

## BOARD MEETING

28 January 2016

Paper Title:	Corporate Risk Register and red rated risks
Section:	Public
Lead Director:	Andy McElligott, Medical Director
Paper Author:	Debbie Webster, Deputy Director of Quality & Governance
Agenda Item:	<b>14</b>
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 the current red risks across the organisation as at January 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 and red 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	<input type="checkbox"/>	Quality & Safety Committee	<input type="checkbox"/>	Remuneration Committee	<input type="checkbox"/>	Resources Committee	<input type="checkbox"/>
Executive Management Team	<input checked="" type="checkbox"/>	Directors Meeting	<input type="checkbox"/>	Chair of Committee's Meeting	<input type="checkbox"/>	MH Legislation Committee	<input type="checkbox"/>

**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
- Considers the content of and changes to the red risks
- Agrees the level of assurance is adequate for the CRR and red risks 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

At the November 2015 meeting of the audit committee it was requested that the updates provided on each risk include timescales by which actions are expected to be completed and dates at which actions were completed; this was communicated to those providing updates and the date of the current update has been made clear.

### **ASSURANCES**

#### **2. Corporate Risk Register content including changes since October 2015**

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 October 2015.

##### **2.2 Risks closed or de-escalated**

There have been no risks closed or de-escalated from the corporate risk register since October 2015.

##### **2.3 Current risks on the CRR**

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

- 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:

<b>Risk subject:</b>	Agile working programme is not fully embraced, embedded and implemented
<b>Risk number:</b>	1368
<b>Director owning risk:</b>	Nicola Lees
<b>Risk register level:</b>	Corporate Risk Register
<b>Current risk rating:</b>	6
<b>First entered onto risk register:</b>	05/03/2014 Updated 7/1/16
<b>Risk description:</b>	
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.	
<b>Hazard description:</b>	
Agile working programme is does not have the infrastructure in place to enable our workers to operate in a mobile way and is not fully embraced, embedded and implemented	
<b>Directors update;</b>	
<ol style="list-style-type: none"> <li>1. This risk is still live and is appropriately scored. The Agile programme runs over 5 years so this risk will be in place for the next 18 months as a minimum.</li> <li>2. A project manager for Agile commenced with the Trust on 1<sup>st</sup> September. This role provides a key role in coordination and ensures all aspects of the project are in place and on track. The overarching delivery plan of mobile devices delivered to staff completed at the end of November 2015.</li> <li>3. The management restructure has resulted in shared leads across the different directorates</li> <li>4. Concerns still remain from within directorates re the ability to meet the realisation of benefits in future years however 2015/16 savings have been realised and there is a plan in place to release posts however this will be subject of change The performance date is being reviewed monthly by the Agile Steering Group.</li> <li>5. The roll out stage of the project continues in respect of supporting to teams to working 'agile'. Planning and delivery of the next phase (Benefits Realisation) has commenced and the communications plan is being updated to lever the culture shifts that is being underpinned by the agile data and info task and finish group. The integrated delivery plan is delivering the Estates teams key milestone s</li> </ol>	
<b>Actions since end of September 2015:</b>	
<ul style="list-style-type: none"> <li>• Phase 2 Action plan for agile developed and resource plan submitted for 16/17 to deliver the technical infrastructure for unified communications, Tele Med/Video Conferencing, Clinical Systems optimisation, SMS, E referral etc.</li> <li>• All Devices /laptops delivered to 1750 staff</li> <li>• Given scope changes due to LA Funding and organisational changes/scope increased the PID updated to reflect scope changes</li> <li>• Governance updated to support standardising the approach to management of agile workers</li> <li>• KPI's developed and being reported to the strategic agile delivery team</li> <li>• Standard Desk Top arrangement</li> </ul>	

