

## Appendix 2: BCF Risk Register

There is a risk that:	How likely is the risk to materialise?  <i>Please rate on a scale of 1-5 with 1 being very unlikely and 5 being very likely</i>	Potential impact  <i>Please rate on a scale of 1-5 with 1 being a relatively small impact and 5 being a major impact</i>  <i>And if there is some financial impact please specify in £000s, also specify who the impact of the risk falls on)</i>	Overall risk factor (likelihood *potential impact)	Mitigating Actions
MFT is unable to reduce overheads linked to a reduction in activity from BCF impact, compromising their financial position	2	3	6	CCG and MFT are working closely together to ensure detail of plans aligned and impact understood. Annual review of target involving commissioners and provider(s).
Shifting of resources to fund new joint interventions and schemes will destabilise current service providers, particularly in the acute sector	3	4	12	Review target  A Transition Plan will be developed and implemented with Medway NHS Foundation Trust to ensure areas of concern are identified early and

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				appropriate actions implemented in a timely fashion. Contingency plans put in place
A lack of detailed baseline data and the need to rely on current assumptions means that our financial and performance targets for 2015/16 onwards are unachievable.	3	3	9	We are undertaking a detailed analysis of current data in order to validate our plans and exploring ways of better data sharing.
Operational pressures on the workforce will restrict the ability to deliver the required investment and associated projects to make the vision of care outlined in our Better Care Fund submission a reality, including workforce recruitment, skills analysis and change management.	3	4	12	Our 2014 schemes include specific non-recurrent investments in the infrastructure and capacity support of the overall organisational development including workforce.
Day-to-day operational involvement from providers prevents them from making the required changes to develop a long-term integrated vision.	3	3	9	Commissioners will work closely with providers throughout the process and ensure that they have the necessary support and resources to deliver the required changes in the timeframe required.

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Inability within the timeframe required to address the cultural and competency requirements across the whole workforce to enable integrated working to be successful.	3	2	6	Through engagement with service providers we will ensure diverse staff groups are brought together to build a new integrated professional identity reinforced by physical co-location, joint management structures and shared training.
Preventative services will fail to translate into the necessary reductions in acute, nursing home /residential care home activity by 2015/16, impacting the overall funding available to support core services and future schemes.	3	4	12	Partnership Commissioning will ensure that activity is monitored and report any deviation from planned trajectory to the Joint Commissioning Board who will put in place remedial action in a timely fashion. Contingency plans inline with risk sharing agreement in s75.
The introduction of the Care Act 2014 will result in a significant increase in the cost of care provision from April 2016 onwards that is not fully quantifiable currently and will impact the sustainability of current social care funding and plans.	4	4	16	We have undertaken an initial impact assessment of the effects of the Care Act and will continue to refine our assumptions as we develop our final Better Care Fund response.
Performance levels impact on achieving Payment by Performance related funding and impact on	3	3	9	We will ensure that the performance of all Better Care Fund funded schemes is robustly monitored

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overall Better Care Fund Plan and affordability if 2.5% target reduction in non-elective activity is not achieved.				<p>allowing under-performance to be identified and proactively managed.</p> <p>Risk to pooled fund and risk to CCG budget to be mitigated by agreeing risk share based upon joint reserve to protect BCF schemes at risk when constructing the s 75 agreement.</p>
Improvements in pathway redesign could result in improvements in data collection and coding in acute care adversely affecting baseline figures.	3	4	12	Robust checking of data prior to setting targets.
Sustainability of financial planning assumptions	3	4	12	Close monitoring against the Better Care Fund metric to secure shift in patient flows out of hospital. To continue to review financial planning assumptions against progress and adjust plans accordingly.
The council, and its NHS partners, has well-established support arrangements for carers (including young carers) but it is likely that the Care Act 2014 will lead to a significant rise in carers' assessments and further financial pressure as more carers seek local	4	3	12	We have undertaken an initial impact assessment of the effects of the Care Act and will continue to refine our assumptions as we develop our final Better Care Fund response.

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authority support. The current projections estimate a sevenfold increase.				
Better Care Fund schemes will increase demand for community based services, which could lead to higher waiting times for community care assessment.	2	3	6	Commissioners will work closely with providers to ensure appropriate monitoring tools are in place to manage any increase in demand.  Contingency plans put in place including further investment of community services.
The disruption associated with Better Care Fund schemes reduces social care related quality of services and quality of life for service users and impacts on patients experience of NHS services	2	3	6	Quality assurance processes will be in place as well as service user feedback.