Ashford and St. Peter's Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS
8th June 2022

AGENDA ITEM NUMBER	6.1
TITLE OF PAPER	Chief Executive's Assurance Report – including summative risk analysis
EXECUTIVE SUMMARY	
	This is my last report to Council following my tenure as Interim Chief Executive, which has been a huge privilege. I wanted to take this opportunity to thank everyone for their support during this time – team ASPH, my executive colleagues, the board and the wider system and, not to forget, the community we care for. I would like to welcome Julie, our Chief Executive, and I know that I and the whole team will support her in her exciting new role. There is a huge amount to be proud of and over the last 25 years, I have seen us grow and develop into the system leader that we are today. We have been through a great deal together over the last two years and the inspiration, innovation and flexibility that everyone has shown has been quite remarkable. It was obviously not without its challenges though and we have all experienced pressure, fatigue and tiredness. There is still a lot to do and when I took on this role, I was clear that there were a number of areas that I felt we had to focus on – many of these have been exacerbated by Covid but, most have been present for a long time. Part one of this report provides an update on key areas highlighted in the previous report, which have continued to develop. These programmes are now developed and continue to move us towards delivering the Trust's strategic vision, they include: • Surrey Safe Care : Go live on 15th May • An overview of the financial situation • Progress on implementing the Trust's Main Effort to ensure that the patients that reside with us are only the ones that will benefit from our care • Creation of the Surrey Heartlands Elective Centre at the Ashford Hospital site as an expanded regional centre for high volume routine surgery • The Cultural improvement programme. These programmes are being led by the Executive team and have clear timelines and KPIs. In addition, I have included some detail around the Maternity Action plan we have very recently enacted to address staff feedback and concerns. The plan focusses support around the workforce and the leadership team. This is a topical subject and the plan will continue to be reported to the Board as part of a regular report.

	This report also details the Trust's current strategic risk profile. It provides an overview of the strategic risks which comprise the Board Assurance Framework. I have described above the key workstreams currently in train which correlate closely with some of the most significant risks and our ambition is to see these risks reducing as we start to see the positive impact of this work. Part two of this report continues with an update against each strategic objective, intended to provide assurance to the Board that the Chief Executive is effectively leading the organisation in the delivery of the response to the pandemic, the restoration of services and the Trust operating plan and strategy.
PRESENTED BY	David Fluck, Medical Director and Interim Chief Executive: 01/02/22 - 02/05/22
DATE	May 2022
BOARD ACTION	The Council is asked to RECEIVE the report

1. Introduction

This is my last report as Interim Chief Executive, which has been a huge privilege. I wanted to take this opportunity to thank everyone for their support during this time – Team ASPH, my executive colleagues, the board and the wider system and, not to forget, the community we care for. I would like to welcome Julie, our Chief Executive, and I know that I and the whole team will support her in her exciting new role.

There is a huge amount to be proud of and over the last 25 years, I have seen us grow and develop into the system leader that we are today. We have been through a great deal together over the last two years and the inspiration, innovation and flexibility that everyone has shown has been quite remarkable. It was obviously not without its challenges though and we have all experienced pressure, fatigue and tiredness. There is still a lot to do and when I took on this role, I was clear that there were a number of areas that I felt we had to focus on – many of which have been exacerbated by Covid but, most have been present for a long time.

2. Key work streams

2.1 Surrey Safe Care Implementation

Surrey Safe Care is one of the most significant and essential transformation projects the Trust has ever embarked upon; jointly, with the Royal Surrey Hospitals. There were many work streams in place to ensure we were ready for go live over the weekend of 14th May 2022. Trust wide activity to ensure operational readiness has stepped up dramatically in recent weeks. James Thomas, Chief Operating Officer, and Simon Marshall, Director of Finance and Information, led the last push to ensure high numbers of staff were trained, issued with 'smart cards' and that operational activity and staffing was organised in the best way possible to ensure a smooth transition. I am very grateful for the incredible effort the team have put in to get us to this point. It has been an extraordinary two years and the anticipated benefits to patient care will undoubtedly follow.

2.2 Finance

The Trust exceeded its financial plans for the 2021/22 financial year with a surplus of £5.4m ahead of its NHS Improvement control total. This was predominantly through the receipt of additional income streams, which unfortunately will not be available to the Trust for 2022/23.

