BC TCP - Risk Log

Date Last Updated 11.04.16

Risk ID Code	Raised By	Date Identified	Description (Cause / Event)	Impact	Mitigations Considered / In Place	Target Resolution Date	Risk Owner	Probability score	Impact score	Original PI Score	Probability score	Impact score	Current PI Score	Status	Comments
1	Wendy Ewins	08.04.16	There is a risk that meaningful alignment of commissioning across all stakeholders (CCG's, local authorities and stakeholders) may not be achievable as there is no local commissioning precedent in this service area	**high**	● The plan itself has robust, timebound targets (set out in the critical path) to support achieving the overall aims. ● TCP build on previous project and quality monitoring joint work undertaken across the footprint.	31.03.17	Colin Marsh	3	5	**15**			**0**	Open	
2	Wendy Ewins	08.04.16	There is a risk that the variety of approaches to the reporting and management of budgets, service and service delivery across the partnership (CCG's, local authorities and stakeholders) may result in data & financial anomalies	**high**	●Clearly defined metrics and associated measurement methods	31.03.17	John Dicken / Deborah Hyde	3	5	**15**			**0**	Open	
	Wendy Ewins	08.04.16	Funding restrictions across the health and social care economy may result in limited delivery of the Transformation Plan	**high**	● Financial plans across the TCP will be reviewed in May 2016, supported by a financial modelling workshop to be facilitated by NHSE to ensure robust financial planning and flows	31.03.17	John Dicken / Deborah Hyde	4	5	**20**			**0**	Open	
3	Wendy Ewins	08.04.16	There is a risk that if the capital funding needed for appropriate community facilities can't be secured within the required timeframes this could result in properties being lost	**high**	● Continue to work to make appropriate capital bids and to consider opportunities for funding	31.03.17	John Dicken / Deborah Hyde	4	5	**20**			**0**	Open	
4	Wendy Ewins	08.04.16	There is a risk that if the existing market isn't tested and shaped it may not be able to confidently deliver the outcomes sought through this programme	**medium**	● Robust monitoring of outcomes through TCP Engagement with providers through the relevant forums to ensure that they are engaged in the programme as partners	31.03.17	Mai Gibbons / Maragaret Courts	3	4	**12**			**0**	Open	
5	Wendy Ewins	08.04.16	There is a risk that the current workforce isn't significantly developed both in terms of the environments and culture to deliver the expected outcomes	**medium**	● PBS Cquin in 16/7 across the TCP footprint will provide significant opportunities for the specialist health provider to upskill its workforce ● Work with social care providers to map complex needs in terms of accommodation and support going forwards will support the development of the right mix of accommodation and support, with appropriately trained staff	31.03.17	Mai Gibbons / Maragaret Courts	3	5	**15**			**0**	Open	
6	Wendy Ewins	08.04.16	There is a risk that as a result of learning disability specialist health services being provided from one provider base with little competition, there is limited availability of other providers to respond to the possible use of personal health budgets.	**high**	● Work to develop the market in line with the national model Organise financial modelling session with NHSE to consider financial flows and to begin work be able to break down the block contracts ● To use PHB pilots to develop the market and learn from both providers and families about what works	31.03.17	Kulbinder Thandi/ David Demay	3	4	**12**			**0**	Open	
7	Wendy Ewins	08.04.16	There is a risk that the lack of clear financial guidance around dowries may make this programme unaffordable	**high**	●Continue to seek guidance from NHSE regarding dowries. Work with local CCGs and Specialised Commissioning Teams to agree a TCP approach	31.03.17	John Dicken / Deborah Hyde	5	5	**25**			**0**	Open	
8	Wendy Ewins	08.04.16	There is a risk of significant financial challenge as a result of the 'double running' of some services as bed-based services are decommissioned	**high**	● Early identification of discharge timelines through robust CTR arrangements. ● Work with providers to ensure that plans to discharge and decommission beds are aligned	31.03.17	John Dicken / Deborah Hyde	5	5	**25**			**0**	Open	
9	Wendy Ewins	08.04.16	There is a risk that stakeholder understanding that the benefits of a community model of care and support for people within this cohort will take some considerable time to realise	**medium**	● Events to be organised on a locality basis and across the TCP footprint to ensure that plans are developed in co-production and that information is available about the national model and the TCP expectations for future models of service design and delivery	31.03.17	Julie Cox	3	3	**9**			**0**	Open	
10	Wendy Ewins	08.04.16	There is a risk that the financial viability of some providers may significantly impact the delivery of expected outcomes	**medium**	● Work across the TCP footprint to develop the market	31.03.17	Mai Gibbons / Maragaret Courts	3	4	**12**			**0**	Open	
11	Wendy Ewins	08.04.16	There is a risk that if the new partnership arrangements between Black Country Partnership NHS Foundation Trust, Birmingham Community Healthcare NHS Trust, and Dudley and Walsall Mental Health Partnership NHS Trust are not fully understood and reflected in any TCP plans going forward care of people with learning disabilities and autism may be significantly affected	**low**	● Continue to engage with BCPFT to ensure that plans are deliverable and that the new partnership will benefit citizens	31.03.17	Colin Marsh	2	2	**4**			**0**	Open	

