Ashford and St. Peter's Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS
7 JUNE 2023

AGENDA ITEM NUMBER	**6.1**
TITLE OF PAPER	Chief Executive's Assurance Report (including Board Assurance Framework)
EXECUTIVE SUMMARY	
	In this report I focus on the core business of the organisation and how I lead on the work through my personal leadership and through the objectives and efforts of Executive Directors and their teams. The work in the report is presented as per corporate strategic objective format of Quality of care, Modern Healthcare, People, Digital and Collaboration. The purpose of the paper is to inform, give assurance and bring together the work of the Trust in a high-level summative report which demonstrates the breadth of the work, synergies, interdependencies and how any risks related to the work are represented within the Board Assurance Framework. An update on the Trust's financial position is also included and, finally, the Board Assurance Framework (BAF) is included at Appendix 1. The BAF is 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 Anne Smith, Chief Executive
DATE	May 2023
BOARD ACTION	The Council is asked to RECEIVE the report

1. Introduction

This paper represents the key items of work and opportunities ongoing in the organisation and wider place and system, led by the Chief Executive and the Executive team.

The report is not intended to be exhaustive or present the entirety of the work underway at the Trust, place and across the system but rather give the reader an overview of work in a single, accessible report, to update, inform and assure.

2. Strategic Objectives

2.1 Quality of Care

CQC Maternity Inspection:

Since my last report, the actions against the CQC Maternity 29a Warning Notice and the 'Must and Should do's' following publication of the Maternity CQC report, are progressing well. These actions are being monitored internally and externally via the system. The additional senior leadership support provided for the Women's Health and Paediatrics Division commenced from 10 April 2023. This has included an Improvement Director with the new Director of Midwifery having also started in role on 17 April 2023.

Discharge summaries and unendorsed results audits:

As we continue to embed and mature the utilisation of the electronic patient record - Surrey Safe Care, the rolling programme of changes remains in train behind the scenes, making sure we support best practice. Two Trust wide issues in particular, emerged earlier this year; the first identified was that of inconsistent practice in sending discharge summaries and the second an emerging backlog of unendorsed routine test results.

The Trust's Chief of Patient Safety has been leading the work to better understand the issues, to ensure mitigating actions are captured via the Trust risk register and to support Trust wide system solutions going forward. Both areas of practice have been subject to audit, the results were presented to the Trust Executive Committee in May.

With regard to discharge summaries, key problem areas have been identified and specific support has been put in place including training, alongside other focussed actions and a repeat audit will take place over summer to understand the effectiveness of these.

With regard to test results, there are already robust safeguards in place to ensure that no significant or serious findings on investigation are missed and that these findings are acted upon in a timely way. However, the implementation of Surrey Safe Care has revealed a lack of standardisation in the endorsement of routine test results; this will therefore become a long-term quality improvement initiative for the Trust and an action plan has been developed to support this. Surrey Safe Care will ultimately help address this risk and streamline practice.

2.2 People

Consultants listening event:

Last year I described my ambition to connect with consultant colleagues and provide forums for consultants to share concerns, issues, and ideas with Executive colleagues. We introduced the bi-monthly Executive-Consultant forum in October 2022, however we quickly realised this was not an ideal format for engagement. We have now held a Consultant and Specialist Grade Doctor's Listening Event on Weds 26th April attended by myself and Jane

Dale, Non-Executive Director, which was extremely well attended by around 100 clinical colleagues. I am grateful to those who were able to take time out to join this discussion, which was very helpful in further developing the Executive/Consultant professional relationship.

Informed by the listening event, we have since created a Clinical Advisory Board as a vehicle for ensuring senior clinical and subject matter expert input into Trust decision making. The first of these meetings was held on 23 May and we are currently working collaboratively with those clinical colleagues who attended this first meeting to agree the formal terms of reference and membership of the Board going forward.

Another important theme emerging from the listening event which has been acknowledged at Board level is the need to spend time on our culture and relationships and we are now set to embark upon an Organisational Development programme of work to support this essential aim. We have now established an Organisational Development Steering group to ensure multidisciplinary input and oversight around the direction of this work.

