Ashford and St. Peter's Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS
7th September 2022

AGENDA ITEM NUMBER	6.1
TITLE OF PAPER	Chief Executive's Report – including Board Assurance Framework
EXECUTIVE SUMMARY	
	This is my first report as Chief Executive since arriving in May 2022 and was first presented to the Trust Board on 28th July 2022. Firstly, I wish to thank Dr David Fluck for his excellent leadership as interim Chief Executive. I have received a very warm welcome to the Trust having joined the organisation at an extremely busy time just ahead of the launch of our electronic patient record. This enormous organisational transformation programme went live at the same time as the emerging trust 22/23 financial plan which demanded a significant response in terms of developing cost improvement plans to address the financial deficit focusing on the key priorities of bed capacity, workforce controls and maximising the elective recovery opportunities, particularly through the development of the Surrey Heartlands Elective Centre, based at Ashford hospital. In responding to these competing priorities, I have been impressed by the way team ASPH has risen very capably to the challenges, and this report provides more detail on the key workstreams already in train. The subsequent section provides an overview of emerging and developing workstreams which will become fully formed across the coming months. This report continues to provide a diary 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 delivery of the Trust strategy. Finally, the Board Assurance Framework is included at Appendix 1. This has now become a separate report to Board and is included here for information. This report continues to be iterative, and I welcome your feedback on its content and format.
PRESENTED BY	Julie Smith, Chief Executive
DATE	September 2022
BOARD ACTION	The Council is asked to RECEIVE the report

1. Introduction

This is my first Board Report since joining ASPH in May. It has been a very busy time but I have had a great introduction to the Trust, and have met with many colleagues both from within the organisation, and our local health and care partners across the system. It's been helpful to meet so many new people and to understand more about the innovative work that has been happening within the Trust, at place and more widely across the Surrey Heartlands Integrated Care System foot-print.

In my new role as Chief Executive, one of my priorities is to continue to build on the progress made during David Fluck's tenure. Having joined at a pivotal time for ASPH there are many challenges and changes ahead, but I believe that we are in a good position to navigate these changes over the coming months, due to how well ASPH and the NHS, transformed their ways of working through COVID, and all the learning we have from this time. I can see that the team here at ASPH is incredibly talented, innovative, and passionate about what they do, and I have been given a warm welcome by everyone, so thank you and I look forward to working together.

In this report I aim firstly, to provide an update on some of the key workstreams already in train to address the current challenges, including financial, which have continued to develop under Executive Direction. Secondly, I also aim to provide some insights into new workstreams which are starting to take shape as we look to right size the organisation, address the backlogs in elective care which have been exacerbated by the pandemic and the work we are undertaking to support the team, enabling them to continue delivering safe and high-quality care. Finally, I would like to share some of the events which have taken place across the last two months and since I joined the Trust at the beginning of May.

2. Key work streams

2.1 Surrey Safe Care Implementation

Very shortly after arriving at ASPH, over the weekend of 13th May 2022, we entered the go live phase with our electronic patient record system - Surrey Safe Care, which launched after several years of planning and configuration. This was one of the most significant and essential transformation projects the Trust has ever embarked upon jointly, with the Royal Surrey Hospitals and of course there have been the inevitable system and workflow glitches, both expected and unexpected. I am proud of the way the organisation is working together to quickly identify the issues and respond to the challenges, and my thanks to Simon Marshall for leading this project as Senior Responsible Officer and Chris Ketley as the lead digital NED.

We are currently going through the transition period, with some colleagues having to change their way of working after decades of using our legacy systems and whilst we are all keen to embrace the benefits of having the new technology, it's important to recognise that change isn't always easy. However, we are already starting to see the benefits, with greater visibility from a clinical perspective. We are now prescribing electronically, and our bedside monitors are integrated, so when a nurse takes vital observations for example, these are automatically uploaded into the patient record, saving time and freeing up our nursing staff to provide the care our patients need.

