Annex 1

COVID-19 Mitigation and Recovery Risks: December 2020

PEOPLE AND ORGANISATIONAL DEVELOPMENT

Risk No.	Group	Risk Statement	Current Risk rating (Likelihood v Severity	Mitigating Actions	Target Risk Rating (Likelihood v Severity	Update
1.	**People and Organisational Development**	There is a risk of increased psychological trauma (work or home) due to COVID-19 leading to staff harm or prolonged absence.	**5 x 5 = 25**	• Absence impact collectively expected to be modest but early intervention model key to mitigation – Trust wellbeing offer • Tracking of psychological wellbeing at departmental level • Rigorous implementation of revised Trust sickness plans	**3 x 5 = 15**	• Daily reporting of covid-related absence to tactical. • Monthly reporting of psychological wellbeing to CLE. Management guidance on managing covid-related absence.
2.	**People and Organisational Development**	There is a risk that staff accrue annual leave at scale due to the pressures of COVID-19 leading to an adverse impact on clinical service delivery during restoration.	**5 x 4 = 20**	• Manage annual leave across 24 month period and report data for each individual not less than quarterly centrally • In surge scenario insist on 70% of year 1 AL in year one • Consider targeted buy out in 20-21 (employer not employee initiated)	**2 x 4 = 8**	• Gold Command agreed carry over of up to 10 days, by exception. • Guidance, including FAQs, issued for managers and staff. • Staff encouraged to take as much annual leave as possible up to 31st March 2021.

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3.	**People and Organisational Development**	There is a risk that a loss of clinical expertise and leadership through sustained non-availability leads to staff and/or patient harm.	**4 x 4 = 16**	• Leadership key personnel map to ensure resilience in key specialties combined with external executive led recruitment to provide greater resilience • Rationalisation of senior nursing roles to permit greater focus on Medical Director's Office at ward and matron level	**2 x 4 = 8**	• Ongoing recruitment to key posts. • Use to reservists to support at risk areas. • Ongoing wellbeing support to all staff, including access to counselling services and the Sanctuary.
4.	**People and Organisational Development**	There is a risk that changes to national shielding guidance would increase absence meaning that not enough staff are available to look after our patients.	**4 x 4 = 16**	• Remote support for redeployed staff whilst looking after patients (over prolonged period some CPD support may be needed..)	**1 x 4 = 4**	• Ongoing support for staff able to work from home. • Revised guidance from shielding communicated to all managers and staff. • Ongoing communication with shielding staff to support a safe return to work, as appropriate.
5.	**People and Organisational Development**	There is a risk that the planned staffing ratios and skill mix due to lack of supply leads to staff and/or patient harm.	**3 x 5 = 15**	• The Trust can achieve its ratios under current plan and will use Safety Plan controls to track patient harms. This should permit	**2 x 4 = 8**	• Ongoing discussion at tactical and Gold Command. • Regular winter

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				intervention in hotspot areas		staffing meetings takings place. • Monitoring of staff absence. • Support through Occupational Health.
6.	**People and Organisational Development**	There is a risk that more than 30% absence means that we do not have enough staff to look after our patients.	**2 x 5 = 10**	• Centralised approach to absence grip, and related approach to leave in the short term – permitting redeployment • Rationalisation of multi-site locations to fit foreseeable People and Organisational Development in advance of MMU (see Gold recovery plan)	**1 x 4 = 4**	• Daily reporting of covid-related absence to tactical. • Fast-track processes through Occupational Health. • Roll-out of vaccination programme to very high/high risk staff. • Use of reservists in high risk areas.
7.	**People and Organisational Development**	There is a risk that ancillary support structures do not have enough staff to meet the needs of increased workload which may lead to infection or patient flow harms.	**3 x 3 = 9**	• Virtual deployment of staff shielding to assist with clinical admin functions. • Additional volunteers from non-clinical / non-patient facing departments to be trained to join brigades to support in such areas as cleaning and portering.	**2 x 3 = 6**	• Deployment of staff, where possible. • Ongoing review at Gold Command and tactical.

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				• Assessment of critical work to release further staff for brigade work.		

