

# Risk Matrix

**Analysis of risks set out in ASA:** The risk analysis set out in this grid has been completed against the Trust’s risk scoring matrix under which a score of 4 or less is regarded low, between 6 and 14 as moderate and 15 to 25 as significant.

Risk Title	Trust Risk Number	Risk Description	Mitigation	Risk Score			Risk Owner
				Impact	Likelihood	Score	
<b>FINANCIAL</b>							
<b>Adult Social Care Savings</b>	<b>694</b>	Across the local Health / Adult Social Care sector saving targets are significant and over a two year period will require radical changes in the range of services available, the level of care that can be provided and the way services are delivered.	<ul style="list-style-type: none"> <li>Individual assessments / reassessment carried out against Care Act Eligibility Criteria and all relevant policy frameworks as part of assessing whether it is safe or appropriate to reduce the level and make up of existing care plans.</li> <li>The ICO, Council and CCG will work with service users and the voluntary sector to secure appropriate input and engagement in redesigning and redeveloping services.</li> <li>Changes in the nature, level and range of services will be subject to formal consultation as required by national guidance and Council policy.</li> <li>Risk sharing arrangement in place between ICO &amp; Commissioning partners and regular meetings to monitor financial performance of ICO and impact on all parties.</li> </ul>	4	4	16	Shared

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<b>STRATEGIC / COMMISSIONING</b>							
<b>Care Home Fees</b>	<b>Council Risk</b>	In 2014/15 care home fees were set within a new banding structure for residential care. This has been challenged through JR.	<ul style="list-style-type: none"> <li>This challenge is currently under appeal and in addition to this commissioners (Torbay Council) are in on-going discussions with the care home market.</li> </ul>	3	4	12	Council
<b>Market Capacity For Domiciliary Care</b>	<b>631</b>	Capacity constraints regarding implementation of contract changes relating to supported living with separation of care and accommodation costs	<ul style="list-style-type: none"> <li>New contract in progress for extra care housing</li> <li>Established Mears contract that potentially could extend remit to offer more choice and capacity</li> <li>A holistic review of individual would support other initiatives</li> </ul>	4	3	12	Shared
<b>OPERATIONS</b>							
<b>Adult Social Care CIP Savings 2015-16</b>	<b>694</b>	The scale of savings required across the local health / adult social care sector could require significant changes and savings to back office and assessment processes. Capacity in zone teams may impact on the pace of delivery.	<ul style="list-style-type: none"> <li>This is mitigated by the ICO Business Plan</li> <li>ASA KPIs include monthly metrics that will demonstrate any reduction in capacity.</li> <li>Regular updates to Community Service Unit SCPB highlighting any commissioning/service transformation needs/risks.</li> </ul>	4	5	20	Shared

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<b>Community support for change</b>	<b>Council Risk</b>	Concern may be raised in response to implementation of the programme of work outlined in this agreement which may affect the pace of delivery.	<p>This is mitigated through:</p> <ul style="list-style-type: none"> <li>• The close involvement of, and engagement with the individuals involved, their families and carers through the relevant assessment and reassessment processes.</li> <li>• Moderation of decision making in complex cases through Zone managers and the complex care review panel.</li> <li>• Consistent application of the cost choice risk policy</li> <li>• Escalation of individual cases to the Social Care Programme Board, support from Council Legal services and briefing for Members where particularly difficult, sensitive or contentious cases arises.</li> </ul>	4	3	12	Council
<b>Mental Capacity Act 2005 Deprivation of Liberty Safeguards</b>	<b>803</b>	The Cheshire West ruling in March 2014 has created significant additional applications for Deprivation of Liberty Safeguards. This has resulted in an increasing waiting list with non-recurrent resources being applied to fund the staffing resources to process applications within legal timescales.	<ul style="list-style-type: none"> <li>• Case law relating to DoLS has created national pressures, with the Law Commission now reviewing the legislation, with likely changes to the law in 2017. The Council has made additional non-recurrent grant funding (£88k) available to support this in 15/16 but the Trust and now the ICO has had to commit additional funding to increase capacity for assessment. The main risks are lack of recurrent funding streams and waiting times (process and list).</li> </ul>	3	5	15	Shared
<b>Risk Of Not Covering The EDS Rota Due To Staff Shortages</b>	<b>668</b>	Vacancies, an ageing workforce, skill set requirements and a need to change working patterns has placed this small service at risk of breakdown.	<ul style="list-style-type: none"> <li>• A range of options are being developed to put this service on a sound footing. There are options for a regional service being developed with neighbouring services to provide more cost effective and sustainable arrangements This would include a new model with shift changes.</li> </ul>	5	4	20	Trust

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<b>Impact of Care Act 2014 on the Trust</b>	<b>742</b>	The requirements of the Care Act and changes with regard ILF in 2015/16 were non-recurrently funded. Consequently, ongoing compliance could be comprised if recurrent funding streams cannot be secured.	<ul style="list-style-type: none"> <li>Agreement between ICO / Commissioners on recurrent funding sources.</li> </ul>	4	3	12	Shared
<b>Complex Care Delivery Risk</b>	<b>722</b>	Levels of client complexity have increased within social care. There is a requirement for social workers to increasingly present cases at the Court Of Protection	<ul style="list-style-type: none"> <li>Training for social workers</li> <li>Support from the legal team at the Council</li> </ul>	3	2	6	Shared

NOTE: The shared risks recorded in the grid will be managed separately by the Trust and the Council through their respective risk management processes.