2.2 Finance

In the last report, we outlined the scale of efficiencies the Trust is required to make, with our Trust financial plans now forming part of the overall system, the Surrey Heartlands Integrated Care Board financial plan. Other providers and the system itself are also required to find a similar scale of efficiencies and opportunities to reduce costs and the challenge facing both the Trust and the system to achieve a much greater degree of efficiency is unprecedented. To track delivery against this requirement, we have developed realistic, trajectories for delivery with regularised oversight and reporting designed to ensure that safety and quality of care is not compromised.

2.3 Hospital Admissions

In the last report we shared the vital work which had begun termed the Trust's 'Main Effort', which is: *to ensure that the patients that reside with us are only the ones that will benefit from our care.* This programme of work was developed in response to the continued concern that we admit too many patients into the hospital that do not receive benefit and are exposed to harm. This is a complex issue to resolve, requiring considered, comprehensive and system wide solutions to reduce admissions, prevent hospital-acquired harm and realignment of the bedded capacity within the system.

The main effort programme of work is being jointly led by our Chief Nurse and Medical Director supported by the Divisional Teams. A detailed delivery plan has now been developed which comprises five phases, although work is already underway on each simultaneously:

- Phase 1: Criteria to admit
- Phase 2: Refurbishment and realignment
- Phase 3: Criteria to reside
- Phase 4: Accident and Emergency Care pathways
- Phase 5: Community pro-active care

We have continued to develop and evolve our internal procedures and have recalibrated our criteria for admission to ensure that we only admit patients who will benefit from acute care. We have also seen excellent engagement from our clinical teams who are identifying further initiatives to contribute to delivery of the main effort. We are already seeing positive results from the work done so far and neighbouring Trusts are keen for us to share the learning and approach we have taken so they can look to adopt this within their hospitals and Emergency departments.

2.4 Surrey Heartlands Elective Centre

We continue to progress the exciting opportunity to develop a regional surgical centre of excellence at Ashford Hospital – the Surrey Heartlands Elective Centre. This is an important opportunity to grow the partnership and collaboration between Royal Surrey, Ashford and St Peter's and Sussex and Surrey Trusts and will deliver additional surgical capacity to achieve rapid reduction in the planned care backlog, robust delivery from the security of a stand-alone elective green site, additional diagnostic capacity, and levelling of health inequalities.

Our vision is to develop our patient pathways together, so that we are able to offer leading patient outcomes and productivity through a combination of clinical leadership and transformation matched with state-of-the-art facilities.

The detailed project plan continues to develop for this new facility and we are beginning to engage with clinical leaders around specific pathways. The engagement of our clinical teams

in leading the transformation to improve our services and design these new facilities is critical to the future success of Surrey's health care.

This is a significant development for the region, our county, the patients, and communities we serve, and Ashford Hospital itself and we will keep you updated with this exciting development.

3. Developing workstreams

3.1 End of Life Care

In tandem with the Main Effort programme of work, we are currently reviewing the opportunity for wider use of hospice services for our current patients in our palliative/end of life care ward. To do this we are working alongside our partners to understand the developing Hospice strategy, their inpatient criteria and ASPH partnership pathways, including community. This work is being led on behalf of the Trust by the Deputy Medical Director and Deputy Chief Nurse as well as the Divisional Director of the Medicine Division. The Woking and Sam Beare Hospice Chief Executive is jointly leading on behalf of the Hospice and a stakeholder steering group is being set up to develop a detailed plan going forward. I look forward to updating you in due course on progress made to help ensure that our patients at the end of their life receive the very best care in an appropriate setting.

3.2 Fuller stocktake

NHS England has published the report from the stocktake of primary care and integrated care systems led by Dr Claire Fuller, Chief Executive of Surrey Heartlands Integrated Care System and GP on integrated primary care.

