There is a risk that:	How likely is the risk to materialise? Please rate on a scale of 1-5 with 1 being very unlikely and 5 being very likely	Potential impact Please rate on a scale of 1-5 with 1 being a relatively small impact and 5 being a major impact And if there is some financial impact please specify in £000s,	Overall risk factor (likelihood *potential impact)	Risk Owner	Mitigating Actions
Non-elective admissions					
Failure to deliver 2017-19 CCG Operational Plan objectives	**4**	**4**	**16**	CCG	Monthly reporting to CMET and Finance and Performance sub-committee PMO in place Accountability reviews Standard agenda item on COG Action plan in place overseen by COO and Head of Planning NHSE quarterly assurance meetings Performance dashboard
Risk to delivery of Urgent and Emergency Care Plans	**4**	**4**	**16**	CCG	Monthly reporting to CMET and Patient Safety and Quality Committee COO leading and chairing Action plan in place for acute systems, including winter planning approved Monthly and quarterly reviews with NHS England UEC STP delivery group oversight to ensure system wide buy in. A&E Delivery Groups responsible for delivery of dependent targets
DTOCS					
Ward staff in acute don't implement the learning from training/development	**4**	**4**	**16**	NWAFT / CUH	Workforce development plan to support culture change Closer working and integration with the voluntary sector Development of joint workforce initiatives (e.g. training, rotations, recruitment processes) Social Care Discharge Lead being implemented to support
High numbers of new DTOCs on a daily basis prevent reduction to trajectory	**4**	**4**	**16**	NWAFT /CUH	Agreement from all system partners to proactively assess and plan discharge for patients Closer alignment of intermediate care teams to aid discharge Costed DTOC plan established 8HIC implementation plan in place Implementation and refinement of patient flow management software SHREWD for early escalation of issues.
Care provider market can't meet need within certain geographical areas	**3**	**3**	**9**	PCC / CCC	PCC/CCC and CCG to work to develop market in areas known to have poor provision Joint commissioning approaches developed Clear commissioning strategy in place Investment in strengthening the local market Monitoring of local performance and issues to identify early issues
Residential Admissions					
Increased provision of beds in the system impacts of admissions rate	**3**	**3**	**9**	PCC/CCC	Close monitoring of self-funders to manage longer term ASC financial impact Develop stronger relationships with providers for more integrated planning approaches Close management of CHC delays and CCG step down bed purchasing in the system
Increase in under 65s accessing residential admissions due to mental health/long term conditions, impacting on target	**3**	**3**	**9**	PCC/CCC	Widened scope of JET to offer intermediate care and emergency response from 65 to 50 year olds Scope of age for the Wellbeing Service been widened to all adults over 18, enabling stronger community support provision - 24/7 mental health service in place
Effectiveness of Reablement					
Discharge from acute into reablement happens before medically fit resulting in readmissions to hospital	**3**	**3**	**9**	PCC/CCC/NWAFT/	Discharge protocol agreed D2A pathway being implemented Alignment of intermediate care tier New CHC process being implemented
If there in insufficient intermediate care provision in the community to manage appropriate discharges, then reablement effectiveness may be impacted.	**3**	**3**	**9**	PCC/CCC/CCG	D2A business case being implemented. Additional investment in reablement agreed. iBCF funding additional capacity to pick up briding packages at periods of high demand, i.e. winter period as short term response. Alignment of intermediate care provision to maximise and flex resources more effectively.