The financial risks facing the Trust in 2022/23 however, are significant. The risks are interconnected and have potential to affect many areas including savings delivery, increased costs or income loss; driven by the work required to deliver elective recovery, manage emergency demand, and cope with Covid as business as usual.

The Trust financial plans now form part of the overall system-Surrey Heartlands ICS financial plan. The Trust is working hard to improve its initially predicted deficit and to contribute to an improved system projected deficit. Overall, the challenge facing both the Trust and the system to achieve a much greater degree of efficiencies is unprecedented.

The essential work streams I highlighted in the previous report have continued to develop under Executive Direction. These are now maturing programmes and continue to move us towards delivering the Trust's strategic vision. This phase of the report will highlight how these work streams have evolved by articulating what each programme is addressing, highlighting the identified actions required, share relevant KPIs for each programme and highlight any relevant background information.

2.3 Hospital Admissions

For a myriad of reasons, the Trust continues to admit too many and sometimes the wrong patient into the hospital. This issue is widely understood by the team and I often feel there is a sense of collective frustration. The Urgent Care teams have done some fantastic collaborative work, both with colleagues within the organisation and with our system partners and we are now seeing progress. It is however a complex issue, which will take time to resolve. The problem is essentially two-fold; the public's perception of what a hospital (particularly an Emergency Department) is actually for and our own internal practices and procedures.

We need to own and evolve our internal procedures whilst influencing the public and key stakeholders. We are now re-calibrating our criteria for admission to ensure that we only admit patients who will benefit from acute care. We are instigating a paradigm shift that will create a clinical based cultural change. As this is as much a cultural issue as it is a procedural issue, it will take time and finesse to move it forward. It is essential for both our patients and our staff that we achieve this. As such, this is currently the Trust's Main Effort[1] (The Trust Main Effort is to ensure that the patients that reside with us are only the ones that will benefit from our care) and will remain so until it is achieved. We need to reduce admissions, prevent hospital acquired harm, and reduce the overall bed base.

The KPIs are as follows:

- Improved percentage of admissions with a defined Criteria to Admit
- Increase in non-admissions from ED and UTC
- Decrease in Length of Stay for those without a Criteria to Admit
- Reduction in discharge time post being Medically Fit for Discharge

The Urgent Emergency Care Team led by Radcliffe Lisk, Katherine Long, and Jimmy Squire Dean, and the Medical Division, led by Jonathan Robin and his team, have done some fantastic collaborative work. They have engaged with colleagues both within the organisation and with our system partners to ensure that the patients that are admitted (reside with us) are only those who will benefit from our care.

We are starting to see some positive results; we have noted at least a 10% reduction in admissions in the last month despite similar number of ED attendances; which is 8 patients a day not admitted and back to their usual place of residence compared to November last year.

2.4 Elective Centre

We continue to see constantly increasing demand upon the emergency and elective pathways within Surrey Heartlands Integrated Care System (ICS), and a vital area of focus for us now is the creation of the Surrey Heartlands Elective Centre at the Ashford Hospital site. We know through detailed modelling, that Surrey Heartlands had an existing requirement for additional elective capacity to deal with pre-Covid levels of growth in demand. This position has worsened significantly during the pandemic, where waiting lists have continued to grow and more recently this has been acutely exacerbated by a number of factors including:

- Increasing referrals for elective care
- High numbers of beds being occupied by patients with Covid or with emergency admissions through the winter months
- Short notice cancellations due to Covid

[1] The Main Effort is a military term that the Trust has been utilising throughout the pandemic. The Main Effort is the action or activity that is deemed critical to success and is used to focus the staff's attention and to help them to prioritise work).

- The requirement to recover cancer and urgent care pathways and unavailability of the private sector to help support this.

In January 2022, the Trust, along with partners across Surrey Heartlands proposed a plan to develop an expanded regional centre for high volume routine surgery based at Ashford Hospital. This site has significant advantages of being a 'green site' with existing facilities and infrastructure that could be built upon to rapidly expand the site.

The overall programme comprises of three separate projects or stages and culminates in the creation of a regional elective centre to support delivery of elective care across Surrey Heartlands to be fully open by March 2024. The first phase will focus on efficiency, workforce and internal estates works and the addition of two theatres and will progress at the same time as the detailed planning for the second and third phases thereby delivering the intended benefits earlier to the local population. This is a large-scale transformation programme that will require significant enabling pieces of work including:

Modelling/planning**:** Capacity and demand modelling with system/provider partners around the intended service provision, with design of seamless, unified pre-operative assessment and booking pathways across RSFT and ASPH for all surgery undertaken at the centre.