Recovery Risks

Risk No.	Group	Risk Statement	Current Risk rating (Likelihood v Severity)	Mitigating Actions	Target Risk Rating (Likelihood v Severity)	Update
8.	**People and Organisational Development**	There is a risk that employee anxiety about working conditions leads to behaviours, including absence, which prevents the Trust from implementing its recovery plan at the intended speed.	**3 x 3 = 9**	▪ Active data and frontline stories about workplace safety are given local prominence as counter to national focus on deficits ▪ Large scale antibody testing is implemented during June 2020 to ensure we have available employees	**2 x 3 = 6**	• Availability of PPE managed effectively. • Ongoing communication regarding covid requirements. • Lateral Flow Testing rolled-out. • Vaccination programme commenced for very high/high risk staff.
9.	**People and Organisational Development**	There is a risk that employee fatigue or leave necessities due to COVID-19 leads to less staff	**4 X 3 = 12**	▪ Trust continues to both promote and monitor “take your leave” message to employees for Q2	**2 x 3 = 6**	• Communication issued to managers and staff regarding

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		availability than is required by the recovery plan.		▪ Introduction of strong local planning systems for rostering to ensure that booking horizons are observed ▪ Maintain wellbeing offer developed under C-19 throughout Q2 and monitor take up through PWS		annual leave • Staff encouraged to discuss leave with managers throughout December 2020 • Support available through Occupational Health • Absence reporting through daily tactical.
10.	**People and Organisational Development**	There is a risk that large scale and short notice staff absence due to tracking and quarantine leads to insufficient staff to manage both red zones and recovery area.	**5 x 5 = 25**	• Large scale antibody testing is implemented during June 2020 to ensure we have available employees • Trust grows bank resourcing in niche areas (NNU etc.) to provide more flex beyond agency staff • Introduction of routine test screening for antibody negative staff in selected areas in late June	**3 x 4 = 12**	• Daily absence reporting at tactical. • Fast-track testing for staff. • Lateral flow test roll-out • Vaccination programme for very high/high risk staff. • Increase in Bank pay rates.
11.	**People and Organisational Development**	There is a risk of the need for short notice redeployment of employees in response to a	**4 x 3 = 12**	▪ Overwhelming focus on recruitment and start dates to reduce stretch created by vacancies	**2 x 4 = 8**	• Fast-track recruitment, where appropriate.

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		second surge leading to disruption in service provision and / or increased absence owing to fatigue.		▪ Structured ICP support to trace programme in vulnerable communities to reduce s/s likelihood ▪ Clear prioritisation criteria for which services/staff stand down against agreed surge volumes		• Lateral flow tests. • Vaccination programme for very high/high risk staff. • Testing through Occupational Health. • Daily absence reporting to tactical.
12.	**People and Organisational Development**	There is a risk that unavailability of staff in local care homes leads to an inability to discharge patients resulting in staff to patient ratios needing to be exceeded.	**3 x 3 = 9**	▪ Large scale antibody testing is implemented during June 2020 with Trust support ▪ Trust continues to provide IC and PPE support to care homes	**3 x 2 = 6**	• Ongoing support to care homes • Patient testing • Zoning of wards/areas • Ongoing communication with staff re covid restrictions and requirements • Control of PPE supplies
13.	**People and Organisational Development**	There is a risk that unavailability of staff in local care homes leads to the implementation of a mitigation plan with SWB redeployees being moved to	**3 x 3 = 9**	▪ Development of care home bank by the Trust to support homes with allocatable employees ▪ Agree through ICP a care home step in plan using either council	**3 x 3 = 9**	

Risk No.	Group	Risk Statement	Current Risk rating (Likelihood v Severity)	Mitigating Actions	Target Risk Rating (Likelihood v Severity)	Update
		unfamiliar care settings creating other staffing gaps.		commissioned beds or RR beds run by the Trust ▪ Coordinated effort across SWB to ensure either side the border homes are supported by peer aid		
14.	**People and Organisational Development**	There is a risk that returning redeployees and brigadees exhibit higher levels of absence or exit as a result of role changes leading to staff to patient ratios being exceeded.	**3 x 3 = 9**	▪ Track and support redeployees with structured 30 day 'check in' organised via 3116 service in HR ▪ Pull PDR documents for wave 1 and 2 redeployees in August to understand clarity of career planning in place	**1 x 3 = 3**	• Ongoing wellbeing support to reservists • All appeals heard and resolved • Support via Occupational Health, wellbeing hub and the Sanctuary
15.	**People and Organisational Development**	There is a risk of an increasing volume of shielded staff due to changes in national or local policy resulting in staffing gaps in key areas across the Trust.	**2 x 3 = 6**	▪ Work with ICP to develop local shielding criteria linked to our risk assessment tool ▪ Ensure our work-while-shielding offer is clear for all employees and IT capacity exists for these staff	**2 x 3 = 6**	• Guidance updated to reflect local and national policy. • Ongoing communication with shielding staff. • Supporting shielding to safely return to work, where possible.
16.	**People and Organisational**	There is a risk that staffing COVID-19 red areas is compromised by	**4 x 3 = 12**	▪ Publish cross infection and antibody data to employees on a red/blue	**2 x 2 = 4**	• Reservists supported to

