

There is a risk that:	How likely is the risk to materialise? Please rate on a scale of 1-5 with 1 being very	Potential impact Please rate on a scale of 1-5 with 1 being a relatively small impact	Overall risk factor (likelihood *potential impact)	Risk Owner	Mitigating Actions
Technological: delivery of the Person Centred System deliverables is reliant on effective data sharing systems and information governance protocols being in place and utilised by professionals across the system.	3	3	9	CPFT/STP	Pseudonymisation tool developed and being tested. Data Sharing agreements signed and in place with system partners. Close integration with STP Digital Delivery Group projects and alignment of organisational leads Immediate solutions to practical data sharing options being explored Alignment with local digital roadmap Clear expectations of information governance and consent
Inadequate co-location and integration of staff across health and social care will not enable effective MDT working	2	3	6	PCC/CCC/CPFT	PCC/CCC commitment to alignment with neighbourhood teams Centralised co-location of neighbourhood teams to facilitate MDT working Development of case management and joint assessment approaches, underpinned by data sharing Implementation of Integrated Care Workers
If Primary care engagement is not achieved because MDTs are NT rather than primary care hosted then MDT effectiveness will be compromised.	3	3	9	CCG/CPFT	1. Iterate the Trailblazer model – e.g. N City TB NT holding MDTs in practices on rotating basis or 6/52 to show value of broader MDT model. 2. Case finding data demonstrates need for broader MDT model
If data sharing agreements are not established with all relevant system partners, then MDTs will not be able to target the key population which will impact on delivery of benefits	2	3	6	CPFT/STP	Data sharing agreements developed between CPFT (as data processor) and Acute hospitals LAs, Primary care practices CPFT providing business information resource to process data Data Sharing Board working towards system model for processing case found data
If case found demand exceeds system capacity then there is a significant risk, that without additional investment, there will be insufficient capacity to deliver the system benefits	5	4	20	CPFT/CCG	Broader MDT approach – utilise all available resources Coordinated approach – reduces waste STP investment – the most impactful mitigating action
If savings cannot be evidenced within year 1, then there is a risk that the project will not deliver on the projected benefits	3	3	9	STP	SMART outcomes measures identified, based on evidence of current hospital NEL activity.
If there is a lack of availability of other community services, in particular the expanded JET and intermediate care, expanded Psychological Wellbeing Service and expanded voluntary sector capacity, then there will be insufficient support to deliver the full patient benefits	3	3	9	CCG/CCC/PCC/CPFT	STP buy in to business case system wide involvement in implementation of case management clear roles and responsibilities ongoing review of effectiveness