Workforce**:** Proactive staff engagement design and consultation across the provider trusts on new ways of working to support the increased delivery of care by March 2023 and the full centre opening of March 2024. This will require a detailed recruitment and retention plan to support this with the ambition for the Ashford Elective Centre to be the provider and employer of choice by March 2023.

Patients/Stakeholders**:** To understand and engage with all external stakeholders to ensure partnership in design and facilitate improved access and facilities for both patients and staff.

Currently the majority of elective surgery within Surrey Heartlands is undertaken on the mixed emergency and elective sites (with the current exception being Ashford Hospital). This means that without this proposed solution, the impact of emergency and Covid activity upon the delivery of elective work would persist, and the backlog would continue to grow.

A further detailed business case has been submitted to region. A programme Director, Claire Baldwin, has been appointed, alongside a workforce transformation lead. The remainder of the team is currently being recruited to deliver this exciting and essential programme of work.

2.5 Maternity Action Plan

In March the Board heard a range of concerns from the Maternity team, both through the regular Board Maternity report and additionally, staff concerns directly escalated to the Non-Executive Director Maternity Safety Champion during a staff drop in session earlier that same week. We were understandably very concerned to hear the staff feedback and in response, we requested an urgent action plan to address the issues raised. One week later, the Board was briefed on the plan, which is now being closely monitored to ensure we move quickly and concertedly to address the range of issues identified. The action plan addresses a number of key themes:

- Workforce
- Leadership support
- IT
- Operational Overview
- Estates

- Patient Safety / Governance

Workforce is by far the most significant factor out of the concerns raised. A Maternity Workforce Improvement Team has now been put in place with the appropriate expertise, resource and time to address all outstanding actions in the current workforce plan and support the division in overcoming barriers to recruitment and retention. This work stream also includes actions to create a safe and high-quality learning environment for student midwives and the whole multi-disciplinary team, enhanced pastoral support addressing stress and burnout and ongoing career development and training impacted by staff working across multiple clinical areas.

Operational and administrative management support for the Midwifery Senior Leadership Team is also a crucial component of embedding and sustaining the improvement delivered through the action plan. There will be a more detailed briefing on the plan and progress so far as a separate agenda item.

2.6 People

The programmes outlined are all essential and ambitious. They will be impossible to deliver without the team. We will require fundamentally new ways of working and utilisation of the workforce in order to deliver them. The cultural improvement programme is now gathering pace and will really help us understand the heartbeat of the organisation. With this understanding, we can focus our efforts on staff wellbeing and recovery, which is critical after such a sustained period of challenge. The programme will also underpin the planning for the other transformational programmes highlighted above; we have to bring the team with us. Ultimately, it will be the team that delivers all of the transformational change we desperately need.

The cultural improvement programme led by Louise McKenzie, Director of Workforce Transformation, concentrates on three key areas: improving people practices, improving leadership practices and improving people relations.

The intended outcomes are as follows:

- Improved people practices that have moved to a more compassionate and restorative culture, empowering people managers and creating greater psychological safety, enabling colleagues to raise concerns more openly
- Refreshed leadership practices that evolve how individuals lead and develop their teams
- Improved cultures in specific, identified areas to ensure team cohesion and harmony whilst recognising individual requirements.

The KPIs we will use to measure success are:

- Improved vacancy rate in staff group, per division
- Improved staff turnover per staff group and division
- Improved retention rate per staff group and division
- Reduction in the recruitment cycle (in total days) per staff group and division
- Improvement in staff satisfaction measured in surveys.

These key programmes are essential to our future. I know they are challenging but in order to deliver real transformation they need to be. I feel incredibly privileged to have had the opportunity both during the pandemic and over the last four months to lead the Trust. I am incredibly proud of what we have all achieved. We should never forget that we have all been through the most demanding period that the NHS has ever faced. It is easy to forget this now that things are moving on. At some point, I hope you; like I, can look back and feel honoured to have been a part of it.

