

Report Title	COVID-19 Risks and Mitigation		
Sponsoring Executive	Kam Dhami, Director of Governance		
Report Author	Kam Dhami, Director of Governance		
Meeting	Trust Board (Public)	Date	7 th January 2021

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

This paper continues briefings to the Board in April, May, June, July and August. It outlines how we will approach COVID-19 risk management during Q4. It also picks up prior commitments to engage with our auditors over the process that we have deployed to manage COVID-19 risks.

For clarity, and potentially contrary to information provided during Q3, all COVID-19 surge risks were then, and are now, entered onto Safeguard and have been in that place since Q1. Updating of actions has been prompted by the system. Not all sections have been completed with but that is being remedied.

I outline three phases of the risk management process and seek Board comment on that:

- The Surge Risks which we managed in Q1 and the Board agreed to 'archive' in August
- The Recovery Risks which need reconsideration against a prolonged Wave 2/3
- Any new risks associated with Wave 2/3 not covered under prior Surge, which is likely to include different testing regimes and vaccine rollout.

In the usual manner I will agree a year-end audit scope with RSM to consider the work done on risk management of COVID-19, as indicated in my paper of June 2020.

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

Safety Plan	x	Public Health Plan	x	People Plan & Education Plan	x
Quality Plan	x	Research and Development	x	Estates Plan	x
Financial Plan	x	Digital Plan	x	Other <i>[specify in the paper]</i>	

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

n/a

4. Recommendation(s)

The Trust Board is asked to:

- a. **COMMENT** on the three phases of work outlined
- b. **AGREE** to receive an updated risk register across all COVID-19 risks in February

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

Trust Risk Register	x	A number assigned for each risk				
Board Assurance Framework		n/a				
Equality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Public Trust Board: 7th January 2021

COVID-19 Risks and Mitigation

1. Introduction

- 1.1 In Q1 the Trust commenced a process of creating and managing COVID-19 related risks. These risks were logged on Safeguard in the usual manner, but were brought to the Board as a route to oversight, and were being managed in weekly Gold meetings. In Q4 we need to refresh and focus that approach to ensure we balance Recovery work and Wave 2 work and that we know where harm could be or has been done.
- 1.2 Whilst no Equality Impact Assessment or Quality Impact Assessment is specifically needed for this paper, the issues of inequality and quality and safety are obviously acknowledged. We need to ensure datasets collated in the Trust about staff and patients collect data including ethnicity data to assure ourselves on equity of access and suitable risk-based targeting.
- 1.3 Attached to the paper is the key annex which sets out both the original surge risks and the recovery risks. Some updates on progress are available and the remainder will be completed this month. This paper then reminds the Board of how this work has been governed this year and outlines what we plan to do in coming weeks.

2. Surge risks reminder

- 2.1 At the outset of the Pandemic the Executive and wider Gold team developed a risk register associated with standing down other work, managing COVID-19 care, and in particular trying to sustain our workforce. Those risks were mitigated through measures, and in August the Chief Operating Officer indicated to the Board that only the oxygen flow proning risks remained. There were red rated residual risks associated with the psychological impact on employees and the longer term financial impact into Q3/4.
- 2.2 This series of risks is an appropriate place to start analysing a prolonged wave 2. In particular we need to test through Gold conversations in January whether the previously used mitigations remain both usable and sufficient. They may no longer be available to us in a minority of cases, or may be counter-indicated by the larger volume of non-COVID-19 patients we are concurrently treating.

3. Recovery risks

- 3.1 The NHS was instructed to try and recover deferred service lines by early summer. SWBH indicated a profile of recovery by early October, depending on referral rate rises after lockdown release. Guidance evolved during Q2 and the Board is aware that all services were recommenced but wait times in specific services remain far too long. Harm reviews for 52 week+ patients are in place (as they have always been via monthly PMC), and we will need to consider whether other measures are needed to track safety impacts.
- 3.2 A full Risk Management Committee-level review of recovery risks is taking place to document the impact of wave 2 on the recovery process and estimate likely service impacts as at 1/4/21 and 1/7/21. Unlike wave one volumes of emergency presentation without COVID-19 remain high at the Trust and in the wider system. Contract access to private care facilities are in place but staffing and patient acceptability issues will dictate how usable that capacity is.
- 3.3 The financial impact of the changed Q4 activity plans is not considered here but will be addressed.

4. New risks for Q4

- 4.1 There is a separate paper associated with the Vaccination Hub. A set of risk entries associated with its delivery and the vaccine coverage will be included in our risk register during January. This will need to include consideration of our approach to any employees who decline to have the vaccine, in the same manner as we have considered that issue for MMR and for flu (and reached different conclusions).
- 4.2 Equally pressingly we need to consider what levels of staffing are our revised minimum for facilities which we have open. If we assume that COVID-19 intensity will remain over the coming three months, we need to determine what balance of substantive and temporary staff we consider is safe, as against the impact for patients of closed services or delayed care when all neighbours are similarly busy. Learning from wave one we need to explore what level of common approach to pay rates is being taken across our own and the neighbouring ICS, whilst recognising that temporary staff working across multiple organisations was previously considered a high risk of cross infection.
- 4.3 Finally, conscious of the Infection Prevention and Control paper on the Board's agenda we need to ensure that our finalised risk register fully reflects the deteriorating reports on infection control risks that we were given by NHSE/I in September and December.

5. Recommendations

5.1 The Trust Board is asked to:

- a. **COMMENT** on the three phases of work outlined
- b. **AGREE** to receive an updated risk register across all COVID-19 risks in February

Kam Dhami
Director of Governance

30th December 2020

Annex 1: COVID-19 Mitigation and Recovery Risks