<b>Risk Subject:</b>	Clustering
<b>Risk number:</b>	1291
<b>Director owning risk:</b>	(Change Programme Board Risk) Director of Finance
<b>Risk register level:</b>	Corporate Risk Register
<b>Current risk rating:</b>	12
<b>First entered onto risk register:</b>	05/02/14
<b>Risk description:</b>	
<p>"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."</p>	
<b>Hazard description:</b>	
<p>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.</p>	
<b>Directors update;</b>	
<b>Actions up to end of September 2015:</b>	
<p>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 achieved the targeted closure of between 300 and 400 genuine multiple open clusters in just over a week, following the 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.</p> <p>At the end of July 71.9% of clients had an in-date cluster, with 1,658 (28.1%) not in date. On the 3<sup>rd</sup> of September, 77.4% of clients had an in-date cluster. Performance (current) has risen to 83.4% as of 24<sup>th</sup> September. Actual progress achieved over recent weeks has resulted in approximately a 2% improvement in performance per week since the middle of August, which equates to approximately 100 clients being clustered per week. Operational Deputy Directors are supporting this process through the identification of relevant service users on team-specific lists for clinicians to recluster. Where it is clear that a service user is no longer actually receiving care within BDCFT, but RIO has not been updated to reflect this situation, the service users are being discharged from the system.</p> <ul style="list-style-type: none"> <li>• The number of multiple open clusters is reported at a locality level to deputy directors on a weekly basis. This has supported reductions from 474 week ending 24<sup>th</sup> June to 361 week ending 10<sup>th</sup> July and to 0 as of 3<sup>rd</sup> September. As such, this problem has been resolved, with the exception of any rare occurrences of clinicians incorrectly amending existing clusters.</li> <li>• Additional resource in the form of three Psychology Assistants was approved for a fixed term period of 4 months. All 3 Assistants have now started with the aim of targeting completion 250 clusters per person per week. This will involve supporting clinicians to recluster and is underway in City CMHT, where 340 clients are being targeted, followed by extending to other teams.</li> <li>• The Psychology Assistants are now working with teams and supporting staff to focus on: <ul style="list-style-type: none"> <li>i. resolving data quality issues</li> <li>ii. closing multiple open clusters – this action now complete</li> <li>iii. reviewing service users who do not have a current in-date cluster.</li> </ul> </li> </ul>	

Work to date has focussed on the lowest performing teams, initially identified as City CMHT (5 half-day visits to date by the cluster team), South and West CMHT (5 half-day visits to date by the cluster team), and has now moved onto other teams (one or two half-day visits so far to each of North CMHT, Craven CMHT, OP Craven CMHTe and The Psychotherapies Hub).

Airewharfe CMHT and the remaining older peoples CMHTe are next on the list for visits.

- As a result of Deputy Director clustering performance focus there have been approaches from service managers in some localities to request additional guidance on the clustering process which is extremely positive.
- Investigations into the way that multiple open clusters are reported in RiO and via the exception reports have continued and possible anomalies have been identified through the support provided to clinicians and FAQ logs / questionnaires. The CPPP Project Manager and Lead Clinical Psychologist met with clinicians during w/c 13th July to review live procedures related to the entry of cluster data on RiO.
- CSE Servelec have now returned a version of RiO to BDCFT that includes changes to cluster validation, and this version went live in late July following testing. This has fixed the issue with phantom multiple open clusters and subsequently allowed the closure of remaining genuine multiple open clusters.
- The Cluster Buster App has been trialled in S&W CMHT, and has subsequently been rolled out to all sites where mental health staff are based. This has added the App to computer desktops. The process of rolling out to laptops is underway on a machine by machine basis
- The terms of reference for the CPPP Steering Group were amended in June, to include additional clinical representation and the attendance of the medical director (already attends) or a nominated deputy. This will ensure continuous engagement with key clinicians who are active in clustering on a day to day basis. Nominations from each Locality have been identified.

The CPPP Steering Group is focusing on clustering and data quality to target an improvement to 95% clustering performance by the end of September 2015 – 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 which will take a few weeks to complete. The expected target will not be reported on the 30<sup>th</sup> September but will be subject to a 2-week delay whilst this action is completed.

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:

1. Development of care packages using more complete data
2. Ongoing verification of data quality
3. Clinical ownership and embeddedness

The approaches taken by other MH Trusts to securing clinical engagement are now being reviewed to assess transferability / applicability.

**Actions since September 2015:**

The Trust has maintained achievement of 90% for a number of weeks which includes a number of clients incorrectly categorised as in-scope (Bands service, Medication only) which once removed from the in-scope count will increase the percentage to 94%.

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.

The CPPP work programme will continue to focus on:

1. Development of care packages using more complete data
2. Ongoing verification of data quality
3. Clinical ownership and embeddedness

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.

