

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, also specify who the impact of the risk falls on)	Overall risk factor (likelihood *potential impact)	Risk Owner	Mitigating Actions
Inadequate engagement with Care Homes impacts on ability to effectively discharge patients	4	4	16	PCC/CCC/CCG	Care Home contract management robust Close working and engagement with care homes to identify areas of issue and support CCG reviewing approach to commissioning of GP support for care homes Workforce development/training support of care home staff Care home educators in place Trusted Assessor models being explored
If significant culture change is not implemented across all providers then this will impact on the ability to manage DTOCs effectively	4	4	16	CCG/PCC/CCC/Providers	Workforce and development plans Commitment to joint workforce development approaches Change management support Communications and engagement plan D2A pathway being implemented
If there is 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 bridging 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.
If the recruitment of new workforce requirements are not successful then there will not be sufficient capacity to implement the new model	4	4	16	CCG/CPFT	Proactive recruitment campaign started early in the process Deployment of joint workforce strategies across provider organisations to increase appeal of roles to prospective applicants Use of independent sector provider capacity in the interim to bridge gaps to provision during the recruitment process
If there is insufficient domiciliary care and care home capacity then this will impact on effective pathway exits.	3	4	12	CCG/PCC/CCC/Providers	Design processes (eg D2A) that enable system partners for early identification and planning of long term need to reduce risks of periods of excessive demand for long term assessment and care Identify innovative solutions to delivery domiciliary care support (eg primary care support for patients at home, "grow your own workforce", etc) Support the development of a "community pool" of capacity to support care for patients at home under the direct payment scheme (eg microbusinesses in community providing care in a given geography) Promote use of direct payments as an alternative to social care support being arranged by the local authority