Trust Chair/Chief Executive conversation:

Engagement more widely across the whole Trust remains equally as important. This month, all of Team ASPH have been invited to join a conversation with the Chairman and Chief Executive with four sessions scheduled to be held at both St Peter's Hospital and Ashford Hospital. The intention is that this will be an informal conversation with us to hear some reflections both from Andy's 6 years at ASPH before stepping down in September and from my first 12 months in post.

Staff will also have the opportunity to hear about the Trust clinical strategy, system working and exciting aspirations for the future, as well as the aforementioned Trust wide organisational culture reset programme. Finally, staff will have the chance to ask questions and hear directly from Andy and I on the subjects that are important to them.

Industrial action:

The second round of junior doctor industrial action took place from 0700 on Tuesday 11 April to 0700 Saturday 15 April and affected all areas of the Trust with no derogations for emergency or critical services. As EPRR (Emergency Preparedness, Resilience and Response) Gold command, James Thomas, Chief Operating Officer, and the divisional triumvirate teams planned for and led our internal response to continuing to run our services during this time. During each of the three days we had circa 85-90% junior doctor shifts affected by the strike action. Our consultant workforce moved from elective commitments as well as picking up additional shifts through the 24-hour period, supported by non-training grade medical staff as well as some junior staff who had chosen not to participate in the strike action.

There was also significant support from nursing staff, AHP (Allied Health Professionals) staff and many support staff groups.

This was an enormous Trust wide effort which saw us continue to safely run all of our urgent and emergency care and cancer services. A huge thank you from me for everyone's collective efforts to support the response and to prioritise patient care, safety and outcomes.

Much elective and routine outpatient activity was stood down during this period and Ashford Hospital closed over the four nights to enable us to concentrate out of hours staffing at the St Peter's site. Out of hours we had onsite consultant presence and support from management and executive teams who were onsite into the early hours each day. We incorporated learning from the previous round of strikes and continue to refine and improve our response to future business continuity incidences. A third round of junior doctor strikes

is planned for 14 to 16 June, so we have commenced our contingency and rota planning for this.

Chair and Non-Executive Director (NED) Appointments:

Following a rigorous recruitment process involving system partners and overseen by the Governors' Nominations Committee, we have now successfully appointed a new Trust Chairman as Andy Field's successor. The appointment, which is subject to formal approval at the Council of Governors meeting on 7 June, will be formally announced shortly afterwards. All involved in the process were extremely impressed with the calibre and experience of the shortlisted candidates and collectively we are delighted to welcome the new Chairman. Plans are now being developed to ensure a smooth handover when Andy departs at the end of August 2023.

With sadness, Marcine Waterman, Deputy Chairman left the Trust at the end of April 2023. We are incredibly grateful to Marcine for her valuable work during her five years as a Non-Executive Director and in particular her leadership and support in transforming governance and risk processes both at the Trust and system level, also for her leadership around the Healing Arts programme. Following Marcine's departure, we have recruited and appointed a new Non-Executive Director, whose appointment will also be subject to approval at the June Council of Governors.

Recruitment and Retention:

The workforce report received by the People Committee in May 2023, showed an improving picture with regards to vacancy gaps, turnover and temporary staffing spend. Of particular note was the overall vacancy rate of 6.8%, with registered Nursing and Midwifery staff group reducing their vacancy gap to less than 4%. However, it was noted that the non-registered healthcare support worker vacancies remained high and there was an increased focus in recruitment and retention strategies with this group. As a consequence, the People Committee agreed that based on this improved picture, that the likelihood of the strategic risk around recruitment and retention should reduce from 4 to 3 and be kept under review. The focus during quarter four on bank and agency spend has resulted in significantly reduced expenditure, with total temporary spend for April 23 at 13.9%, compared with 19% of the pay bill in April 2022.