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	Development	resistance among employees to working in higher risk environments leading to staffing gaps		basis to tackle idea that exposure rates are higher ▪ Actively track wellbeing in red areas using PWS and intervene early in red areas		provide cover in red areas • Effective monitoring of PPE and IC • Ongoing communication with managers and staff • Lateral flow testing • Vaccination roll-out to very high/high risk staff
17.	**People and Organisational Development**	There is a risk that delayed or deferred education programmes create capacity gaps for supervision or reduced patient access for students leading to unsatisfactory experiences / outcomes for those we are training	**4x3 = 12**	▪ Track via CLE education committee all incoming roles so that oversight can be ensured ▪ Develop or resource additional mentoring places on a trial basis as part of gear up to new medical schools and expansion of nurse training places ▪ Specifically incentivise high quality supervision in how we PDR score or remunerate supervisors	**3 x 2 = 6**	
18.	**People and Organisational Development**	There is a risk that alternative approaches to clinical consultation and ward based care will lead to a reduction in medical education provision at UG and PG	**3 x 3 = 9**	▪ Undertake evaluation of learning 6-8 weeks after new students start in role and discuss with University Partners ▪ Consider how recordings of consultations could be recorded with	**2 x 3 =6**	

Risk No.	Group	Risk Statement	Current Risk rating (Likelihood v Severity)	Mitigating Actions	Target Risk Rating (Likelihood v Severity)	Update
		level leading to a fall in our educational reputation		consent to assist in post event learning		

FINANCE

Mitigation Risks

Risk No.	Group	Risk Statement	Current Risk rating (Likelihood v Severity)	Mitigation Actions	Target Risk Rating (Likelihood v Severity)	Update
19.	**Finance**	A lack of appropriate PPE due to shortage in the supply chain or that resources are inadequate for the job lead to staff being put at unnecessary risk of COVID 19.	**4 x 5 = 20**	• Increase contract with laundry service for reusable gowns, throughput and/or additional gowns. • Locally source bespoke items with firms (innovate) • Reuse only in extremis after Gold approval	**3 x 5 = 15**	Target risk rating achieved. Supply shortages in certain types of FFP3 mask is currently mitigated through silicone mask availability and fit testing
20.	**Finance**	There is a risk that availability of fixed or semi-fixed equipment cannot be scaled up to plan leading to patient harm. [Equipment available for surge plan, and being confirmed for recovery plan. Key risk is either super surge or long term surge, or peer aid.]	**4 x 4 = 16**	• Equipment tracking through tactical and reliance on off supply chain suppliers to maintain continuity (risk posed by scaled up Nightingale) • In-house medical engineering function geared to up to devise solutions for mis-use or re-use of non-patient facing kit • Peer aid across BCWB STP system	**2 x 4 = 8**	Target risk rating achieved. Continuity is being maintained and there are no known shortages.
21.	**Finance**	There is a risk of shortfall in consumables or single products because they cannot be sourced at scale, on time or for duration of plans leading to patient harm.	**3 x 5 = 15**	• Review and revise patient pathways to decide on provision of care where equipment is not available. • Consumables stock levels centrally reported with base of 20 days' supply	**2 x 5 = 10**	No issues with supply of consumables currently.