The stocktake outlines the scope of primary care broadly but makes it clear that the functions of primary and secondary care are interlinked and will be of direct relevance to members in all sectors of the NHS. First and foremost, the stocktake underlines the need to tackle the serious challenges facing those who need to access same day, urgent care. This is no small undertaking and will require collaboration across mental health, community services, primary care, and secondary care if it is to succeed and address the variation in access to same-day care between different practices and localities.

The focus in the stocktake on creating neighbourhood health teams to offer continuity of care and support those with complex, ongoing health needs is essential and will help to tackle the health inequalities which have been exacerbated by the pandemic.

Despite the current challenges, there is real optimism that the new reforms to health and social care – if properly supported to embed and succeed – can provide the backdrop for transforming how primary care is delivered in every community in the country.

Dr Fuller was kind enough to join a recent Board away day to present the Stocktake report and findings and over the coming months, we'll be supporting our primary care colleagues across health and care and working together to determine how we best implement some of the actions set out in the report to help meet the needs of our local community.

A public health consultant working with the NW Surrey Alliance is currently working through primary care data to identify areas of deprivation that would be priority areas to develop these services.

3.3 Messenger report

In the last report we outlined the cultural transformation programme we have embarked upon as an organisation which sits alongside our continually developing well-being offer for staff to help ensure our staff feel valued, listened to, empowered and that there is fairness and equity in all our processes. More recently at our Board Away day, we also considered how best we develop our leaders as part of our response to the Messenger report which was released on 8 June 2022: **Health and social care review: leadership for a collaborative and inclusive future.**

This report followed a review of leadership in health and social care, with its findings and recommendations, undertaken by Sir Gordon Messenger and his team. Overall, the recommendations have been welcomed by leaders in the NHS and reflect what is being heard across the wider organisation.

The report identifies several key findings and outlines what more can be done to ensure we deliver a consistent approach to leadership development at all levels in the NHS. This includes the development of clear career pathways, a focus on improving cultures and behaviours, to provide a better experience for both staff and patients and greater commitment to act on improving diversity in senior leadership.

The Messenger report identified seven recommendations, which we have carefully reviewed in terms of the work we are already undertaking and whilst much of our current work programmes align with the recommendations, we welcome the report to help focus our attentions on the key areas. Our People sub-board committee has considered the report in detail.

As part of the work on CEO and Executive objectives, and in line with the Messenger recommendations, each Executive is currently reviewing the pipeline of emerging leaders within their portfolio to deliver robust succession planning and to develop a talent map of future trust and system leaders.

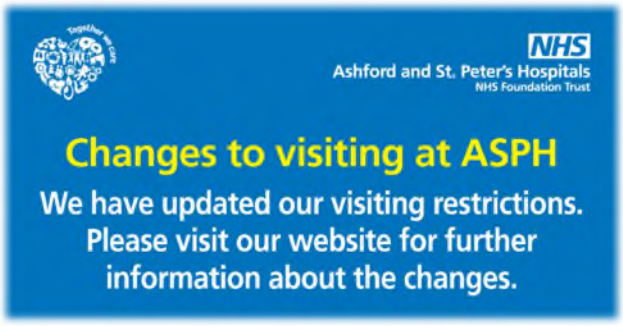
Part Two

4. Chief Executive's Diary Events

In this section I aim to provide an overview of the wide ranging and exciting events I have been involved with across the last two months:

4.1 Quality of Care

An update on Infection Prevention Control (IPC) and visiting restrictions



Following an update on national guidance in June, we were able to relax some of our IPC measures regarding visiting and wearing face masks in the hospitals. Since then, we have unfortunately seen an increase in COVID rates in our local community and because of this, have taken the decision to reintroduce mask wearing for everyone across all areas of our hospital sites.

Surgical facemasks remain available at the designated entrances, and must be worn when moving around the hospitals, as well as when visiting loved ones or attending appointments. We are pleased to have been able to reassess our visiting guidance, which is no longer restricted to two hours, and is no longer required to be booked by telephone. There is more information about this on our website, but we are pleased to be able to make these changes and realise the positive impact and benefits that visiting has for inpatients.