2.3 Modern Healthcare

23/24 financial plans – Healthier Futures:

Following Trust Board approval and significant whole system discussions, the Trust submitted its 2023/24 plan by the NHSE deadline of 4 May 2023. For the Trust this showed a planned deficit of £17.5m on an NHSE control total basis, based on delivering a challenging CIP programme of £27.9m or 6.5% of our turnover. Surrey Heartlands, as a whole however, submitted a breakeven plan.

Budgets have now been loaded into the finance system at a detailed cost centre level enabling all budget managers to see their budgets for 2023/24. At present £19.6m of the £27.9m CIP programme has been identified, leaving £8.3m to be identified and work continues to address this gap through the Trust's Healthier Futures programme which focuses on the significant opportunities remaining across outpatients, inpatients, theatres, diagnostics, staffing and contracting etc. Work across the divisions and with the Trust Executive Committee is already underway to ensure the understanding, buy in and involvement from all Trust staff.

As at month 1, the Trust remained on plan. Within this, it was assumed that our ERF (Elective Recovery Fund) income would be as planned despite the impact of the junior

doctors strike during April which reduced our elective activity levels below the required levels.

Metabolic Healthcare Partnership Memorandum of Understanding (MoU):

Following Modern Healthcare Committee (MHC) approval on 25 May, the Trust has agreed to enter into an exploratory Memorandum of Understanding (MoU) with the Metabolic Health Institute to explore expanding the provision of Metabolic care and treatment (including bariatric surgery). The MoU will create an informal partnership to explore opportunities to develop and expand our service provision in London and the South East, with the aim of expanding the reach of this life improving service to more patients, across both the NHS and private sectors. A Joint Management Board will be formed to oversee this initial exploration and any proposals for a more formal partnership or service development will be overseen through MHC and the Trust Board.

Surrey Heartlands Elective Centre (SHEC):

The Surrey Heartlands Elective Centre (SHEC) programme is progressing well with a number of key deliverables now having been achieved, including the establishment of six key foundation workstreams to support the delivery programme who will take forward separate and interlinking work to deliver the Elective Centre vision and strategy.

Restructured architectural plans for the Ophthalmology Suite and a secondary planning stage for architectural build that would deliver an increase in capacity within the financial envelope of £10m have been completed.

The Elective Centre Programme Board has also now developed the key strategy around the patient cohort for the SHEC and clinical pathways to deliver best practice aligned to best in class activity. Collaboration with the GIRFT (Get It Right First Time) Hub Accreditation development programme is ongoing to ensure we understand the requirements for accreditation as we develop and evolve the SHEC.

Vitally, the SHEC will support the System Wide Financial Recovery by providing capacity and infrastructure for repatriation of NHS patients from the Independent Sector. The SHEC also provides new build theatre and procedure activity which provides capacity to increase the overall NHS patient activity, supporting national Covid-19 Recovery plans. It will deliver best practice by managing variation in clinical practice, reducing length of stay through aligned patient pathways and increasing theatre productivity and efficiency via the GIRFT theatre productivity modelling programme. Effectively doing more activity, with the same infrastructure, increases profitability of the operating model while standardisation of practice increases quality of patient care and outcomes.

Main effort:

Due to a variety of factors, the Main Effort has gone through a brief period of hiatus; industrial action and staff absence has meant that the steering group paused briefly to allow divisions to get on with what they needed to do.

The Main Effort is now moving forward again however and is looking at streamlining the readmission and frailty pathways. This brief pause having been used to take stock of data and reflect on lessons learnt thus far - effectively conducting its own mini-reset.

Whilst reviewing previous activity it was felt that the scope and reach was potentially going too wide so the plan is to draw back in and focus on singular areas and projects that will deliver success, ensuring that only those patients that benefit from our care are the ones that reside with us.

Both the Trust Executive Committee and the Main Effort Steering Group are in agreement that the focus needs to be Criteria to Admit (C2A), which links with the frailty and

readmissions pathways. These two pathways will be used as practical examples to bring the C2A concept to life for teams and conduct an 'understand' phase to the challenges translating C2A into 'the way we do things here'. It will then; as ever, move on at pace.