3. Board Assurance Framework (Strategic Risks)

3.1 Risk profile

There are currently 19 strategic risks on the BAF (detailed risks at Appendix 1) each are aligned to a strategic objective and oversight of the risks and the associated KPIs is undertaken by each Board sub-committee. The current scores for the strategic risks and tolerable or 'target' risk scores are summarised in Fig 1 & 2:

Fig 1: Strategic Risk Map

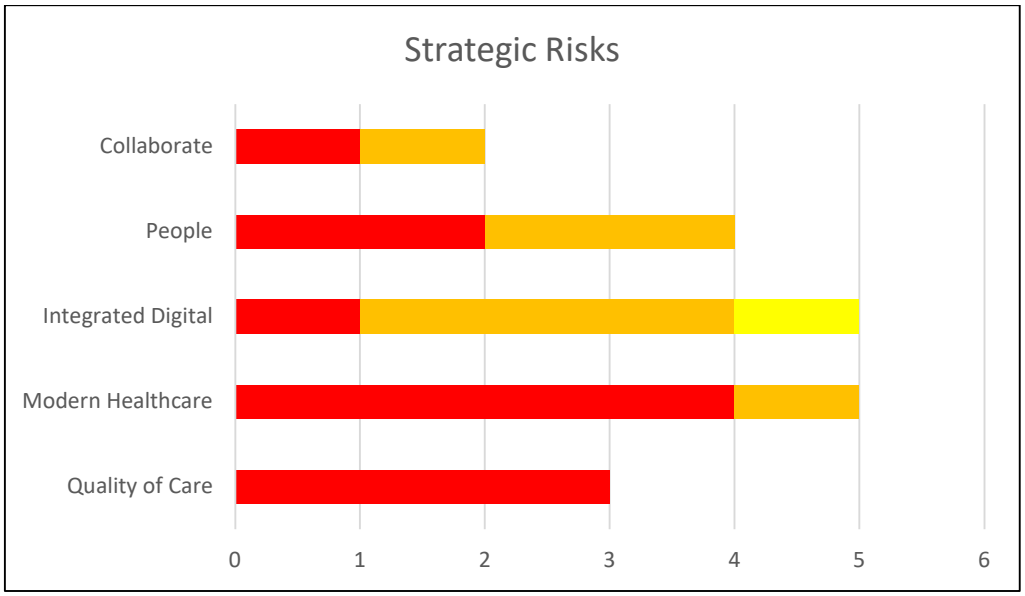
	Likelihood				
Impact	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost Certain
5 Cata-strophic				1	
4 Major			6	5	5
3 Moderate				1	
2 Minor			1		
1 Negligible					

Fig 2: Tolerable Risk Map

	Likelihood				
Impact	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost Certain
5 Cata-strophic					
4 Major					
3 Moderate		8	6		
2 Minor		5			
1 Negligible					

The Trust's current risk profile continues to be significantly changed from its position in March 2020 prior to the Covid pandemic. It is accepted, that because of the current operating environment, several strategic risks may continue to score more highly. The current risk scores by strategic objective are detailed in Fig 3.

Fig 3: Risk scores by strategic objective



4. Summary of risk analysis

The key strategic programmes now underway are maturing and continue to move us towards delivering the Trust's strategic vision:

Main Effort: Progress ensuring that the patients that reside with us are only the ones that will benefit from our care. We are starting to see some positive results and have noted at least a 10% reduction in admissions in the last month despite similar number of ED attendances; which is 8 patients a day not admitted and back to their usual place of residence compared to November last year.

Surrey Heartlands Elective centre: A further detailed business case has been submitted to region. A programme Director, Claire Baldwin, has been appointed, alongside a workforce transformation lead. The remainder of the team is currently being recruited to deliver this exciting and essential programme of work in full partnership with Royal Surrey Hospitals NHS Foundation Trust and Surrey and Sussex Healthcare NHS Trust.

Cultural improvement programme: this work is gathering pace and definitive KPIs have been developed to measure success of this critical programme. It is designed to help create a cohesive and happy team that feels fully engaged, so that colleagues enjoy coming to work and so that we can provide the best possible service and care for our patients.

Surrey Safe Care go live: The go live weekend saw the culmination of many months of work to ensure operational readiness. Activity was stepped up dramatically in recent weeks and the team are to be commended for their hard work in ensuring a successful implementation of the system.

Maternity Action plan: This plan was enacted in response staff feedback and concerns and good progress has been made so far with additional governance and scrutiny having been put in place to obtain assurance around progress and impact of the actions. The Board will continue to receive regular updates on this work.

In addition, I have described the extent of the significant challenge facing the Trust and the system to achieve an improved financial position to the one which is currently predicted, which represents significant deficit. The Board will be updated and will be required to approve any further financial plan submission in due course. The Executive team are currently focusing significant efforts into understanding how we can mitigate the financial risks we face as we emerge from the Covid pandemic.