As an organisation we remain vigilant, and the IPC team continue to monitor COVID rates both nationally and locally and will make any necessary adjustments to our IPC protocol in a timely manner, as and when required.

Visiting Maternity

I recently visited maternity colleagues in Abbey Wing and took charge of the 'tea trolley' as I made my way around the unit, offering the team the opportunity to stop for a short break and a drink. These informal settings often provide a great opportunity to speak to people and understand what is working well and areas that we can focus improvements. I managed to get around the whole unit and it was great to be able to speak to so many of the team.

I have also visited NICU and met colleagues in this very special department. The NICU at St Peter's is a level three unit, which provides intensive care, high dependency care, and special care for babies from across Kent, Surrey, and Sussex, who are very small or premature and also term babies who are unwell and need close observation.

The NICU team undertake such incredible work and provide excellent care – it was great to see them in action and get the chance to see some of the babies they are currently looking after. I also spent time speaking with colleagues to gain insight into their plans for the department and understand some of the

potential challenges. The department is a real asset to our Maternity Services at St Peter's and the community we serve - we are lucky to have such a specialised and dedicated team.

The Maternity services at St Peter's provide great choice for women, as we also have the Abbey Birth Centre (ABC), which provides a 'home from home' environment for women who have normal and uncomplicated pregnancies and want to give birth in a less clinical setting. There are four en-suite birthing rooms, three with pool facilities and a small outside garden space. Run by midwives rather than doctors with a homely and relaxing environment, women can move around freely during in labour.

The ABC provides a unique birthing option, but as is the case nationally, we do have workforce challenges, and we are working with maternity leadership team and our colleagues in Surrey Heartlands to ensure we can maintain sustainability around this service.

We also realise that the infrastructure of the Abbey Wing needs to be improved and to do this, a capital strategy workstream is working on potential improvements to the building, accessibility to services and how patients transition through different parts of the unit, dependent on their care requirements.

We know there is a lot to be done, but the future of maternity services at St Peter's is exciting, and by making transformational changes we can ensure that they are sustainable for the future and can continue to maintain choices for women and families in our local population.

Visiting Bradley Neuro-rehabilitation Unit

I recently visited Bradley Neuro-rehabilitation Unit at Woking Community Hospital, which provides multidisciplinary assessment and rehabilitation for adults with acquired brain injury or complex neurological illness.

This was my first visit to the Bradley Unit, and it was great to be able to meet colleagues and patients who are receiving some of this specialised care.

Rehabilitation helps patients to make the best of their abilities and to maximise and maintain their independence wherever possible. This involves looking at the most appropriate ways of carrying out daily tasks such as washing and dressing, moving around and communicating with other people.
The Bradley Unit aims to provide a supportive environment to enable patients to develop and use these skills in their daily lives. To achieve this, the team works closely with patients and their families or carers throughout their stay to set goals and monitor progress.

4.2 People

Celebrating The Queen's Platinum Jubilee

It was wonderful to see so many people celebrating The Queen's Platinum Jubilee, and we wanted to mark the occasion at ASPH and ensure that those who were working in the hospitals over the additional bank holidays were able to feel part of the celebrations.

Executive colleagues and I visited teams at Ashford, St Peter's, and Woking, delivering a selection of sweet treats and fruit as a thank you to the teams for all of their ongoing hard work and support. It was wonderful to meet and speak with so many people in person whilst making these deliveries, and the teams really appreciated the gesture.

In addition to this, we held a tree planting ceremony by the entrance to the Duchess of Kent Wing at St Peter's, where Andy Field and I planted a beautiful Acer Maple tree as part of The Queen's Green Canopy initiative.

This initiative was created to mark Her Majesty's Platinum Jubilee in 2022 and encourages everyone across the UK to plant trees. When planted, the tree will be part of a network of individual trees, avenues, copses, and whole woodlands planted in honour of The Queen's service and the legacy she has built. It is certainly a lovely addition to the St Peter's site, and we are planning to plant a tree at Ashford Hospital soon, as part of this project.