Well led review:

In my last report I described a senior leadership away day held in February which was attended by the Executives, the Deputy Triumvirate and all of the Divisional Triumvirates (and quadrumvirate for Women's Health and Paediatrics). The event sought to generate the conversations we need to have around how we lead, how we communicate with each other and how we interact with each other - particularly when making decisions.

Following this helpful start, we have since held a short internal follow up session to this initial away day to agree and implement some identified quick wins and medium term workstreams around engagement, meeting culture and decision-making processes. This work feeds directly into the ongoing work to ensure we are a well led organisation, with clear accountability and informed decision-making processes and a further session will follow to review progress made so far.

2.4 Digital

Surrey Safe Care Reference Groups:

We have recently been asked to provide scheduled opportunities for staff across the organisation to feed in more formally to the overall Surrey Safe Care programme. This is in addition to the existing User Groups and will be in the form of Reference Groups. We have drafted the terms of reference and agreed an initial membership list. The Surrey Safe Care team welcome this additional engagement and are keen to use the groups for good discussion and decision making that then feeds into the overall change process as well as the longer term roadmap.

Surrey Safe Care in the Urgent Treatment Centre (UTC):

You may remember that in July last year the supplier of our UTC system (Advanced Adastra) had suffered a significant cyber security breach across its national footprint. With this in mind, and to ensure smoother handover of patients from the UTC to our Emergency Department, we have recently replaced that system with Surrey Safe Care in the UTC. The rollout was completed in a very short and challenging timescale, so hats off to everyone involved. It was a great team effort, from the UTC clinical and administrative teams, who had to give up some of the things they loved about the previous system, to the Project, Technical, Change and IT Training Teams within Digital Services, some of whom who were getting involved with Surrey Safe Care for the first time. The Urgent and Emergency Care team also lent their support, and we are delighted to be congratulating the team on an extremely successful go-live.

2.5 Collaborate

Refreshed Collaboration and Strategy Committee:

As part of our ongoing governance review, we have reviewed the Strategic Change Committee and adjusted the terms of reference and membership to ensure that its role in supporting the Board to develop strategy is clear. The first meeting of the renewed committee – renamed the Collaboration and Strategy Committee – took place on 24 May. Although I was unable to join due to chairing the system maternity and neonatal workshop, I am assured that it was a lively and productive discussion with agreement on a number of areas of strategic focus that the Board will be taking forward. The Committee is responsible for overseeing our key collaborations and discussed Berkshire and Surrey Pathology Services (BSPS) and the acute provider collaborative. It is clear that we need

to do more work on the purpose of our collaborations, our objectives and overall game plan.

Provider collaboration including BSPS:

In relation to BSPS there has been progress made in a number of areas and the governance review carried out by Ernst and Young is a major item for the partner trusts to take forward. The Surrey Heartlands provider collaborative continues to meet regularly and has identified areas of work to take forward. The Board is already aware of proposals to create a committee in common with the other trusts, and a detailed proposal on this is due to come to Board in July for consideration.

NWS Alliance & Business Unit Development:

Our leadership of integrated services through the North West Surrey Alliance continues to strengthen. Detailed design work for our first three Integrated Neighbourhood Teams has been initiated with workshops across the frontline clinical teams this month and our therapy teams, frailty services and other specialties are at the forefront of that design. We are aiming to work closely across our divisions in the coming weeks to finalise scope and key points of interface with our services across the hospital.

Brooklands Museum and Bourne Education Trust win Museums + Heritage Award:

Brooklands Museum and Bourne Education Trust were recently awarded 'Learning Programme of the Year' in the Museums + Heritage Awards 2023 for its 'Learning Without Borders' programme. A key element of this programme is the Brooklands Innovation Academy, which held its first main event in November 2022.

Ashford and St Peter's has been working with Brooklands Museum and the Bourne Education Trust for some time now and supported last year's Brooklands Innovation Academy. Our Clinical Education team ran a workshop for students on the day, which demonstrated how a host of STEM careers come together to care for patients. North West Surrey Alliance was also one of the local organisations that sponsored the event.

