input and oversight. If current progress is sustained and clinicians work with the Assistant Psychologists to recluster where needed, this progress will support weekly improvement of the planned trajectory however, there are significant numbers of patients who have not been seen or assessed in more than 6 months that cannot be re-clustered. The proposed action is to discharge these patients following appropriate clinical protocol ..

However the risk will need to remain under continuous review even if performance improves to the level targeted, as sustainable clustering has not yet been fully embedded. Once clustering performance has improved to targeted levels (including use of psychology assistants) the CPPP work programme will refocus on:

- Development of care packages using more complete data
- Ongoing verification of data quality
- Clinical ownership and embeddedness

The approaches taken by other MH Trusts to securing clinical engagement are now being reviewed to assess transferability / applicability. This work will also extend to evaluating systems used and areas of improvements to better facilitate clustering.

The Trust has maintained achievement of around 90% for a number of months, however in the last 4 weeks performance has dropped. Although the exact reason is not known, the drop in performance correlates with the Band 5 leaving the Trust at the end of February 2016.

The driver for 2016/17 will refocus the project on embedding within the operational teams. New focus will be given to the CPPP project, to include the following:

- Development of care packages using more complete data
- Ongoing verification of data quality
- Review the TOR of the CPPP project Board, including agreeing roles and responsibilities needed to operationalise clustering
- Evaluate the most effective route of performance managing progress for the 2 indicators including:
  - Reporting clustering performance at the Locality Performance Meetings
  - Evaluating other committee structures for reporting on clustering performance
- Developing new training material, including video material to allow clinicians to access training easier
- Developing awareness information for service users on clustering including what their expectations should be for clustering (including the benefits)
- Improvement to reporting on cluster activities, including mainstreaming this within Information Services and reviewing the target audience
- Communication development for clustering including service user information
- Engage clinical leadership from CMHTs

The further development of clinical information systems to support a National Tariff payment system has commenced through the new Mental Health Minimum Dataset requirements from February 2016.

A number of clinicians attended a National workshop in November as part of the National development of outcome measures and use of tariff in 2016/17. This development is ongoing and will not be used as a payment mechanism in 2016/17.

Monitor have not mandated a new Mental Health Payment System in 2016/17, early indications are that this will be delayed until 1st April 2017.

Risk subject:	Agile working programme is not fully embraced, embedded and implemented
Risk number:	1368
Director owning risk:	Nicola Lees
Risk register level:	Corporate Risk Register
Current risk rating:	6
First entered onto risk register:	05/03/2014 Updated 7/1/16 Last update: 14/04/16

Risk description:

Failure to realise 120 minutes efficiency per clinician per day via the agile programme resulting in lower than planned workforce reductions and failure to deliver the associated cost improvement. Labour turnover may fall below 10% which will mean that the savings may not be attained via natural wastage.

Hazard description:

The agile infrastructure is not enabling workers to operate in a fully agile way and the new working arrangements have not been consistently embraced, embedded and implemented across all teams.

Directors update;

1. This risk is still live and is appropriately scored. The Agile Programme runs over 5 years and it is anticipated that this risk will remain on the Risk Register for at least another 12-18 months.
2. The Agile Programme has a delivery plan in place which describes the activities required to establish the agile infrastructure across the Trust. The Agile Project Manager is coordinating the delivery of a range of work packages and is managing all aspects of the project to ensure that delivery remains on track.
3. Directorates continue to express concerns regarding the ability to meet the realisation of benefits in future years despite achieving the savings targets in 2015/16. There is a detailed savings plan for 2016/17 which tracks the release of posts and is monitored by the Agile Steering Group. This may be subject to in year changes.
4. The estates plan to provide agile working environments have experienced some delays due to floods and the reorganisation in Children's Services.