Celebrating our volunteers!

We recently came together to celebrate our fantastic volunteers who give up countless hours of their own time to support ASPH.

The restrictions of the pandemic have meant that it's not been possible to meet in person until now, so we were delighted to be able to hold a special event just for them - a celebratory afternoon tea. The tea was held at Brook Restaurant in Weybridge and since it coincided with the Queen's Platinum Jubilee, it was also an opportunity for belated celebrations to mark this, with attendees encouraged to dress in red, white, and blue, with tiaras and jewels!

The event was funded by a very generous donation from Mr Jaykant Shah of the Brinda Jaykant Shah Foundation, which was set up in memory of Mr Shah's wife.

I'm delighted to have had the opportunity to meet with so many of our volunteers and to be a part of their belated celebrations, they are much valued colleagues, and their continued support is greatly appreciated by all of us at ASPH.

Clinical Education – Governance and Education Monitoring

Imperial College London

A really important part of the work we do at ASPH is training and supporting Undergraduate medical students when they come to the Trust on placements. We recently held the Governance and Education Monitoring Visit (GEMV), between Trust Executives and the Undergraduate Team from ASPH and senior educational representatives from Imperial College Medical School, London.

This meeting is held at regular intervals to enable the Medical School and the Trust to design collaborative action plans to ensure that students are fully supported in achieving their learning goals during their time with us.

At the end of last year, representatives from Imperial College Medical School visited ASPH and met with our Clinical Teachers and Imperial College students on placement here, to undertake a data collection visit. The conversations were productive, and the feedback afterwards was very positive, with students saying they felt very well supported by the Trust's Education Department, both in terms of teaching and pastoral care. The insight gathered during this visit was used to formulate a collaborative action plan, so that we continue to develop Undergraduate Medical Education with Imperial College School of Medicine as partners.

Its great that this successful GEMV with Imperial College comes so soon after an equally successful Governance Visit from St George's Medical School. These partnerships demonstrate that education is very much a vital and integral part of our identity as a modern, multi-faceted NHS Foundation Trust.

4.3 Modern Healthcare

Medics Across Countries

Since joining ASPH I've been keen to learn more about the educational initiatives - Medics Across Countries (MAC) is one of these and a really fantastic programme. MAC is a twofold programme which includes a six-week clinical placement scheme, where doctors from countries outside the UK spend around four weeks rotating around specialties, depending on their interests, shadowing, and learning about the Trust and the NHS more widely.

They attend clinical skills and simulation teaching sessions provided by the Clinical Skills Education Team. The Clinical Attachment doctors develop QI projects, attend foundation teaching and, for this latest cohort, held a poster presentation project which I was delighted

to be part of the judging panel for. Each individual must receive a satisfactory Clinical Supervisor's report at the end of each placement and receive a pass mark of 80% for the OSCE, which is prepared and invigilated by the current MAC doctors alongside the Clinical Skills Education Team. Upon receiving a pass across all these factors, the Clinical Attachment doctors are offered a two-year fixed-term position at the Trust. The programme is extremely sought after, with at least 500 applications received each intake.
Once the doctors join the Trust, they join the MAC programme. The purpose of this programme is to have the overseas doctors working with us as an F2 equivalent and working towards obtaining a Certificate of Readiness to Enter Speciality Training (CREST), to join training programmes to improve the NHS staffing levels for the future.
This programme has been recognised and received a "Highly Commended in Diversity and Inclusion Team of the Year 2021" Award from the BMJ. We have seen many of our MAC doctors successfully enter specialty training – notable General Practice and Surgery Specialty Training.

4.4 Digital

Surrey Safe Care

Following the launch of our Surrey Safe Care electronic patient record, we were visited earlier this month by colleagues from the NHSE Digital team and Surrey Heartlands ICS colleagues to discuss our progress following the launch.