<b>Risk subject:</b>	IM&T capacity and systems
<b>Risk number:</b>	1584
<b>Director owning risk:</b>	Pending
<b>Risk register level:</b>	Corporate Risk Register
<b>Current risk rating:</b>	12
<b>First entered onto risk register:</b>	14/01/2015
<b>Risk description:</b>	
<ol style="list-style-type: none"> <li>1. IM&amp;T are unable to meet the needs of clinical colleagues now working in an 'Agile' way due to current staffing capacity within IM&amp;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, SystemOne, Email).</li> <li>2. IM&amp;T On Call support service is not adequately staffed (numbers and skills) to fully support the Trust's Agile programme.</li> <li>3. There is no clear agreement of scope as to when staff should call the IM&amp;T On Call support service. What constitutes an emergency or clinical risk?</li> <li>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.</li> <li>5. Insufficient or lack of communications/guides to BDCT staff.</li> </ol>	
<b>Hazard description:</b>	
<p>Significant change of processes, technology and support for the affected staff as a result of the Trust's Agile solutions and systems.</p> <p>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.</p>	
<b>Directors update;</b>	
<ol style="list-style-type: none"> <li>1. Last 3 months (July – Sept)</li> </ol> <p>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&amp;T team including Service Desk, IT and Clinical Systems team. Sickness levels have increased as a result.</p> <p>As a consequence of recent executive director changes, IM&amp;T now report to the CEO who has asked for a plan on how to stabilise the staffing levels in IM&amp;T through recruitment to vacant posts or posts held by contract staff plus a structured prioritised work list for IM&amp;T.</p>	

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

<b>Risk subject:</b>	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.
<b>Risk number:</b>	1606
<b>Director owning risk:</b>	Director of HR & OD
<b>Risk register level:</b>	Corporate Risk Register
<b>Current risk rating:</b>	<b>16</b>
<b>First entered onto risk register:</b>	26/02/15
<b>Risk description:</b>	
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.	
<b>Hazard description:</b>	
National shortage of Band 5 qualified nurses	
<b>Directors update;</b>	
This risk is still live.	
<b><i>The following actions have been and are being taken to help mitigate the risk:-</i></b>	
<ul style="list-style-type: none"> <li>- 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, <b>by June 2016.</b></li> <li>- Judicious use of existing staff to work hours above contract through auto registration on the bank. <b>completed</b></li> <li>- Launch of apprenticeship strategy to help the Trust grow its own workforce and widen participation, <b>by March 2016</b></li> <li>- 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, <b>completed</b></li> <li>- Developing stronger links with local colleges and Universities to help ensure newly qualified staff remain within Bradford and work for the Trust, <b>completed</b></li> <li>- Encouraging student nurses to work on the bank as a health care support worker and then as a qualified nurse, <b>on-going</b></li> <li>- Offering job offers to final year students before they graduate, <b>on-going</b></li> <li>- Promoting the many staff benefits and rewards that the Trust offers its employees</li> <li>- Participating in return to practice initiatives, <b>on-going</b></li> <li>- Looking at a range of recruitment and retention initiatives based on practice from elsewhere e.g. <i>Priory CBT after 2-3 years in post, part payment of professional fees, rewarding full attendance, by June 2016</i></li> <li>- Exploring the assistant practitioner model, <b>timescales to be aligned to national guidelines</b></li> <li>- Exploring an internal bank of healthcare support workers, <b>completed</b></li> </ul>	
<b><i>Over the next three months the following actions will be taken:-</i></b>	
<ul style="list-style-type: none"> <li>- Train up to 10 Calderdale Competence Framework facilitators (programme running late 2015), On <b>9<sup>th</sup>/10<sup>th</sup>/11<sup>th</sup> February</b></li> <li>- 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, <b>completed</b></li> <li>- 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, <b>completed</b></li> <li>- Working with other Bradford based public sector organisations to promote Bradford as a good place to work. <b>First workshop to take place on 18<sup>th</sup> January 2016</b></li> </ul>	

- 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**
- Working group to plan the implementation of the Nurse of the Future recommendations and the apprenticeship strategy **Completed** and next steps are to develop an educational strategy for nurses
- 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, with sub-streams looking at advertising process, application process and on-boarding. Full action plan to be developed by end **March 2016**.
- 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**
- Working with other Bradford based public sector organisations to promote Bradford as a good place to work. **First workshop to take place on 18<sup>th</sup> January 2016**
- 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**

#### New actions

- **Staff bank to be brought in house from 1<sup>st</sup> April 2016**
- **Nursing and HCSWs to be allowed to work up to five hours overtime per week from 1<sup>st</sup> March 2016**
- **Relief team of HCSW to be in place from 1<sup>st</sup> March 2016**
- **Paper going to Deputy Directors to ratify the recruitment of Apprentices to all Band 2 posts from 1<sup>st</sup> April 2016**

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.