Dr David Fluck, Medical Director, and Professor Pankaj Sharma, Director of Research and Development, also presented the Tim Spencer Award to three local students, which was developed and run in partnership with the Bourne Education Trust. Colleagues also represented the Trust at the evening Careers Fair, where they spoke with students and their parents about career opportunities in the NHS.

We are delighted to be supporting the Brooklands Innovation Academy event again this year, which will be taking place at Brooklands Museum in October 2023.

3. Finance Update

2022/23 Financial Position - Month 12

The plan figures presented in this report reflects those monitored by NHSE in their reporting.

	Plan to 31 March 2023	Mth 12 YTD Plan	Mth 12 YTD Actual	Mth 12 YTD Variance
Income	397,484	397,484	428,805	31,321
Pay	(254,769)	(254,769)	(280,764)	(25,995)
Non-Pay	(135,995)	(135,995)	(136,582)	(587)
EBITDA	6,720	6,720	11,459	4,739
EBITDA %	*1.7%*	*1.7%*	*2.7%*	
Below the Line	(18,820)	(18,820)	(17,538)	1,282
NHSI Control Total Surplus	**(12,100)**	**(12,100)**	**(6,080)**	**6,020**
Excluded from Control Total				
Impairments	0	0	173	173
Net Donated Assets	(92)	(92)	(97)	(5)
Movement in Stocks of Centrally Procurred PPE	0	0	(10)	(10)
Overall (Deficit)/Surplus	**(12,192)**	**(12,192)**	**(6,014)**	**6,178**

The Trust reported a full year deficit of £6.1m on an NHSE control total basis, which is £6.0m better than the plan. This was on the basis of accounting for 100% of the planned Elective Recovery Fund (ERF) income of £15.2m. The ERF position was held as nationally ICB's were told to assume no ERF claw-back for under performance in the year. The £6.0m improvement to plan arose as the ICB redistributed most of its surplus to providers at year-end for meeting the overall system control total.

The year-end variances were materially impacted by national allocations at year end:

(i) income - £31.3m excess income of which £4.8m relates to additional (unplanned) contract income to cover the initial higher pay awards, £6.0m of redistributed ICB surplus, £8.0m for the expected cost of the additional Agenda for Change pay award offer and £10.3m for the additional cost of higher employer pension costs;

(ii) pay - £26.0m over budget - £23.1m covered by additional income for pay awards and pensions above and £2.9m other; and

(iii) non-pay - £0.6m over budget.

CIP delivery was £16.9m which was behind plan at 31st March 2023 by £0.3m, all on the NHS income side.

The Finance Score is reported as a 3 (the range is 1-4) mainly due to the deficit position.

As at 31st March 2023 the capital spend was £24.9m against a plan of £27.6m. The Trust has received various PDC funding allocations during 202/23 totalling £6.9m. The underspend is one agreed with the system following the Trust's original capital spend for Ashford theatres being replaced by national funding for the Elective Centre.

Cash balances remained high at £59.3m, with the Trust drawing down £6.9m of capital PDC funding in early March.

The audit of the annual accounts is underway with this due to be finalised in June 2023.

Underlying Position and 2022/23 Finances

The block contract arrangements that have been in place will continue into 2023/24, but with a variable income stream for elective activity. However, there are substantial reductions to the Surrey Heartlands and Trust income in areas such as Covid-19, fair share allocations and Market Forces Factor funding, as well as high inflationary pressures, which mean that the Trust is currently planning a substantial deficit for 2023/24. Final plans were submitted at the beginning of May and despite planning for a challenging CIP programme of £27.9m (6.5%), the Trust's plan is for a deficit of £17.5m.

The Trust's capital plan for 2023/24 totals £22.4m and includes the Elective Centre development at Ashford Hospital (£9.5m) and community diagnostics at Woking Hospital (£2.0m).