Actions since January 2016:
- PID updated to reflect 60% reduction in resources for 2016.17.
- Revised delivery and resource plans have been submitted for 2016/17 to produce the estates and technical infrastructure required by agile workers. There are plans to optimise the outputs from clinical systems and new technologies by investing in systems development and training for new and existing agile workers.
- Laptops have all been issued and subsequent issue and retrieval of equipment to/from agile workers will be undertaken by the IM&T Department.
- Governance updated to standardise the approach to management of agile workers
- KPI's developed and being reported to the Strategic Agile Delivery Group
- Delivery of agile working environments is underway including the agreed standardised desk and docking station ratios and allocation of IT equipment.
- Connectivity issues are being dealt with by the Service desk and monthly reporting to the Agile Steering Group has been instigated to understand the root cause of connectivity issues and appropriateness of response times.

Risk subject:	IM&T capacity and systems
Risk number:	1584
Director owning risk:	Pending
Risk register level:	Corporate Risk Register
Current risk rating:	12
First entered onto risk register:	14/01/2015

Risk description:

1. IM&T are unable to meet the needs of clinical colleagues now working in an 'Agile' way due to current staffing capacity within IM&T. This could be demand for IT support, times of working (i.e. early morning, late night and weekends) and greater reliance on the availability of Trust systems (i.e. RiO, SystmOne, Email).
2. IM&T On Call support service is not adequately staffed (numbers and skills) to fully support the Trust's Agile programme.
3. There is no clear agreement of scope as to when staff should call the IM&T On Call support service. What constitutes an emergency or clinical risk?
4. The current Trust system for remote access/VPN is not fit for purpose and as result the Trust will not be able to deliver the benefits of the Agile programme.
5. Insufficient or lack of communications/guides to BDCT staff.

Hazard description:

Significant change of processes, technology and support for the affected staff as a result of the Trust's Agile solutions and systems.

BDCT staff will not know what to expect as a result of the Trust Agile programme with regards to IT systems or support as from the 1st April 2015.

Directors update;

1. Last 3 months (July – Sept)

The number of laptops deployed as part of the Agile programme has significantly increased (circa 1500 devices compared to original 650). As a result there has a significant increase in demands on the IM&T team including Service Desk, IT and Clinical Systems team.   Sickness levels have increased as a result.

As a consequence of recent executive director changes, IM&T now report to the CEO who has asked for a plan on how to stabilise the staffing levels in IM&T through recruitment to vacant posts or posts held by contract staff plus a structured prioritised work list for IM&T.

Next 3 months (Sept – Dec)
Progress the recruitment to key posts as above.
A refocused Technology Board will be convened to provide strategic direction and leadership on technology related projects to ensure appropriate governance arrangements are in place.

2. The IM&T On Call service was established in 2009 as a result of RiO system implementation just to reset RiO user passwords. The rota is staffed on a voluntary basis with 1 member of staff on call each week. A subsequent change in demand from across the Trust has resulted in a significant rise in the number of calls. A paper submitted to Deputy Directors has asked for agreement on which systems require out of hours support and the required response times.

Next 3 months – obtain agreement on the required support of agreed Trust systems and the staffing levels required to fulfil the On call rota.

3. As point 2 above.

4. IM&T have implemented a new, fit for purpose remote access solution which replaced the previous legacy solution in early 2015. The new solution has been designed to be easy to use and from a financial perspective is more cost effective than the previous solution. Staff usage and feedback is been extremely positive ("it just works"). All new laptops have this solution pre-installed.

5. IM&T have produced a number of user guides including video clips helping staff to use the new remote access solution and how to check for problems. This has been well received by staff. IM&T are using this means of communication for other areas including use of RiO and SystmOne clinical systems.

Following recent executive director changes, IM&T now report directly to the Chief Executive. As part of the future planning and priority setting, the Interim CIO has been asked to lead and develop an IM&T Stabilisation Plan which will look to address the recruitment of key posts to mitigate operational capacity risks and financial impact of the use of interim staff. The IM&T plan will be available for the Trust board at the end of October 2015.

The overall risk is classified at the right level and should remain open until the structure and staffing levels within IM&T has been resolved. This should be reviewed at the end of November 2015.

Directors Update: Actions since September 2015 up to December 2015:

The Trust Technology Board chaired by the CEO with other executive and deputy directors has been established since November 2015.

Substantive recruitment is underway as per IM&T Stabilisation Plan to stabilise the service and reduce agency spend. Appointments made (2 IG Officers) with interviews conducted or scheduled for other posts.

