

<b>Report Title</b>	COVID-19: Risk management		
<b>Sponsoring Executive</b>	Liam Kennedy, Chief Operating Officer		
<b>Report Author</b>	Liam Kennedy, Chief Operating Officer		
<b>Meeting</b>	Public Trust Board	<b>Date</b>	6th August 2020

### 1. Suggested discussion points *[two or three issues you consider the Committee should focus on]*

The Board has discussed risks at each meeting since early May, and this paper provides an update. Members will recall some tolerated risks, and a high number of mitigated items. For surge and recovery closeout is expected for most now.

All but 1 Surge risks are at closeout. We continue to quantify the impact assessment for psychological wellbeing and stock levels of reagents and medication

Our focus switches to the recovery risk where the Trust has considerable work to do in coming weeks about known waiters and work to start on suppressed demand. We need to work backwards from the health impact iceberg we may face in 2021 and Gold command needs to consider dedicating resource to analysing this issue, alongside continued consideration of mortality and cross infection.

The Board will be updated next month in detail on recovery risks. In Q4 2020/2021 our Internal Audit programme will examine the documentation and process that we have applied.

### 2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan	<input checked="" type="checkbox"/>	Public Health Plan	<input type="checkbox"/>	People Plan & Education Plan	<input type="checkbox"/>
Quality Plan	<input type="checkbox"/>	Research and Development	<input type="checkbox"/>	Estates Plan	<input type="checkbox"/>
Financial Plan	<input type="checkbox"/>	Digital Plan	<input type="checkbox"/>	Other <i>[specify in the paper]</i>	<input checked="" type="checkbox"/>

### 3. Previous consideration *[where has this paper been previously discussed?]*

Trust Board in May 2020, Clinical Leadership Executive June 2020, Q&S July 2020

### 4. Recommendation(s)

The Public Trust Board is asked to:

- a. **NOTE** closed risks within our surge plan
- b. **ACCEPT** the closure of the surge risks with 1 exception
- c. **ANTICIPATE** a further report at the Board's next meeting in September focusing on the recovery risks

### 5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register	<input checked="" type="checkbox"/>	Various				
Board Assurance Framework	<input type="checkbox"/>	n/a				
Equality Impact Assessment	Is this required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If 'Y' date completed
Quality Impact Assessment	Is this required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If 'Y' date completed

# **SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST**

## **Report to the Public Trust Board: 6th August 2020**

### **COVID-19: Risk Management**

#### **1. Introduction**

- 1.1 We have a clear structure for managing risk during COVID-19, which reflects our general approach to risk mitigation. Both the weekly Gold meeting and the Trust's Risk Management Committee have oversight of the work being done.
- 1.2 The attachment largely reflects success closing out Surge risks with 1 residual item which will require on-going monitoring and management. Our Recovery risks are included within the data set and mainly focus on the harm to patients due to delays in treatment during Covid. A separate Recovery Risk register will be available for September Board with the Surge Risk register closed.

#### **2. Closeout - surge**

- 2.1 The attachment supports a Board discussion on blue risks. In each case we are asserting that we have met the target score or they are in a monitoring phase. These have been considered by the Clinical Leadership Executive. Tracking will take place weekly through the Gold process.
- 2.2 There is 1 residual red risk linked to Surge. This is the oxygen weaning protocol put in place during Covid, there is a lack of evidence that this is being effectively managed to be able to close out this risk. Further audit work will be completed in August to reflect on this and prepare in case of the requirement to use it during second surge.

#### **3. Recovery – next steps**

- 3.1 The Trust has developed a detailed plan for recovery, which sees services largely restored from August 2020. We are on track to deliver on time. Second surge remains a threat to that work, and our wider scale Winter Plan will be at Board in September following on from its initial discussion in July.
- 3.2 The main risk to highlight is the risk to patients who have had their care delayed due to Covid. All specialities have been through and completed a prioritisation of patients and are working through those most clinically at risk. The main area of concern is ophthalmology, but without increased theatre capacity and external funding the speciality will continue to struggle.
- 3.3 Tracking recovery risks will depend on the production of data on supply side provision and dependencies and on the demand curve. As presently conceived, the position is per Trust alone, notwithstanding expected guidance on a system wide response. The Phase 3 Letter has recently been received and will be reflected upon by Gold Command and how this may affect our current risk status.

#### **4. Recommendations**

4.1 The Trust Board is asked to:

**NOTE** closed risks within our surge plan

**ACCEPT** the closure of the surge risks with 1 exception

**ANTICIPATE** a further report at the Board's next meeting in September focusing on the recovery risks

Liam Kennedy  
Chief Operating Officer

29<sup>th</sup> July 2020

**Annex 1:** COVID-19 Surge and recovery Risks