Appendix 1 – Board Assurance Framework (BAF)

The current risk profile is presented below following consideration at Board sub-committees. There are currently 18 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

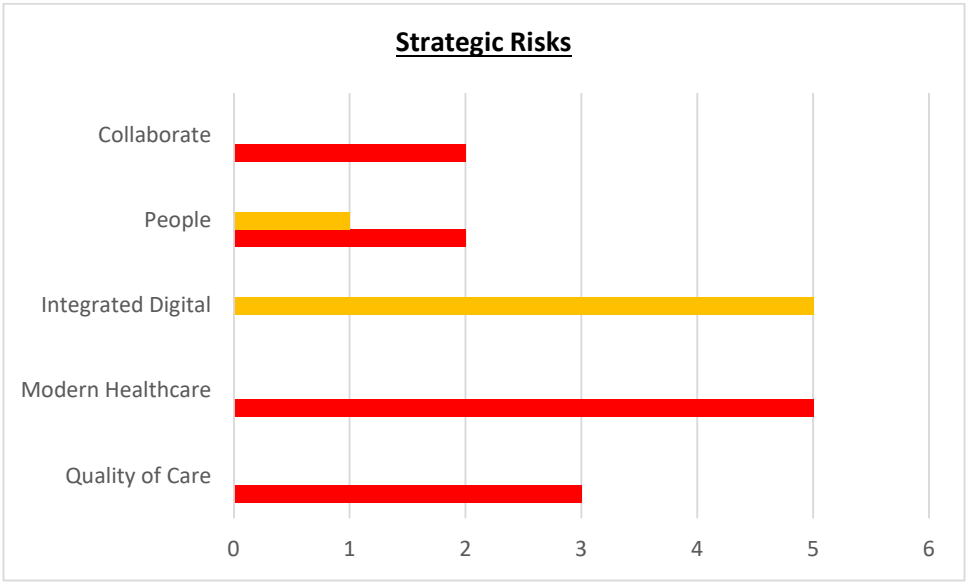
	Likelihood				
Impact	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost Certain
5 Cata-strophic					
4 Major			**4**	**5**	**7**
3 Moderate			**1**	**1**	
2 Minor					
1 Negligible					

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**	**7**		
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



Appendix 2

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)	⇔	No change to risk score proposed.	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 to risk score proposed.	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 to risk score proposed.	Low ⇔
2. Modern Healthcare								
2.1	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 to risk score proposed.	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 to risk score proposed.	**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 proposed.	**High** ⇔
2.4	**Updated description:** Loss of internal efficiency / effectiveness / productivity levels due to staffing constraints, emergency activity pressures or operational issues.		Imminent	16	**L5 x C4 (20)**	⇔	No change to risk score proposed. Risk appetite level reduced.	**Moderate** ⇩
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)**	⇔	No change to risk score proposed.	**Moderate** ⇔

3. Digital								
3.1	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 Digital Delivery Programme (which includes the Surrey Safe Care implementation is not stabilised, optimised (embedding, development and exploited) and supported by skilled personnel.		Med	12	**L3 x C4 (12)**	⇔	No change to risk score proposed.	**High** ⇔
3. 1a	There is a risk that funding and skilled resource challenges, as well as ongoing operational pressures will impact the Trust's ability to follow through on its Digital Strategy, its compliance with national requirements and other transformation programmes where digital is an enabler.		Imminent	12	**L3 x C4 (12)**	⇔	No change to risk score proposed.	**High** ⇔
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 C3 (9)**	⇔	No change to risk score proposed. Risk appetite reduced from high to moderate.	**Moderate** ⇩

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	L4 x C3 (12)	⇔	No change to risk score 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 to risk score 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 to risk score proposed.	**Low** ⇔
4.2	Unable to staff to current and future demand resulting in a negative staff and patient experience.		Med	9	L3 x C4 (12)	⇩	Likelihood decreased from a 4 'likely' to a 3 'possible' due to the significantly improving picture around recruitment and retention.	**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 to risk score proposed.	**Moderate** ⇔

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	**L4 x C4 (16)**	⇔	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