All Agile funded laptops have been deployed to clinical staff.

Next three months (Jan – March 16)

Ensure the Technology Board has a full view on all technology related projects and requirements via service plans, Trust annual planning cycle and existing IM&T project list so that strategic decisions can be made on priority, investment required and outcomes. This board will work closely with Capital Planning Investment Group and the Change Programme Board.

Prepare and agree plans for phase 2 of the Trust Agile programme.

Complete the recruitment to the posts approved in the Stabilisation Plan. Progress the recruitment for a substantive Chief Information Officer.

1) Outline agreement reached on key systems requiring IM&T On Call support. Further work needed to define the clinical service needs (response times) and the financial impacts.

Next three months
Interim CIO to discuss with HR about formalising the staff contractual arrangements based on Agenda for Change terms.
IM&T management to further progress discussions with other providers (health and social care) about sharing resources to support On call requirements as a means of cost reduction and scalability.

2) As per point 2 above

3) The solution continues to work well to help staff work from internet enabled locations for example in the recent severe weather and the flooding of New Mill.

   Next three months
   IM&T and other colleagues are developing a Google map of all Trust buildings with available facilities (e.g. parking, Trust wifi) enabling colleagues to make informed decision of where they can work from thus helping to reduce travel time and costs.

4) Work on providing a full suite of video based guides has been delayed due to other work priorities and staffing changes. This will be progressing pending staff recruitment

   Next three months
   IM&T and OD colleagues are jointly working on a training plan for new and existing staff to include the use of technology and systems.

   IM&T to assess the use of other means to communicate with colleagues including use of social media and apps. Interim CIO has met with the Trust's new Head of Communications to progress plans.

The overall risk rating should remain the same at present but should be reviewed pending recruitment outcomes

Directors Update: Actions since December 2015 to March 2016:

- Provided the Technology Board with a complete list of all informatics related projects and requirements for 2016/17 including Trust annual planning, existing informatics projects and Agile phase 2 requirements so that strategic decisions can be made on priority, investment required and outcomes. Working closely with Capital Planning Investment Group and Change Programme Board reporting into EMT.
- Prepared plans for phase 2 of the Trust Agile programme including scope of projects and resources required to implement. This has been passed to EMT for review/decision.
- Continued to drive the IM&T recruitment to the posts approved in the Stabilisation Plan. Oversight of progress is being managed via the Technology Board. Look to complete by end of March 2016
- Drafted and updated the IM&T structure proposal to include new requirements and the stabilisation posts. Pending approval from EMT engage with staff, staff side as part of the formal 30 day consultation period. Arrange regular IM&T staff briefings and communications
- Engaged with West Yorkshire Consortium (health and councils) on a framework agreement for managing out of hours IM&T provision. Draft specification prepared
- IM&T, HR OD and Estates colleagues have developed a Google Map of all Trust locations with site facilities (Trust WiFi, parking). This will be launched for all staff to access in March/April pending approval
- Interim CIO has prepared a draft job description for the substantive Chief Information Officer

Directors Update: Actions from March 2016 onwards
- Consult on the new IM&T structure (30 days period).
- Complete the ongoing recruitment as per IM&T stabilisation plan – All except two recruitments have been finalised (advertised twice with no success)
- Finalise the Trust requirements for an Informatics Out of Hours support provision and look to either resource internally as part of the restructure planning or use a third party provider as part of the West Yorkshire framework

- Gain approval and progress the recruitment for the substantive Chief Information Officer (CIO)

The overall risk rating should remain the same at present to be reviewed pending recruitment outcomes and future structure decision.

Risk subject:	National shortage of Band 5 qualified nurses leading to unfilled vacancies with; (i) higher than anticipated bank and agency spend and (ii) potential quality impacts.
Risk number:	1606
Director owning risk:	Director of HR & OD
Risk register level:	Corporate Risk Register
Current risk rating:	16
First entered onto risk register:	26/02/15

Risk description:

National shortage of Band 5 qualified nurses leading to unfilled vacancies with; (i) higher than anticipated bank and agency spend and (ii) potential quality impacts.

Hazard description:

National shortage of Band 5 qualified nurses

Directors update;

This risk is still live.