Chief Executives Update (*Part Two*)

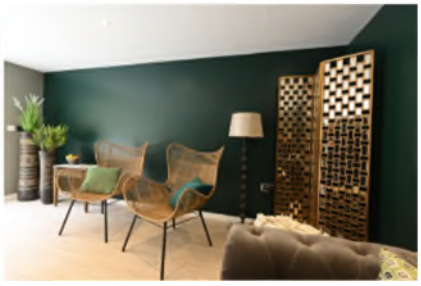
5.1 Quality of Care

Covid update

We continue to admit and care for Covid patients, although thanks to the successful vaccination programme and the large volume of people having received the vaccine, the number of people becoming seriously ill and requiring treatment in Intensive Care is now much lower than we have previously experienced.

Whilst it is positive that fewer people are becoming seriously ill with Covid, as with all healthcare settings, our robust Infection Prevention and Control (IPC) guidance remains in place to keep patients, the team, and our local community as safe as possible. Our visiting restrictions were recently updated in line with national guidance, and it has been great to be able to facilitate inpatient visitors and see the positive impact this has on patients.

Healing Arts – Opening the Eternal Garden



In my last report I spoke about the start of the work to create the Eternal Garden at St Peter's Hospital. This project is part of the Healing Arts Programme which aims to improve patient and staff experience by introducing more visual art, music and performance into our hospitals and working to improve architecture and green spaces across the Trust.

After an incredibly busy few months, and a great deal of work, Arit Anderson, garden designer and TV presenter, joined us to officially open the Eternal Garden on Thursday 28th April. The garden is the third of its kind in the country, and is available for patients receiving palliative care, parents under our Maternity and Neonatal services whose babies have sadly died or are receiving end-of-life palliative care, and also by colleagues who are having difficult conversations with patients.

The garden comprises a patio area surrounded by pleached trees, an oak pergola, plant beds and wooden benches to create a private space for our patients and their families, and three water bowls to fill the garden with the calming sound of trickling water. There is also a garden room to enable the space to be used all year round, with bi-folding glass doors to allow the healing power of nature to flow throughout.

Colleagues will now be able to encourage use of this special garden with patients who may benefit from spending time there with their families and friends.

5.2 People

Catering team nominated for Parliamentary award for exemplary provision of food for staff

In my last report, I spoke of the recently refurbished staff catering services at St Peter's, and I am delighted to report that Raouf Mansour, Head of Catering, and his team, have been nominated by Dr Ben Spencer, MP for Runnymede and Weybridge for an NHS Parliamentary Award to recognise the transformational work that has been undertaken and to acknowledge the innovative leadership of the Trust in prioritising staff wellbeing in such a way.

The team's vision was to challenge the traditional hospital catering model with seasonal menus, re-modelled dining areas where colleagues eat and socialise, use of home-grown ingredients, and to reduce carbon emissions through education, sourcing, and growing of local produce to create high-quality sustainable restaurant food.

I am hugely proud of Raouf and his team for this nomination, and greatly appreciative to Dr Ben Spencer for taking the time to nominate the team and for his continued support.

5.3 Modern Healthcare

Celebrating the Trust's contribution to Covid research

The Research and Development team participated in several studies and trials throughout the pandemic and were greatly supported by colleagues who worked collaboratively to enable a huge volume of research to be undertaken, which helped to gain a better understanding of Covid and the development of treatments.

I was delighted to join colleagues from across the Trust at an insightful session organised by Professor Pankaj Sharma and Dr Isaac John where some of the studies that the Trust has participated in were shared.

I proudly presented some colleagues with certificates from The National Institute for Health and Care Research (NIHR), Clinical Research Network Kent, Surrey, and Sussex, for their nominations in the Research Support Awards, established to recognise the “unsung heroes” of research - those NHS colleagues who give help and support to research and development.

Colleagues from Critical Care, Neonatal Intensive Care Unit (NICU), Stoma Care, and Complex Care teams were all recognised. In addition to the fantastic teamwork, I was also pleased to present a certificate to Anna Nicholas, Fertility Nurse Specialist, who has been Highly Commended by NIHR for her personal contribution to the hugely successful recruitment of two trials at ASPH. Anna was praised for her dedication to the research studies and with her support, ASPH are one of the top recruiting sites for the trial – a huge accolade.