<b>Risk subject:</b>	Commissioners re-procurement activity and potential for decommissioning with contracts lost to competitors
<b>Risk number:</b>	1652
<b>Director owning risk:</b>	Pending
<b>Risk register level:</b>	Corporate Risk Register
<b>Current risk rating:</b>	16
<b>First entered onto risk register:</b>	14/05/2015
<b>Risk description:</b>	
<ul style="list-style-type: none"> <li>• Reduced market share</li> <li>• Reduced income</li> <li>• Reduced contribution / threat to sustainability</li> <li>• More providers in the market will create challenges in delivering quality care and a good patient experience</li> <li>• Increased workload for corporate services and clinical teams in preparing good quality responses</li> </ul>	
<b>Hazard description:</b>	
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	
<b>Directors update;</b>	
<p>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.</p> <p>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.</p> <p>Bradford Metropolitan District Council (BMDC) is undertaking a formal review of 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, to conclude by the end of 2015/16. Procurement is therefore likely during 2016/17.</p> <p>BMDC is also commissioning a new substance misuse system. The contract award will be October 2016 with a 12 month mobilisation period.</p> <p>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.</p>	
<b>Actions taken to mitigate the risk in the last 3 months include:</b>	
<ul style="list-style-type: none"> <li>• Newly established Children's Directorate developing new service models to support LA vision e.g. children's centre hubs, and ensuring close engagement and responsiveness to service review activities.</li> <li>• Monthly 2 part BMDC contract meetings arranged to ensure regular dialogue, understanding and management of any potential service review issues</li> </ul>	

- Head of Business and Service Development post advertised December 2015. The post holder will lead the development of new business opportunities, as well as leading the development of business cases or tender submissions for Trust core business.
- Work being undertaken to prepare for the future procurement of the community and unscheduled dental services and a 'deep dive' update provided to the FBI Committee in December 2015. The Medical Director has been identified as the executive director to oversee the dental redesign work in preparation for the service procurement.
- The Deputy Chief Executive/Director of Nursing has been identified as the executive director to lead the Trust's preparation for the procurement of substance misuse services.
- Corporate services tasked to identify 12% CIP and impact assessment
- Additional half day bid/tender training for operational managers and corporate leads took place on 09/10/15.
- The Trust has responded positively to Bradford Health and Care commissioners in response to a proposed contract variation for IAPT with the Trust acting as lead provider incorporating services provided by the voluntary and community sector.
- EMT agreed temporary funding to provide full time support to the ITC/ATU marketing. Appointment made to this interim post in December 2015.

**Further actions that will be taken over the next 3 months include:**

- Appointment to Head of Business and Service Development, with interviews scheduled for 01/02/16.
- Trust to consider wider resource impacts including contractual arrangements and operational or project resource as part of annual business plan
- A Substance Misuse Services workshop, facilitated by NHS Elect, is taking place on 28/01/16 to assess potential competitors and partnerships, agree a stakeholder engagement strategy and review the current service, building on successful models from other areas.
- Board to consider and agree priorities for new business development to provide further 'upside' mitigations i.e. appetite for expansion by geographies and services

### 3. Red risks not on the CRR, including changes since July 2015

#### 3.1 Red risks closed or downgraded since October 15

- Risk 1073; IM&T risk – risk level downgraded to 12 (amber)
- Risk 1642; Retinue issues - risk level downgraded to 12 (amber)
- Risk 1676; Delay in interim update to PAS - risk level downgraded to 12 (amber)
- Risk 1692; CAMHS funding – risk archived

#### 3.2 Current red risks

In addition to the red risks on the CRR (see 2.3), there are two red risks on other risks registers within the organisation;

- Risk 1535; Service Users accessing the roof (this risk was included in last report in October 2015)
- Risk 1737; Access to IAPT psychological therapy (added in December 2015)

