

Strategic Plan	SBAF Ref	Executive Lead	Strategic Risk Statement	Responsible Board Committee	Controls	Assurances	Gaps and actions	Completion date for action																												
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2020 Vision	3	Rachel Barlow, COO	<p>There is a risk that difficulties in recruiting and retaining local GPs leads to fragmentation within practice and PCNs and unpredicted patterns of referral behaviour and LTC emergency care, resulting in unmet demand or need because our system is not operating to its 5 year plan.</p> <table border="1"> <thead> <tr> <th>Initial Risk</th> <th>Current Risk</th> <th>Target score</th> <th>Target date</th> </tr> </thead> <tbody> <tr> <td>April 2017</td> <td>July 2019</td> <td></td> <td></td> </tr> <tr> <td>9</td> <td>9</td> <td>6</td> <td>Dec 2020</td> </tr> <tr> <td>(3x3)</td> <td>(3x3)</td> <td>(2x3)</td> <td></td> </tr> <tr> <th colspan="4">19/20 Quarterly Movement</th> </tr> <tr> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> <tr> <td></td> <td></td> <td>-</td> <td>-</td> </tr> </tbody> </table>	Initial Risk	Current Risk	Target score	Target date	April 2017	July 2019			9	9	6	Dec 2020	(3x3)	(3x3)	(2x3)		19/20 Quarterly Movement				Q1	Q2	Q3	Q4			-	-	Board	Working with Primary Care Networks on recruitment support.		<p>We do not have foresight on GP recruitment or retention data. Rachel Barlow to request from CCG. We cannot therefore be confident in the current risk score without this data.</p> <p>We do not have visibility of retention efforts of the GP workforce. A workforce study has been commissioned via the ICS board, with SWBH funding, to review the workflow of the GP workforce and inform future workforce model and processes. The study will be concluded and reported within Q3.</p>	August 2019
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LTFM including activity in place and referral/activity tracked.	Monitored by Income PMO, Planned Care Board, PMC and FIC.		Dec 2019																																	

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2020 Vision	7	David Baker, Director P&I	<p>There is a risk that not all partners will sign up to the practicalities of the ICP vision and resist change including personnel change, resulting in a hiatus and loss of trust which could imperil our ability to make changes of importance to the long term care model our communities need.</p> <table border="1"> <thead> <tr> <th>Initial Risk</th> <th>Current Risk</th> <th>Target score</th> <th>Target date</th> </tr> <tr> <th>May 2019</th> <th>July 2019</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>12</td> <td>12</td> <td>8</td> <td>March 2020</td> </tr> <tr> <td>(3 x 4)</td> <td>(3 x 4)</td> <td>(2 x 4)</td> <td></td> </tr> <tr> <th colspan="4">19/20 Quarterly Movement</th> </tr> <tr> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> <tr> <td></td> <td></td> <td>-</td> <td>-</td> </tr> </tbody> </table> <p>High level corporate risks</p> <table border="1"> <tr> <td>666</td> <td>Lack of Tier 4 mental health beds leading to admissions on general paediatric wards.</td> </tr> </table>				Initial Risk	Current Risk	Target score	Target date	May 2019	July 2019			12	12	8	March 2020	(3 x 4)	(3 x 4)	(2 x 4)		19/20 Quarterly Movement				Q1	Q2	Q3	Q4			-	-	666	Lack of Tier 4 mental health beds leading to admissions on general paediatric wards.	Board	Vision 2020 strategy	Monitored by Board and reported via Annual Report.	<p>No clear route to having an aligned team working on the Response Plan and partnership risk levels.</p> <p>Need to formulate Response Plan – <i>dates in diary for meetings between 24 June and 1st September 19. Response plan then to go back to HLP Board in Sept 19.</i></p> <p>Develop Partner Risk Levels & MOUs to set out level of risk each partner is prepared to accept <i>Completion by Sept 19.</i></p>	Sept 19
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Healthy Lives Partnership weekly meetings.	Monthly Healthy Lives Partnership Board meetings. Outputs reported back to Trust Board.		Sept 19																																						
Clinical <i>reference</i> group considers clinical implications of strategy.	Reported to Healthy Lives Partnership Board.																																								
Stakeholder group gathers and reports stakeholder feedback for strategy.	Reported to Healthy Lives Partnership Board.																																								
Estates	18	Toby Lewis, CEO	<p>There is a risk that implementation of changes to commissioning in West Birmingham prevents the Trust and partners from delivering a common approach to integrated care for all patients using Midland Met resulting in operational deficiencies after the opening of the hospital.</p> <table border="1"> <thead> <tr> <th>Initial Risk</th> <th>Current Risk</th> <th>Target score</th> <th>Target date</th> </tr> <tr> <th>April 2017</th> <th>July 2019</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>20</td> <td>9</td> <td>6</td> <td>March 2020</td> </tr> <tr> <td>(4 x 5)</td> <td>(3 x 3)</td> <td>(2 x 3)</td> <td></td> </tr> <tr> <th colspan="4">19/20 Quarterly Movement</th> </tr> <tr> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> <tr> <td></td> <td></td> <td>-</td> <td>-</td> </tr> </tbody> </table>				Initial Risk	Current Risk	Target score	Target date	April 2017	July 2019			20	9	6	March 2020	(4 x 5)	(3 x 3)	(2 x 3)		19/20 Quarterly Movement				Q1	Q2	Q3	Q4			-	-	Board	Scale of risk identified via the Midland Met full business case.	FBC presented and discussed at Board.	Implementation structure for Midland Met integrated care unclear – <i>Clarity to be provided by September 19</i>	Sept 2019.		
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Changes in creation of NHS Long Term plan to replace centralised commissioning. Executive Leads/CEO participation in STP and CCG process.	Regular reports to Board on changes in commissioning landscape.																																								
Introduction of per capita finance model for April 2020/21.	Finance report to FIC with concerns escalated to Board.																																								
Creation of two care alliances in Sandwell and West Birmingham.	Progress reports to Board.																																								
Establishment of “postcode blind” commissioning for key services including community nursing and liaison psychiatry.		Developing key metrics to ensure geographical disparities in the availability of “good” care are eliminated.	April 2020.																																						