Risk No.	Group	Risk Statement	Current Risk rating (Likelihood v Severity)	Mitigation Actions	Target Risk Rating (Likelihood v Severity)	Update
				required. Key risk remains supply chain stock not local stock.		
22.	**Finance**	Due to unprecedented demand, equipment could fail if used continuously resulting in disruption or delay in patient care.	**3 x 5 = 15**	• Consideration, based on a risk assessment, of use of alternative equipment (case by case basis) [DN need revised assessment of unreplaceable kit]	**2 x 5 = 10**	Mitigations in place, additional engineer being secured to ensure monitoring, maintenance and installation is timely. Additional (new) equipment has been procured for CCS and Respiratory Hub including Adult Ventilators, NIV and High Flow Nasal Oxygen. Reliance on older and recommissioned equipment has been eliminated.
23.	**Finance**	Unfamiliarity with equipment by some staff may lead to errors in use resulting in patient harms.	**3 x 5 = 15**	• Training provision for deployed staff and adequate support and supervision for redeployed staff. • June refresh of key equipment training using video tech	**1 x 5 = 5**	Medical Gas on line training is produced & awaiting upload. Vital Signs Monitor

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						training is available via You Tube. Link provided on request. Draeger have continued to provide on site training on Ventilators and Anaesthetic Machines used for CCS Surge. Regular monitoring of incident reports shows no evidence of patient harm due to lack of familiarity with equipment.
24.	**Finance**	Risk of local gaps or stretch due to diversion of provisions to other parts of the system leading to shortfalls in fixed or consumable supply.	**3 x 4 = 12**	• Participation in STP wide work to support neighbours and develop escalated foresight	**2 x 4 = 8**	Target rating reached, no shortfalls currently
25.	**Finance**	International trade policy barriers lead to short term or long term supply interruption resulting in an inability to deliver the plan	**3 x 4 = 12**	• Understanding of supply chain to Trust permits alternative purchasing options to be prioritised	**2 x 4 = 8**	This risk has been updated and risk rating increased to 16 to reflect the risks of Brexit

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26.	**Finance**	Risk that new evidence necessitates changes in product acquisitions resulting in delay to delivery of surge plan.	**2 x 5 = 10**	• Continue to use existing equipment until alternatives are available.	**2 x 5 = 10**	No current issues, target risk rating achieved.
27.	**Finance**	Risk of breakdown or shortfall of fixed and semi-fixed equipment due to intensity of use leading to patient safety compromise.	**3 x 3 = 9**	• Review and revise pathways to decide on provision of care where equipment is not available. • Discuss with Birmingham Nightingale Hospital for short term release of available equipment.	**2 x 3 = 6**	NNU have requested an additional blood gas analyser (awaiting approval of POCT Business Case). No other outstanding equipment requests.
28.	**Finance**	There is a risk that sourcing or maintaining equipment dependent upon a key person leads to unanticipated weakness in plan delivery.	**3 x 3 = 9**	• Changes in allocation of manpower within medical engineering function and purchase of external input as needed	**1 x 3 = 3**	Additional Engineer sourced to assist with commissioning of CCS Surge and ED Winter Plan equipment. Medical Engineering Team split between sites to minimise interaction between staff. Some disruption with external contractors having furloughed engineers.

Recovery Risks

Risk No.	Group	Risk Statement	Current Risk rating (Likelihood v Severity	Mitigation Actions	Target Risk Rating (Likelihood v Severity	Update
29.	**Finance**	There is a risk that Trust supply chains for equipment are severely disrupted by planned or unexpected national procurement exercises leading to an inability to fulfil patient commitments made in the recovery plan.	**5 x 3= 15**	▪ Create cell on Finance needs that is tracked centrally against supply (reporting day's supply to tactical) ▪ Specify supply chain geography and pre-label national procurement with a higher baseline to take account of failure points	**4 x 3 = 12**	Equipment Supply Chains have significantly recovered from first wave of pandemic and are typical 4 to 6 weeks from receipt of order. Some minor disruption to NIV and HFNO consumables during early November.
30.	**Finance**	There is a risk that national procurement exercises result in incompatible consumables and other dependencies being provided to the trust leading to an inability to fulfil patient commitments made in the recovery plan.	**3 x 3 = 9**	▪ Document clear dependencies diagram to permit good understanding of risk points ▪ Ensure bandwidth in EBME function to try and source local solutions (key man problem?)	**3 x 2 = 6**	This is not happening, target risk rating achieved.