Launch of Theatre Charter

Last month saw the launch of the Theatre Charter - a new set of principles developed by staff across the theatre team.

The Charter is a set of expectations of how colleagues engage with each other to enable them to be able to do the very best at work whilst working collaboratively within an effective multi-disciplinary team.

This is an important initiative which staff members from various disciplines across three divisions – General Surgery, Anaesthetics, Critical Care and Theatres, Specialist Surgery and iMSK, and Women's Health and Paediatrics have developed together, showing great initiative and commitment to creating fantastic team relations and providing patients with the best possible care and experience.

5.4 Digital

Surrey Safe Care

Four years ago, we reviewed our digital strategy and agreed to pursue the procurement and implementation of an electronic patient record. We invited Royal Surrey to join us in this journey and began the implementation with Cerner two years ago. After a lot of hard work, hundreds of reports, meetings, events, tests, changes, and rehearsals, we finally went live on 15th May 2022.

The ASPH legacy systems were taken down on Friday 13th May when data migration from the old system to the new system took place. We started to go live across ED and inpatient areas on Sunday 15th and by the morning of Monday 16th May were live in all areas, with everyone using the new system in earnest.

During the transition period, there was a 24/7 Command Centre in place, working alongside our existing command and control processes. With extra support staff, including floorwalkers and call handlers to resolve issues as they arise.

I want to personally thank everyone who has contributed to the programme, particularly the Surrey Safe Care Programme team – they have worked solidly on this for two years, going above and beyond, working long hours, evenings, and weekends. We always say, 'It Takes A Team', and they have certainly demonstrated great teamwork.

5.5 Collaborate

Supporting NWS health and care public survey

We have recently supported the North West Surrey Health and Care Alliance's public survey to engage with people living in Spelthorne to share their views about what is important to them in terms of health and wellbeing. As you will be aware, the Trust is part of the Alliance, a partnership which comprises of local health, social care, voluntary sector, and borough council professionals who have come together to help improve the health, care, and wellbeing of local people.

Stockcrowd

The North West Surrey Health and Care Alliance has recently formed an exciting partnership with online fundraising community platform, Stockcrowd. This partnership will enable local charities to fundraise to help people who most need help whether it is for their health, wellbeing, or social care needs. It will also provide a platform for young people, offering support with mentorships, volunteering, advice, and support in applying for jobs or college and university interviews.

The campaign that we are working on with Stockcrowd will be made up of two phases, the first as a fundraising platform which will launch imminently with two key local charities Home Start and Coram Life Education.

The second part will include the provision of opportunities for work placements and work experience to increase aspirations and develop children for a future Surrey workforce.

6. Finance Update: 2021/22 Financial Position - Month 12

The plan figures presented in this report reflects those monitored by NHSI in their reporting, being an amalgamation of Half 1 (H1) and Half 2 (H2) data.

	Plan to 31 March 2022	Mth 12 YTD Plan	Mth 12 YTD Actual	Mth 12 YTD Variance
Income	406,868	406,868	424,386	17,518
Pay	(251,178)	(251,178)	(261,232)	(10,054)
Non-Pay	(136,250)	(136,250)	(138,482)	(2,232)
EBITDA	19,440	19,440	24,673	5,232
EBITDA %	*4.8%*	*4.8%*	*5.8%*	
Below the Line	(16,696)	(16,696)	(16,537)	159
NHSI Control Total Surplus	**2,744**	**2,744**	**8,136**	**5,392**
Excluded from Control Total				
Impairments	0	0	(1,282)	(1,282)
Net Donated Assets	(108)	(108)	93	201
Movement in Stocks of Centrally Procurred PPE	0	0	(153)	(153)
Overall Surplus/(Deficit)	**2,636**	**2,636**	**6,794**	**4,158**

The Trust is reporting a position for 2021/22 of a NHSI Control Total surplus of £8.1m that is £5.4m ahead of its target. After impairments and other non-Control Total items the full reported surplus is £6.8m. This is on the basis of accounting for Elective Recovery Fund (ERF) income as follows:

(i) H1 of £7.9m; and

(ii) H2 of £14.6m (which was £4.3m less than the H2 plan). This value has been agreed with the CCG based on funds paid to the system by NHSE.

The Trust also accounted for £5.2m of ERF+ funding (all paid to the Trust), which offset the core ERF income loss.