The following actions have and are being taken to help mitigate the risk:-
- Reviewing skill mix within critical services such as district nursing and school nursing with the view of introducing more support worker roles that will free up professionally registered staff, ***by June 2016. Work ongoing.***
- Looking at a range of recruitment and retention initiatives based on practice from elsewhere e.g. *Priory CBT after 2-3 years in post, part payment of professional fees, rewarding* full attendance, ***by June 2016***
- Judicious use of existing staff to work up to five hours overtime (inpatients only) and for other staff groups additional hours above contract through auto registration on the bank. ***Completed.***
- Launch of apprenticeship strategy to help the Trust grow its own workforce and widen participation, ***Completed***
- Sign off of the Nurse of the Future report by Professional Council and establishment of a task and finish group to take the recommendations forward, ***Completed***
- Developing stronger links with local colleges and Universities to help ensure newly qualified staff remain within Bradford and work for the Trust, ***Completed***
- Encouraging student nurses to work on the bank as a health care support worker and then as a qualified nurse, ***on-going***
- Offering job offers to final year students before they graduate, ***on-going***
- Promoting the many staff benefits and rewards that the Trust offers its employees
- Participating in return to practice initiatives***, on-going***
- Exploring the assistant practitioner model, ***timescales to be aligned to national guidelines***
- Exploring an internal bank of healthcare support workers, ***completed***
- Feedback to HEE through meetings and our annual return on our workforce challenges, the future requirements for pre and post registration training, curricula content and what this means for educational placements for support staff and professionally registered staff, ***completed***
- Train up to 10 Calderdale Competence Framework facilitators (programme running late 2015), ***Completed***
- Review recruitment and selection processes to make them more user friendly for younger people to want to work for the NHS, recommendations being progressed from initial workshop, ***Completed***
- Working with other Bradford based public sector organisations to promote Bradford as a good place to work. ***First workshop took place on 18th January 2016, follow up meetings being planned for April onwards***

- Assistant Practitioner – exploration of the model developed by Leeds Partnership NHS FT, *completed*
- Deputy Director Specialists inpatients developing a paper on the health care support worker bank concept, **Completed**
- Feedback to the LETB through meetings and our annual return on our workforce challenges, the future requirements for pre and post registration training, curricula content and what this means for educational placements for support staff and professionally registered staff, ***Completed***
- Apprenticeship strategy to be agreed by deputy directors. **Completed**
- Assistant Practitioner – exploration of the model developed by Leeds Partnership NHS FT, **Completed**
- Staff bank brought back in house from 1st April 2016, **Completed**
- Nursing and HCSW to be allowed to work up to five hours overtime per week from 1st March 2016, **Completed**
- Relief team of HCSW to be in place from 1st March 2016, **Completed**
- Recruitment to the staff bank – promoting benefits of working for the Trust, **Completed**
- Paper going to Deputy Directors to ratify the recruitment of Apprentices to all Band 2 posts from 1st April 2016, **Completed**

New actions to be progressed over the next 3 months (April 2016 – June 2016)

- Advertising jobs (where appropriate) via social media site ongoing from ***April 2016***
- Calendar of job fairs to be implemented from **April 2016**
- Actions from the Young Persons Group being progressed including – shorter punchier adverts, providing advice to managers on how to write an advert, **June 2016**
- Encouraging student nurses to work on the bank as a health care support worker and then as a qualified nurse, ***on-going***
- To post On Bradford University Faculty of Health "Blackboard" for next cohort of recruitment for Bank, 20 (approx.)
- NHS Jobs Talent Pool to be launched during **April 2016** to support the development of the in-house Staff Bank and searchable database of Talent for recruiting managers.

This risk remains live and challenging – the national shortage of nurses will continue for a number of years and it will take at least 12 months for the above actions to start to have a real and lasting impact and national action to increase nurse training places will not feed through to services until 2018.

Actions will be taken to engage hearts and minds regarding the value and importance of skill mixing and employing apprenticeships. There are some elements of resistance to training and developing a support workforce as part of the solution, and an over reliance on experienced staff with a focus on short-term workforce issues.