CORPORATE OPERATIONS

Mitigation Risks

Risk No.	Group	Risk Statement	Current Risk rating (Likelihood v Severity)	Mitigation Actions	Target Risk Rating (Likelihood v Severity)	Update
31.	**Corporate Operations**	Risk to supply of Oxygen due to level of use and possible external supply issues may lead to patient harm.	**4 x 5 = 20**	• Review and revise patient pathways to decide on provision of care where equipment is not available. • Prescribing of Oxygen to be the 'norm'. • Adoption of weaning oxygen protocols. • Suppliers to be contacted at earliest opportunities to keep stock levels high or optimum.	**2 x 5 = 10**	O2 levels being monitored daily and reported to tactical
32.	**Corporate Operations**	Risk to estate due to supply chain issues leading to areas of the Trust being unfit for purpose.	**3 x 4 = 12**	• Internal Estates team to make remedial repairs • Use of video instruction from supply chain for Estates staff to use. • Use of closed departments to facilitate suppliers. • Closure of departments	**2 x 4 = 8**	Estates update to tactical daily. Some delays but no impact
33.	**Corporate Operations**	There is a risk of overload of our IT infrastructure due to multiple teams working off site leading to reduced performance.	**3 x 3 = 9**	• Reduce homeworking, some staff to return to site • Move to 7-day working across teams to disperse activity and overload to IT infrastructure • Spread log on activity to a wider working day	**1 x 3 = 3**	Homeworking continues, No IT issues raised during last 4 weeks

Risk No.	Group	Risk Statement	Current Risk rating (Likelihood v Severity)	Mitigation Actions	Target Risk Rating (Likelihood v Severity)	Update
34.	**Corporate Operations**	There is a risk of some of our suppliers being unable to provide support because of a reluctance to come on site or their staff being furloughed.	**3 x 3 = 9**	• Offer support, escorting and appropriate PPE to any suppliers visiting site • Check suppliers availability and ensure viability of service with cash flows	**2 x 4 = 8**	System in place as described – no issues to date
35.	**Corporate Operations**	There is a risk that the rapid rollout of new technology to wards and to people at home and the movement of equipment around wards may result in asset registers becoming out of date and equipment being lost.	**3 x 2 = 6**	• Ensure that all rollouts of equipment go through the asset team • Perform updates of equipment checks and stock takes on a monthly basis • Ensure that equipment is given to named people in communal areas	**1 x 2 = 2**	
36.	Corporate Operations	There is a risk that lack of storage due to an increase in infected waste could result in staff illness and infestation.	**2 x 3 = 6**	• Review capacity against demand • Identify safe storage facilities on site • Increase offsite removal contract	**1 x 3 = 3**	Storage issues continue . Business case raised to increase storage

Recovery Risks

Risk No.	Group	Risk Statement	Current Risk rating (Likelihood v Severity)	Mitigation Actions	Target Risk Rating (Likelihood v Severity)	Update
37.	**Corporate Operations**	There is a risk of sub-optimal functions due to the use of	**3 x 2 = 6**	▪ Risk assess recovery plan delivery model to pinpoint specific risks and	**2 x 2 = 4**	No issues

Risk No.	Group	Risk Statement	Current Risk rating (Likelihood v Severity)	Mitigation Actions	Target Risk Rating (Likelihood v Severity)	Update
		existing Corporate Operations for new purposes leading to breakdowns, damage and discontinuity of services.		engage in preventative maintenance programme		
38.	**Corporate Operations**	There is a risk that quadrupling or more of the scale of video based consultations due to infrastructure overload or helpdesk swamping leads to failed patient contact.	**4x4 = 16**	▪ Undertake headroom simulations of multiple users to test break points in 'cold' environment ▪ Collect routine data on speed of consult weekly during Q2 to build confidence ▪ Engage suppliers in our work as part of their Social Responsibility commitment to public service	**4 x 2 = 8**	No issues
39.	**Corporate Operations**	There is a risk that Trust ambitions about staff working from home owing to revised health and safety standards are undelivered because of IT failures resulting in lower productivity in key areas of the People and Organisational Development.	**2 x 2 = 4**	▪ Undertake headroom simulations of multiple users to test break points in 'cold' environment ▪ Collect routine data on speed of consult weekly during Q2 to build confidence ▪ Engage suppliers in our work as part of their Social Responsibility commitment to public service	**2 x 1 = 2**	No issues raised and homeworking remains in place
40.	**Corporate Operations**	There is a risk of GDPR obligations not being met due to innovations in delivery being mis-implemented leading to data	**3 x 3 = 9**	▪ Undertake all necessary assessment and approvals prospectively in June ▪ Produce specific briefing material for users on enhanced GDPR data leakage	**1 x 3 = 3**	Remains the same