Our visitors were keen to hear from both Trusts about Surrey Safe Care from clinical, operational, and programme perspectives and to learn about the successes, challenges and learning we have made since going live.

The group visited departments and wards across both sites; Dermatology, Endoscopy and Theatres at St Peter's and Onslow ward, Cancer services and A&E at the Royal Surrey, to see Surrey Safe Care in action and to speak to colleagues about their experiences with the system.

The day showcased our progress whilst acknowledging the work still to be done, and we were able to provide good insight and feedback on digitising the wider NHS.

We would like to thank everyone who attended, it was an open, honest, and transparent discussion, including offers of support to continue our journey and the optimisation of the Surrey Safe Care system.

4.5 Collaborate

North West Surrey Health and Care Alliance developments in Staines Town Centre

As part of the North West Surrey (NWS) Health and Care Alliance, we are keen to support the ongoing work to build community-based facilities, designed in line with sustainability goals, considering not just health and social care needs, but also economic and environmental factors.

The Alliance is progressing large transformative developments in a number of our key local towns including Staines, where the focus is on providing primary care and community services with new affordable housing in the heart of the town. The development will improve accessible healthcare including diagnostics, pathology services, maternity services, and paediatric services.

I recently met with colleagues from Spelthorne Borough Council and the Alliance to discuss the broader placemaking approach & strategy across NWS, showcasing some of our other work to date and our wider thinking on approach. I then visited the site where the new development will be built. It was great to speak to the developers and hear their plans – I was impressed with the level of detail and care being shown in terms of location, green spaces and natural light which will all help to make this a really great place to live and visit.

This is an exciting opportunity to plan the future of Staines town centre, to make it an even more vibrant and resilient place to live and work. This development aligns with the principles of the recent Fuller stocktake, offering more health and care services to people closer to their homes and providing them in a more accessible way. We'll keep you all updated on this exciting development.

5. 2022/23 Financial Position - Month 3

The plan figures presented in this report reflects those that will be monitored by NHSI based on the final 2022/23 plan submission on 20th June 2022.

	Plan to 31 March 2023	Mth 3 YTD Plan	Mth 3 YTD Actual	Mth 3 YTD Variance
Income	397,484	97,793	97,275	(518)
Pay	(254,769)	(65,463)	(65,716)	(253)
Non-Pay	(135,995)	(34,569)	(33,873)	696
EBITDA	6,720	(2,239)	(2,313)	(74)
EBITDA %	*6.9%*	*-2.3%*	*-2.4%*	
Below the Line	(18,820)	(4,563)	(4,469)	94
NHSI Control Total Surplus	**(12,100)**	**(6,802)**	**(6,782)**	**20**
Excluded from Control Total				
Impairments	0	0	0	0
Donated/Granted Income	394	137	0	(137)
Donated/Granted Depreciation	(486)	(120)	(116)	4
Overall (Deficit)/Surplus	**(12,192)**	**(6,785)**	**(6,898)**	**(113)**

The Trust reported a position at M3 YTD of a deficit of £6.8m, which was slightly favourable to the NHSI control total. This was on the basis of accounting for 100% of the planned year to date Elective Recovery Fund (ERF) income of £3.5m. The ERF position is one being held by Surrey Heartlands organisations on the basis that ERF recovery over the year as a whole is

being forecast. National discussions are ongoing as to whether NHSE/I will enact any ERF clawback for any system for non-delivery of the 104% target.

The main variances were:

1. income - reduced recoveries for drugs and devices from NHSE as well as lower education, training and research income - most of which should recover;
2. pay - much reduced during June and now at £0.3m over budget; and
3. non-pay - underspending in purchase of healthcare and clinical supplies, predominantly due to Surrey Safe Care.

CIP delivery was slightly behind plan at 30th June 2022 and further work will be undertaken over the next month to improve the capture and reporting of data. Due to additional NHSE NICU income the current projection is that the overall CIP plan of £17.1m will be met.