Nationally there is a shortage of qualified nurses and an ageing workforce which will continue to impact on the Trust's ability to attract and retain staff in key roles e.g. HVs, SN, DNs. These issues are being raised with the Y&H LETB who commission clinical placements with HEIs. In addition the LETB and Skills for Health are now looking at how funding can be targeted at HCWs.

Risk subject:	Commissioners re-procurement activity and potential for decommissioning with contracts lost to competitors
Risk number:	1652
Director owning risk:	Nicola Lees
Risk register level:	Corporate Risk Register
Current risk rating:	16
First entered onto risk register:	14/05/2015

Risk description:

- Reduced market share
- Reduced income
- Reduced contribution / threat to sustainability
- More providers in the market will create challenges in delivering quality care and a good patient experience
- Increased workload for corporate services and clinical teams in preparing good quality responses

Hazard description:

Commissioners (LA and NHS) reviewing services leading to (a) decommissioning and (b) increased competitive market activity in the shape of bids and tenders, many of which are at a reduced cash envelope than current services

Directors update;

The risk was added to the CRR in May 2015 reflecting closer links between the risks to delivery of the Trust strategic objectives featured on the BAF and the actions taken to mitigate outlined in the CRR. BAF risk 3.3 "Failure to respond successfully to competition" contains current negative assurances around unsuccessful bids for services.

The current risk rating of 16 reflects that the risk is likely to materialise (4) and would have a major impact (4). The risk remains at this level and is not likely to be de-escalated or closed during the next 12 months.

Whilst the Trust works proactively with commissioners to help to shape service specifications and future requirements, we have no control over which services will be decommissioned or market tested or the financial envelope.

Airedale, Wharfedale and Craven Clinical Commissioning Group (CCG) are consulting on a draft of a new contract for delivery of enhanced diabetes and specialist podiatry services which the Trust has fed back on.

Bradford Metropolitan District Council (BMDC) is still in the process of formally reviewing the school nursing service (including community nursing for children with special needs in special schools commissioned by the CCGs) together with health visiting and Family Nurse Partnership services. Expectations are for this to conclude by June 2016 with procurement likely during 2016/17.

BMDC is also commissioning a new substance misuse system and the Trust is in dialogue with a national partner on a potential collaborative approach for the new service.

In September 2015, NHS England commenced a review of the community dental services in Yorkshire and the Humber to support the re-procurement of the services. The review is not yet complete and awaiting outcomes from this process.

Actions taken to mitigate the risk in the last 3 months include:

- Children's Business Unit has developed a new service models to support LA vision e.g. children's centre hubs, and ensuring close engagement and responsiveness to service review activities.
- Head of Business and Service Development is now in post and leading the development of new business opportunities, as well as leading the development of business cases or tender submissions for Trust core business.
- Challenging cost improvement programme for 2016/17 has been agreed. Including an emphasis on substantial overhead efficiency with 12% corporate functions efficiencies.
- Work has been finalised with the voluntary and community sector organisations and CCGs as the Trust is now the lead contract for IAPT services from as of 1st April 2016
- Tender activity: successful bid for Practice Health Champions (for 10 practices in Bradford), ITT submitted and Trust shortlisted for provision of occupational health services to Incommunities in the Bradford District

Further actions that will be taken over the next 3 months include:
- Refresh of the commercial strategy to take place into a commercial delivery plan
- Bedding in a delivery partner network – a proactive partner prospecting tool to inform bidding and tendering partnership activities for new opportunities in existing and new geographies
- Developing a formalised process for commercialisation of staff ideas through a structured business case and investment process

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

3.1 Red risks closed or downgraded since January 2016

- Risk 1535; Service Users accessing the roof - risk level downgraded to 10 (amber)
- Risk 1737; Access to IAPT psychological therapy – risk level downgraded to 12 (amber)

3.2 Current red risks

There are currently no other red rated risks across the organisation in addition to the ones on the CRR.

4. Risk Implications

There are no specific risk implications to highlight

5. Monitoring and review

The Board will next receive a report in July 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 the content of and changes to the Corporate Risk Register
- Agrees the level of assurance is adequate for the CRR or identifies any further assurances required.