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

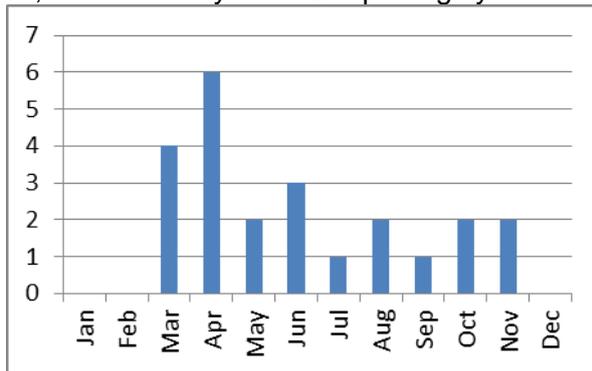
<b>Risk number:</b>	1535
<b>Director owning risk:</b>	Director of Finance & Facilities Lead; Andrew Morris
<b>Risk register level:</b>	Local
<b>Current risk rating:</b>	15
<b>First entered onto risk register:</b>	06/11/14
<b>Risk description:</b>	
<ul style="list-style-type: none"><li>• Recent HSE prosecution of NHS Foundation Trust - detained service user climbed onto the roof of a single storey building on successive days - he was talked down on the first occasion. On the second occasion, he dived off the roof onto the concrete floor below, suffering a broken neck and leaving him permanently paralysed from the chest down and requiring 24 hour care.</li><li>• Service user harm and breach of Section 3 (1) of HASAW Act 1974 - fine £20,000 + £6,864 costs.</li></ul>	
<b>Hazard description:</b>	
Service Users accessing roofs at LMH and ACMH (for absconding or demonstration purposes) - particularly from the courtyard gardens and falling or sustaining other injuries.	

## Directors update;

The risk is still live and remains at a score of 15 due to continued incidents on the wards with staff climbing fencing / gaining access to roof areas.

Following notification of the above case in October 2014, research by the Risk Management Team found 29 instances of service users climbing onto roofs from Trust wards since 2012. Since then there have been further incidents - this includes a weekend in April where the same service user accessed the roof of Lynfield Mount Hospital 4 times; requiring the attendance of the combined emergency services. There were 2 further incidents in May and 2 in June. One service user was given first aid after climbing down from the wall between the courtyards.

The below chart shows number of incidents relating to service user roof access throughout 2015, data courtesy of IR-E reporting system:



Responding to the risk has taken account of 2 perspectives, both of which have and are being actively pursued.

**Clinical operational policies and procedures** were reviewed and trialled for a 3 month period from February 2015 to reduce access to vulnerable areas via increased observation and local monitoring of service users. Operations have confirmed that the relational and procedural review is complete and that all identified actions have been implemented with particular vigilance pending completion of the physical/environmental enhancements.

Options for **physical/environmental enhancements** were assessed at the same time. Improved courtyard lighting was approved and installed whilst the procedural pilot was underway.

Clinical staff expressed concern about the impact on service users of a potentially prison-like appearance of some of the physical barrier solutions available. It was agreed that senior operational design input was essential. Following review of the 3 month pilot and continued incidents it was agreed that the options for physical/environmental enhancements should be progressed. These changes include the progression of a new capital scheme utilising 2015/16 contingency funding to install anti climb precautions. Capital funding of £198k has now been allocated to this project via CPIG.

The design was discussed and agreed with Deputy CX / Director of Nursing. The design has been more complex due to particular roof angles requiring additional design input but has been progressed at pace but including appropriate engagement.

The project is due to commence on site in November with an anticipated completion date of 31<sup>st</sup> December 2015. The timescales are best estimates attempting to take account of i) lead in time for specialist materials, ii) access to operational ward areas, iii) adverse weather and iv) relevant approvals.

The risk will be de-escalated on completion of the capital works (as mitigation relates to relational, procedural and physical controls all being satisfactory). The risk will be kept under review for a period before considering closure in conjunction with operational staff.