Risk No.	Group	Risk Statement	Current Risk rating (Likelihood v Severity)	Mitigation Actions	Target Risk Rating (Likelihood v Severity)	Update
		protection challenges.		threat ▪ Complete cyber security delivery plan		
41.	**Corporate Operations**	There is a risk that the Trust carries significant estate redundancy in primary care or hospital settings owing to changed models of care and new safe working requirements leading to unfunded costs in 2021/22.	**2 x 2 = 4**	▪ Test 2023 estate plans for the Trust against new environment and consider expanding disposals strategy ▪ Ensure delivery of Midland Metropolitan University Hospital on time in 22/23 to move Trust to new estate ▪ Work to develop ICP specific primary care estate plans in 21/22	**2 x 2 = 4**	No change
42.	**Corporate Operations**	There is a risk that increasing decontamination requirements leads to downtime on estate and an inability to fulfil patient commitments made in the recovery plan.	**3 x 2 = 6**	▪ Build plan with reduced levels of productivity to account for downtime ▪ Automate and multi skill delivery of all in situ cleaning arrangements so that 'staff communication' does not delay cases	**2 x 2 = 4**	No change

MEDICAL DIRECTOR'S OFFICE

Mitigation Risks

Risk No.	Group	Risk Statement	Current Risk rating (Likelihood v Severity)	Mitigation Actions	Target Risk Rating (Likelihood v Severity)	Update
43.	**Medical Director's Office**	There is a risk that services will be overwhelmed due to a surge of patients requiring follow up and new appointments, which will be difficult to deliver and may lead to poorer outcomes.	**5 x 5 = 25** **Current: 3x5**	• Phased approach to resumption of services to prevent a surge. • 7-day working and longer day working for all specialities to ensure ability to meet demand over 6 month period • Peer aid with colleagues in BSol and BCWB	**2x 5 = 10**	Restoration and recovery programme closely monitored. Reduction in referrals so no over whelmed service. Diagnostic progress is most delayed (endoscopy as an AGP)
44.	**Medical Director's Office**	Risk to patient health deteriorating due to scaling back of services for COVID-19 leading to poorer outcomes, functionality and diagnosis.	**4 x 5 = 20** **Current: 3x5**	• Scale up shielding offer to work alongside general practice • Overt publicity campaign in local community media • Development of more integrated offer with community pharmacies on the back of self-care plans	**2 x 5 = 10**	Phased approach to service scale back in wave2 to maintain most at risk services. Promote attendance at ED for non-COVID patients
45.	**Medical Director's Office**	Risk of delayed presentation of patients as patients are not attending healthcare premises due to COVID-19 leading to poor outcomes, functionality and diagnosis.	**5 x 3 = 15** **Current: 3x4**	• Provision of 'safe' GP services to allow 'safe' consultations. • Straight to test options at scale to allow rapid access diagnostics	**3 x 4 = 12**	Diagnostic recovery progressing well, ED attendance encouraged. Clinics and GP services maintained with teleconsult.

Risk No.	Group	Risk Statement	Current Risk rating (Likelihood v Severity)	Mitigation Actions	Target Risk Rating (Likelihood v Severity)	Update
46.	**Medical Director's Office**	Risk of lack optimum medications due to supply shortage or supply diversion leading to suboptimal patient care.	**3x 3= 9** **Current: 3x3**	• Review and revise patient pathways to decide on provision of care where supply is unavailable. • Source and stock alternative medications.	**3 x 3 = 9**	Good pharmacy stocks maintained with no unavailability currently

Recovery Risks

Risk No.	Group	Risk Statement	Current Risk rating (Likelihood v Severity)	Mitigation Actions	Target Risk Rating (Likelihood v Severity)	Update
47.	**Medical Director's Office**	There is a risk of delayed patient presentations for new conditions due to patient concerns about COVID-19 leading to worse patient outcomes	**5 x 4 = 20** **Current: 4x4**	▪ Continued work to promote care options through June as part of recovery plan ▪ Specific communications aimed at high risk groups	**4 x 3 =12**	Promotion of safe areas in Trust and ED. Comms via GP and public events about this. Attendance of non-covid maintained in ED
48.	**Medical Director's Office**	There is a risk that changes in patient compliance with monitoring for chronic disease conditions due to	**2 x 4 = 8** **Current:**	▪ Specific risk assessments to be conducted for Q2 and Q3 implications of recovery plan		Blood test and radiology services maintained.