Note that the income and cost variances shown above are distorted by unbudgeted end of year adjustments for:

(i) additional pension contributions to be paid by NHSE but shown as income and pay cost in the Trust's accounts of £9.7m; and

(ii) centrally procured PPE and equipment passed to the Trust, but again shown as income and non-pay cost in the Trust accounts.

The additional surplus is generated by a combination of (i) reduced costs versus plan and (ii) additional income that the Trust received in respect of Community Diagnostic Hospital (£1.8m), Discharge (£1.0m) and UEC (£0.5m), against which minimal costs were incurred.

The Finance Score is reported as a 1 year to date, however it is impacted by the receipt of Top-Up income and doesn't necessarily reflect the Trust's underlying financial position.

At 31st March 2022 the capital spend was £28.3m against an initial plan of £22.9m. The Trust received £12.5m of central Public Dividend Capital cash in-year to pay for 2022/23 capital schemes. Against the Surrey Heartlands system capital allocation, the Trust reported an underspend of £0.9m, which was mainly down to supply chain issues (i.e. CT scanner) and the impact of the last wave of Covid-19.

Cash balances remained high at £84.1m with £17.5m of the ERF income having now being received.

Underlying Position and 2022/23 Finances

Although the Trust exceeded its plans for the 2021/22 financial year, this was mainly done through the receipt of additional income streams that came with either minimal costs or costs that were already being incurred. For 2022/23 budgeting purposes these income streams are being treated as non-recurrent.

The block contract arrangements that were in place during 2021/22 will continue, albeit in a modified form for 2022/23. However, there are substantial reductions to the Trust's income in areas such as Covid-19 and Elective Recovery funding, as well as high inflationary pressures, that mean that the Trust and the Surrey Heartlands system are currently forecasting a substantial deficit. Final plans for 2022/23 are due for submission to NHSI on 20th June 2022 with Trust and system work ongoing to improve the draft financial position.

System discussions also continue regarding the Trust's capital plans for 2022/23.

Appendix 1 – BAF Overview

	Risk	Initial Rating	Post mitigation: Proximity	Post mitigation: March 2020	Post mitigation: Current Score	Direction	Rationale for change	Risk Appetite Level
1.Quality of Care								
1.1	Inability to deliver against key Quality Improvement Priorities and thereby reduce the incidence of repeated and/or avoidable harm to patients from medication errors, episodes of poor care, and avoidable mortality, due to insufficient capacity and capability.		Med	16	L4x C4 (16)	⇔	No change proposed. This reflects the impact of the high community Covid prevalence creating challenges within the hospital with the high number of inpatients with Covid and staffing difficulties due to increase infection	Low ⇔
1.1a	Inability to achieve the North Star objective to end health and care acquired infections (and associated harm) for the team, patients, and the community, due to insufficient capacity and capability.		Med		L4xC4 (16)	⇔	No change agreed following discussion at the meeting - The achievements in 2021/2022, of four of the seven IPC priorities being met were commended however, it was felt too soon to reduce the score, especially within the context of Surrey Safe Care go live.	Low -
1.2	Inability to improve and achieve outstanding patient experience, through an inability to harness and optimise learning from patient and family feedback, due to insufficient capacity and capability.		Med	20	L4 x C4 (16)	⇔	No change proposed based on patient feedback scores against our strategic priority questions for patient experience. This proposal also takes account of our current response rates.	Low ⇔
2. Modern Healthcare								
2.1	Inability to live within the new financial framework envelopes (when announced) due to the likely requirements to run elective work during winter, undertake or outsource additional catch-up activity, whilst reconfiguring / expanding bed, diagnostic and outpatient capacity, & given existing staffing constraints.		Med	12	L5 x C4 (20)	⇔	No change – the 2021/22 financial target was exceeded. This risk is being tolerated whilst 2022/23 financial plans are finalised.	High ⇔

2.2	A failure to maintain the Trust's physical environment and clinical infrastructure, may lead to clinical pathway difficulties, deteriorating patient and staff experience, patient safety, and health and safety risks.		Long	9	L5x C4 (20)	⇔	No change – risk previously upgraded due to system wide capital restrictions and requirements to scale back plans. Again, this will be subject to finalising 2022/23 financial plans.	High ⇔
2.3	A failure to deliver constitutional and operational targets leading to increased patient delay, poor patient experience, increased patient safety risks, increased outsourcing or activity and corresponding loss in productivity / efficiency.		Imminent	12	L5 x C4 (20)	⇔	No change - the risk and impact upon patient care remains – hence likelihood and consequence unchanged	High ⇔
2.4	The myriad of changes to operational arrangements, supply/demand, social distancing requirements and increased staff absence from Covid may have substantial impacts on our previous productivity / efficiency and financial standing.		Imminent	16	L5 x C4 (20)	⇔	No change – internal efficiency has been improving but may not achieve or exceed previous levels in line with national expectations	High ⇔
2.5	Potential external impacts from the Surrey Heartlands ICS overall financial, activity level, & waiting list positions as well as requirements for mutual aid.		Imminent		L4 x C3 (12)	⇔	No change - this risk is being tolerated whilst 2022/23 financial plans are finalised..	High ⇔