#### **Action taken since September 2015**

The phased approach being adopted to improve anti-climb precautions at LMH/ACMHU was reviewed and confirmed as follows:

- Phase-1a: Britplas phase of work to Oakburn/New Ashbrook/New Maplebeck courtyards. The work comprises installation of the Britplas roofline product and provision of a new higher fence separating Oakburn and New Ashbrook courtyards. Capital of £198k has been approved by CPIG.
  - Works commenced on the anti-climb measures for the 3 main wards at LMH and the 2 main wards at Airedale CMH on Wednesday 9 December 2015 and is scheduled to be completed by 29 January 2016
- Phase-1b: additional anti-climb precautions to Oakburn/New Ashbrook/New Maplebeck courtyards in response to recent roof accesses. Works comprise trunking of remaining rainwater goods, alterations to a raised bed, and some localised anti-climb fencing. Costs are being finalised and are anticipated in the £15k-£20k range.
  - Works are now complete
- Phase-1c: temporary and permanent anti-climb precautions to the LMH house/outpatients buildings comprising anti-climb fencing, improved lighting and CCTV. Cost is approximately £20k.
  - Additional CCTV complete
  - Improved lighting complete
  - Temporary anti-climb is complete, permanent anti climb measures to be completed by 29 January 2016
- Phase-2: planned anti-climb precautions to LMH Visitors' Courtyard and the ACMHU internal courtyard. Proposed designs and options are being finalised. Costs approx £100k, currently being finalised for January CPIG meeting
  - Timescale for works 2016/17
- Phase-3: planned anti-climb precautions to the broader LMH site. Total costs to address all risks could be in the £500k+ range, requiring a risk-prioritised and phased approach.
  - Timescale for works: to be confirmed following CPIG discussion on risk-based prioritisation, at January CPIG

Implementation of the actions outlined in this risk mitigation plan will mitigate this risk

#### **Please note:**

As ward/departmental refurbishments take place going forward, anti-climb precautions will also be reviewed and improved as part of the Trust's standard refurbishment process, supporting the Phase-3 programmed approach, e.g. during 2016-17, a new Energy Centre will be provided at LMH with the scheme also including anti-climb protection to the boiler house block.

<b>Risk Subject:</b>	Access to IAPT psychological therapy
<b>Risk number:</b>	1737
<b>Director owning risk:</b>	Director of Operations & Nursing Lead; Richard Carroll
<b>Risk register level:</b>	Locality
<b>Current risk rating:</b>	16
<b>First entered onto risk register:</b>	30/12/2015
<b>Risk description:</b> Number of routine self-referrals exceeding capacity. Due to generic advertisement of the self-referral process, some crisis referrals coming via this pathway, potentially delaying appropriate response.	
<b>Hazard description:</b> IAPT Services implemented self-referral via telephone in January 2015. Self-referrals are processed by 1 WTE admin staff across the district. In August 2015 the service advertised the process in a local magazine which has since shown a significant rise in self-referrals (now reaching 300 per month). Some service users are unfortunately attempting to access crisis services via this route due to the local advertising and there is a service pressure on administration, managing the increased number of self-referrals.	
<b>Directors update;</b> This risk remains live, scoring will reduce as following actions are taken to mitigate:  <u>Immediate actions taken</u> Temporarily suspended local advertising of the service in local magazines. Temporarily suspending local advertising of the routine referral process may reduce numbers entering therapy in the short-term, impact on IAPT KPI's.  Clinical staff have been rota'd to be available to the 1 WTE admin, to support and signpost callers in crisis.  <u>Actions within the next 28 days</u> Review of referral management processes within IAPT -Clinical staff (x3 already funded within service) will be rota'd to replace admin and assess/signpost referrals. Alcatel call facilities are to be established for IAPT with a future plan to co-locate referral management systems with First Response. This will require a financial analysis of costs implementing Alcatel telephone system and estates reconfiguration within First Response- (already initiated). Liaise with IT and estates regarding reconfiguration of IAPT referral service (already initiated). Re-advertise IAPT self-referral service alongside Frist Response service, being clear of urgent pathway for service users.  <u>Actions within next 3 months</u> Integrate routine referral processes with First Response telecoaches supporting one point of access to all mental health referrals.  .  Risk score will reduce significantly on actions within 28 days, closed on actions within 3 months.	

#### **4. Risk Implications**

There are no specific risk implications to highlight

#### **5. Monitoring and review**

The Board will next receive a report in April 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
- Considers the content of and changes to the red risks
- Agrees the level of assurance is adequate for the CRR and red risks or identifies any further assurances required.