Risk No.	Group	Risk Statement	Current Risk rating (Likelihood v Severity)	Mitigation Actions	Target Risk Rating (Likelihood v Severity)	Update
		changes in Trust follow-up processes leads to worsening of disease outcomes	**2x53**		**2 x 3 = 6**	Regular f/up via teleconsult maintains oversight of drup therapy
49.	**Medical Director's Office**	There is a risk that patients will delay or not attend for important investigations due to concerns with safety of Trust premises leading to worse outcomes.	**4 x 4 = 16** **Current: 3x4**	▪ Programme to reassure about estate ▪ Tracking data to consider DNA rates ▪ Active patient led communication ▪ Joined up approach with local GPs	**3 x 2 = 6**	Some non attendance for investigation (radiology and endoscopy). Proactive approach to case review by clinicians for prioritisation and to give information to patients
50.	**Medical Director's Office**	There is a risk of patients not having routine assessments undertaken that they would have had at regular appointments due to teleconsultations that will lead to delayed recognition of disease flares or deterioration	**3 x 4 = 12** **Current: 2x4**	▪ Monitor implementation of video consultation programme to test compliance rates	**2 x 2 = 4**	Clinical decisions on individual patients needing F2F v teleconsult
51.	**Medical Director's Office**	There is a risk of patients or doctors not being engaged with remote consultations due to uncertainty of the required technology leading to reduced patient satisfaction	**2 x 3 = 6** **Current: 2x3**	▪ Specific provision of technological for digitally poor communities ▪ Monitor take up rates and ensure EIA and QIA work completed	**2 x 2 = 4**	Uncertain use of video v teleconsult for patients but no reported incidents

Risk No.	Group	Risk Statement	Current Risk rating (Likelihood v Severity)	Mitigation Actions	Target Risk Rating (Likelihood v Severity)	Update
52.	**Medical Director's Office**	There is a risk that staff redeployment for prolonged or recurrent periods due to requirements of the acute service leads to a reduction in specialist based care delivery	**3 x 3 = 9** **Current: 3x3**	▪ Design recovery plan to manage and recognise this risk using other providers to manage impact (eg. migraine)	**2 x 3 = 6**	Phased approach to redeployment in wave2 occurring so maintain parts of service rather than stop completely. Surgery (some) moved to ISP
53.	**Medical Director's Office**	There is a risk that a reduction in ability to undertake basic clinical examinations due to changes in provision of care in an out-patient setting leads to an increase in requests for radiological investigations that increase waiting times	**2 x 3 = 6** **Current: 2x3**	▪ Monitoring of before and after data ▪ Good alertness to GP requests for review ▪ Continue C-19 radiological triage	**2 x 2 = 4**	Some suggestion of increase in test request of radiology but they are keeping up with activity
54.	**Medical Director's Office**	There is a risk that infection control measures required for certain investigations that are potentially AGP prolong the waiting time leading to delayed diagnosis being made	**3 x 3 = 9** **Current: 3x3**	▪ This can be planned for through recovery process but is a recognised national risk ▪ Seven day working models become standard with other procedures being delayed to prioritise these services	**2 x 2 = 4**	IPC got AGP means reduced number of procedures undertaken in endoscopy. Other services ok

OTHER EVENTS

Mitigation Risks

Risk No.	Category	Risk Statement	Current Risk rating (Likelihood v Severity	Mitigation Actions	Target Risk Rating (Likelihood v Severity	Update
55.	**Sustainability**	There is a risk that another simultaneous Major Incident would not be managed as effectively as possible because of stretch from COVID-19 response leading to slower or inadequate service recovery	**4 x 5 = 20**	• Resilience in key IT/estate/operation/EP functions to run split team response • Peer aid considerations with expertise arranged from neighbouring organisations	**3 x 5 = 15**	
56.	**Sustainability**	There is an increased risk of a cyber-attack due to the current criticality of the NHS caused by COVID-19 which could result in a prolonged IT outage and severe service disruption.	**3 x 5 = 15**	Considered in paper to the private Board	**2 x 5 = 10**	
57.	**Strategic**	There is a risk that premature NHS reorganisation locally or nationally results in diffused effort during 2020	**2 x 4 = 8**	• Clear local leadership ensures time spent on importance not urgent, with good liaison with STP chair • Well-developed Place relationships at ICP level result in cohesion to approach to care integration	**2 x 4 = 8**	