12	Wendy Ewins	08.04.16	There is a risk the BCTCP will not meet its projected reduction in inpatient numbers due to the method that has been adopted to determine appropriate usage of inpatient beds. This method does not take into account a range of significant factors for the BCTCP footprint which affect likely numbers and pressure on beds-based services.	**high**	● Collate information from CTRs to robustly plot discharge timelines and to ensure that actions are monitored ● Use pre-admission CTRS to identify community alternatives to admission wherever clinically appropriate and safe ● Monitor risk registers to ensure robust planning and to map emerging need	31.03.17	Mandeep Jandu / Fred Gravestock	5	5	**25**			**0**	Open	
13	Wendy Ewins	08.04.16	There is a risk that the BCTCP will not reduce its use of secure inpatient beds quickly enough. The BCTCP has a large number of patients in secure settings (66), many (19) of whom are in medium secure hospitals with treatment plans that are currently expected to last around or in	**high**	● Ensure full local participation in CTRs organised by NHSE for this cohort of people ● Ensure that actions relating to CTRs are monitored ● Work to understand the needs of this cohort for longer-term planning and to ensure that services are ready to support them on discharge	31.03.17	Mandeep Jandu / Fred Gravestock	5	5	**25**			**0**	Open	
14	Wendy Ewins	08.04.16	There is a risk that not enough is known about the changing demographics of the TCP population (all age) and this is necessary in order to develop robust plans that are fit for the future	**medium**	● Engage with public health to revise information about people with learning disabilities and autism across the TCP	31.03.17	Kulbinder Thandi/ David Demay	2	4	**8**			**0**	Open	
15	Wendy Ewins	08.04.16	There is a risk that as inpatient facilities are closed across the region, that people may have to travel further to get appropriate inpatient care	**medium**	● Engage with the regional Transforming Care Board to work to shape future inpatient servcies across the region and not just at a TCP - wide level	31.03.17	Mandeep Jandu / Fred Gravestock	3	4	**12**			**0**	Open	
16	Wendy Ewins	08.04.16	There is a risk that if an intensive support service is not commissioned collaboratively across the footprint that it will not be possible to deliver a 24/7 service as defined in Building the Right Support	**high**	● Learn from local pilot to determine best practice and lessons learned ● Work collaboratively across the footprint to implement	31.03.17	Wendy Ewins / Carol McCauley	4	5	**20**			**0**	Open	
17	Sarah Fellows	07.04.16	The recent announcement that specialised commissioning of mental health will return to CCGs and pilots will be set up may casue some delay to local plans	**low**	● Keep abreast of developments and analyse the impact of commissioning on CCGs ● Align any changes with the Transforming Care Plan	31.03.17	Fred Gravestock / Magaret Courts	3	2	**6**			**0**	Open	
18										**0**			**0**		
19										**0**			**0**		
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