As at 30th June 2022 the capital spend was £4.1m against a YTD plan of £3.7m. Cash balances remained high at £80.8m.

The overall full year forecast has been held at plan, however there are significant risks to this including:

- ERF – as described above the position is one being held by Surrey Heartlands organisations on the basis that ERF recovery over the year as a whole is being forecast. ERF treatment is still being discussed nationally; and
- CIP's – the Trust's CIP programme is mainly planned for the last three quarters of the financial year so there remains a risk to full delivery.

1. Board Assurance Framework (Strategic Risks)

1.1 Introduction

This report is intended to provide an overview of the current Board assurance Framework including any changes to the strategic risks following review at each sub-board committee throughout June and July. Detailed scrutiny of the risks is undertaken by the Audit and Risk Committee and is supported by a regular, rotational deep dive into each strategic risk at each meeting.

The Board Assurance Framework (BAF) is comprised of 17 strategic risks for which each of the respective Board sub-committees have oversight, and these are reviewed at each meeting as a standing agenda item. Further to this, the BAF is submitted to both the Audit and Risk Committee and Trust Board for assurance and oversight.

Following review and discussion at the Board sub-committees in June and July, there is one agreed change to risk scores:

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. Increased likelihood score L5 x C4 = 20.*

This change was agreed due to the requirement to reflect the risks associated with implementation of Surrey Safe Care (SSC) and the need for significant system stabilisation. In addition, the impact of the high number of COVID infections in the community has created challenges in the hospital with a high number of COVID positive inpatients, and staffing difficulties due to increased infection rates. Partial assurance around the 4-hour standard continues, due to the impact of SSC, increased attendances, unpredictable surges in demand, and COVID. The risk proximity has also been updated to 'imminent'.

Two further risks have been agreed for closure:

Digital 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.*

This was closed to reflect that Surrey Safe care has now been implemented and the risk is no longer extant.

People 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.*

The risk was closed having been included as a new risk in 2021/22 to account for the ongoing covid surges. All of the mitigating actions are now included in 4.3.

The Board receives a BAF update at each meeting, however, regular oversight and detailed scrutiny of the BAF is undertaken at each Audit and Risk Committee, in order to provide assurance to the Board that the risks are being effectively managed.

During May, June and July, the Board sub-committees have also undertaken an annual review of each strategic risk and the risk appetite levels assigned to each. The risk appetite statement

is intended to provide clarity on the Trust's position in relation to the extent of risk exposure to be tolerated, following mitigation, in relation to the delivery of its strategic objectives. It is designed to reflect the Trust's overarching approach to innovation and exploration of new ways of working and is an important tool for the Trust to understand and define the levels of risk we deem acceptable in pursuit of the strategy.

The updated risk appetite statement and the corollary of the annual reviews will be presented in detail to the next Audit and Risk Committee (September) with an overview presented for assurance to the next Trust Board meeting.

1.2 Risk profile

The current risk profile is presented below following consideration at Board sub-committees. There are currently 17 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 (Appendix 2). The current scores for the strategic risks and tolerable or 'target' risk scores are summarised in Fig 1 & 2:

Fig 1: Strategic Risk Map

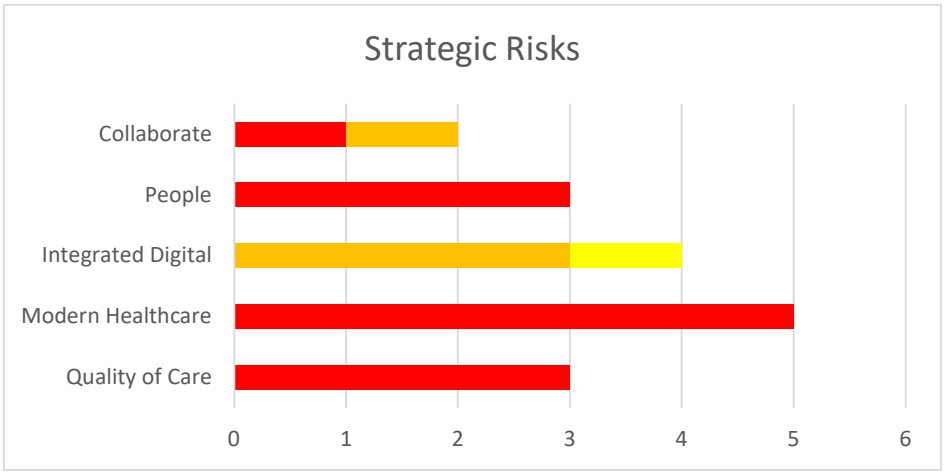
	Likelihood				
Impact	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost Certain
5 Cata-strophic					
4 Major			**4**	**5**	**7**
3 Moderate					
2 Minor			**1**		
1 Negligible					