3. Digital								
3.1	There is a risk that the anticipated outcomes to improve quality and safety integral to the Trust strategy may be compromised if the Surrey Safe Care programme is subject to undue delay or if the initial go-live scope is significantly reduced.		Med			⇔	No change as no further meeting during reporting period.	
3.1a	There is a risk that the Surrey Safe Care programme may be subject to further implementation issues which would impact the agreed deployment timeline and accompanying financials		Med			⇔	New risk defined in order to separate benefits realisation (risk 3.1) from implementation timeline.	
3.2	Critical Systems Maintenance and Replacement: Failure of key IT systems could lead to issues of patient safety, experience or quality risks, or process delays.		Imminent			⇔	No change proposed: PAS hardware remains a key risk	

3.3	Known Cyber security and data protection breaches could threaten the provision of IT systems, leading to issues of patient safety, experience or quality risks, or process delays.		Med	12	L3 x C2 (6)	⇔	Downgraded to reflect the mitigation in place in terms of services, monitoring, patching regime and improved oversight	**Moderate** ⇔
3.3a	Unknown cyber security and data protection breaches could threaten the provision of IT systems, leading to issues of patient safety, experience or quality risks, or process delays.		Med		L3 x C4 (12)	⇔		

4.People								
4.1	Inability to accurately model workforce requirements, may result in failure to align workforce supply, to meet current and future acuity and demand, resulting in a misalignment with both the service requirement and/or the financial plan		Med	9	**L4 x C4 (16)**	⇔	No change proposed. Further work is needed to accurately model all workforce, the multidisciplinary team, and remain fluid for winter pressures, surges, or future demand.	**Low** ⇔
4.2	Unable to staff to current and future demand resulting in a negative staff and patient experience.		Med	9	**L4 x C4 (16)**	⇔	No change proposed having previously reduced in recognition of successful recruitment and retention efforts; however, current establishment does not meet current demand for services evidenced by escalation capacity staffed via temporary staffing. There are high levels of vacancies in some areas (AHPs, Pharmacy, Radiology) and outsourcing and agency use in particular services.	**Low** ⇔
4.3	Individuals and teams do not feel listened to, empowered and valued resulting in a negative impact on staff and patient experience		Long	12	**L4 x C4 (16)**	⇔	No change proposed: Score is reflective of recent feedback through GMC Survey, whistleblowing and CQC inspection. However, there is positive morale and feedback from staff for the COVD star recognition and the wellbeing offer. Staff survey data evidences an improvement in health and wellbeing and staff engagement scores remain at or above the national avg.	**Moderate** ⇔
4.4	Individuals and teams are emotionally and physically affected as a result of the pandemic which may result in inability to deliver operational demand and impact on patient care and patient experience		Long		**L3 x C4 (12)**	⇔	No change proposed.	**Low** ⇔

5.Collaborate								
5.1	Internal strategic risk: There is a risk that the benefits of the Trust strategy are not delivered. This is caused by a lack of capacity and/or oversight and would result in the desired effect and intended benefits of the strategy not being achieved or that sustainability of patient care becomes significantly challenged.		Long	16	L3 x C4 (12)	⇔	No change to risk score proposed. .	High ⇔
5.2	External strategic risk: There is a risk to delivery of the Trust current strategy. This is caused by ineffective or insufficient focus on stakeholder management or by external factors such as decisions taken by national, ICS, ICP which may not correspond or may adversely impact delivery our objectives or undermine our service sustainability.		Imminent	12	L5 x C4 (20)	⇔	No change to risk score proposed. .	Significant ⇔

NPSA Scoring Matrix

	Likelihood				
Likelihood score	**1**	**2**	**3**	**4**	**5**
	Rare	**Unlikely**	**Possible**	**Likely**	**Almost certain**
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5