Recovery Risks

Risk No.	Category	Risk Statement	Current Risk rating (Likelihood v Severity	Mitigation Actions	Target Risk Rating (Likelihood v Severity	Update
58.	**Finance**	There is a risk of up to a £30m difference between in year income and expenditure due to revised and unclear funding models resulting in emergency restrictions being imposed on purchasing and employment in turn creating service gaps or harms.	**2 x 5 = 10**	▪ Track gap via bi-monthly FIC and routinely report position to the Board against required April 2021 start point ▪ Drive work to develop ICP plans for capitated budgets during Q2 and Q3	**2 x 3 = 6**	
59.	**Finance**	There is risk that cash assumptions embedded in the 2019 MMUH FBC are disrupted due to COVID-19 leading to dependencies to the SWB future state model being compromised.	**3 x 3 = 9**	▪ Recalibrate Trust cash plan as part of Q2 financial sustainability work ▪ Understand what reduced cash down scenario actions would be as a response plan	**2 x 3 = 6**	
60.	**Infrastructure**	There is a risk that regional transport models are or become inconsistent with People and Organisational Development and patient assumptions in our recovery plan due to unsynchronised planning leading to non-delivery to time.	**2 x 3 = 6**	▪ Build better connection into WM transport discussions both with CA and with national express	**1 x 3 = 3**	

Risk No.	Category	Risk Statement	Current Risk rating (Likelihood v Severity	Mitigation Actions	Target Risk Rating (Likelihood v Severity	Update
61.	**Strategic**	There is a risk that con-current COVID-19 and severe seasonal winter flu drives patient demand above and/or People and Organisational Development supply below planned scenarios leading to extended waits for care or other harms.	**5 x 4 = 20**	▪ Work to ensure Trust, ICP and ICS all plan on a winter focus in developing current recovery plans ▪ Create fall back supply contracts with IS and elsewhere to take account of main gaps ▪ Undertake best flu vaccination campaign that we have ever operated	**5 x 3 = 15**	
62.		There is a risk that implementation of April 2020/21 Place based population budgeting is delayed by and/or is incompatible with COVID-19 recovery plan implementation leading to damaged working relationships between partners and long term challenges to collective financial stability.	**4 x 4 = 16**	▪ Make this work the core business of the monthly ICP Boards ▪ Create provider alignment to develop shared spend plan and risk dynamic in advance of commissioner clarity ▪ Engage HWBB in expectation of this work being completed on time ▪ Involve CCG MDs in Trust business ▪ Fund and support ICP OD programme	**4 x 3 = 12**	
63.	**Governance**	There is a risk of enhanced time, money and distress being created by rising litigation claims associated with COVID-19 leading to changes to other plans	**3x3=9**	▪ Diligence in fairly responding to complaints and managing ME processes to manage distress ▪ Good record keeping of key policy decisions during pandemic through silver and gold ▪ Continued focus on high quality care by the Trust and scrutiny of practice through Q&S	**2 x 3 = 6**	

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64.	**Governance**	There is a risk of claims by employees arising from perceived risk breaches under COVID-19 leading to the need to reprioritise finances and time to meet these claims	**4x2=8**	▪ Strong record keeping of assessments and tracking of adherence to same ▪ Outstanding wellbeing offer put in place to try and mitigate harms	**3 x 1 = 3**	
65.	**Research & Development**	There is a risk of reduced R+D activity due to difficulty in patient recruitment and maintaining activity in existing studies leading to a fall in academic reputation of the trust	**3 x 3 = 9** **Current: 3x3**	▪ Target communication at patients and communities about role of science in developing new treatments	**2 x 3 = 6**	Reduction in new and existing study recruitment but focus in R+D has been on COVID PHE studies to maintain recruitment overall. Some positive progress from R+D activity in covid studies
66.	**Research & Development**	There is a risk of reduced commercial and CRN trial initiation due to reduced trail commencement nationally leading to reduced income for the R&D department	**4 x 3 = 12** **Current: 3x3**	▪ Increase trial enrolment to take account of lower pick up rates ▪ Monitor specific progress via Group Reviews and CLE	**2 x 3 = 6**	No new studies despite R+R plans inbetween wave1 and wave2. Reduced recruitment +++ to non covid studies