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		**6**	**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



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.		Imminent	16	L5x C4 (20)	⇧	The proposal for risk 1.1 is to increase the score from 16 to 20, to reflect the risks associated with implementation of Surrey Safe Care (SSC) and the need for significant system stabilisation. In addition, the impact of the high number of COVID infections in the community has created challenges in the hospital with a high number of COVID positive inpatients, and staffing difficulties due to increased infection rates. Partial assurance around the 4-hour standard continues, due to the impact of SSC, increased attendances, unpredictable surges in demand, and COVID. Proximity updated to imminent.	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 proposed and agreed to maintain the current risk score due to the higher transmissibility of the Omicron variant, high levels of Omicron infection in the community, and the increase of nosocomial COVID infection in June 2022.	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 and agreed to maintained at 16 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	**Updated description**: Inability to live within the financial framework allocations due to emergency activity pressures, combined with the requirements to restore elective work, undertake or outsource additional activity, & given existing staffing constraints.		Med	12	L5 x C4 (20)	⇔	No change - The 2022/23 plan forecasts a £12m deficit, despite a £17m CIP. Significant risks remain around both delivery of this and on how to reduce the deficit further.	Moderate ⇩
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 – discussions continue around the SH capital allocations and potential requirement to scale back our plans further.	High ⇔
2.3	A failure to deliver constitutional and operational targets leading to increased patient waits, poor patient experience, delayed clinical decision making, increased patient safety risks, increased outsourcing or activity and corresponding loss in productivity / efficiency.		Imminent	12	L5 x C4 (20)	⇔	No change to risk score –the Surrey Safe Care launch has however led to additional impacts on our recovery progress	High ⇔
2.4	**Updated description**: Loss of internal efficiency / effectiveness / productivity levels due to staffing constraints or Covid-19 (whether from social distancing requirements, infection control or operational arrangements which in turn impact on supply/demand for services).		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. The Surrey Safe Care go-live has also impacted on this in the short term.	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	12	L5 x C4 (20)	⇧	Increased at MHC in June 2022 – further feedback is expected on the 2022/23 financial plans following the 20th June submission and the recent challenge sessions.	Moderate ⇩

3. Digital								
3.1	**Updated description**: There is a risk that the anticipated outcomes to improve quality and safety and to avoid clinical risk, both integral to the Trust strategy, may be compromised if the Surrey Safe Care programme is not appropriately embedded (adoption) and with the anticipated exploitation of the invested resource (performance)		Med	12	L3 x C4 (12)	⇔	No change to risk score proposed at June meeting	High ⇔

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		L4 x C4 (16)	⇔	Closed - system has now been implemented	
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	12	L3 x C4 (12)	⇔	No change proposed	High ⇔
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)	⇔	No change proposed	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)	⇔	No change proposed	Moderate ⇔

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	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	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	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)	⇔	Risk to be closed - The risk was included as a new risk in 2021/22 to account for the ongoing covid surges. All of the mitigating actions are now included in 4.3.	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 at last committee however, proposal will be to increase the risk at the Committee on 28th July to reflect the current focus on Surrey Safe Care stabilisation, although this is anticipated to be short term.*	**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