Ashford and St. Peter's Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS
6 September 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 the 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 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	August 2023
BOARD ACTION	The Council is asked to RECEIVE the report

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.

1. Strategic Objectives

1.1 Quality of Care

ICS Enhanced support:

The Maternity Improvement Programme is progressing well against the actions identified following the CQC inspection report. Due to the inadequate rating and 29a warning notice, this service has gone into enhance surveillance by the Surrey Heartlands Integrated Care System. This is in addition to the Stroke service due to the challenges it has experienced and Theatres and Anaesthetics following its CQC inspection in Nov 2021 and the oversight of the actions identified around the domains of Well Led and Safe.

Surrey County Council scrutiny committee:

On 21 June 2023, the Trust delivered a presentation on the Maternity Improvement plan, to the Surrey County Council Adult and Health Select Committee. The presentation was well received and delivered by me, the Chief Nurse and Medical Director. It illustrated the significant progress made against the actions following the CQC inspection, with recognition received by the select committee on the progress that had been made.

1.2 People

Organisation Development Reset and Steering Group:

The Trust has prioritised time on our culture and relationships, and we are embarking upon an Organisational Development programme of work to support this. We have now established an Organisational Development Steering group to ensure multidisciplinary input and oversight around the direction of this work. The group is chaired by Jack Wagstaff, Place Based Leader, as an independent chair. This group will focus on how to build the right relationships, ways of working and overall culture across the Trust creating the best environment for our staff and teams and giving us the platform to be a fundamentally successful hospital. Members of the Steering Group have been selected and this includes members of the Trust Executive Committee as well as from the wider leadership cadre.

At our first meeting the group reviewed data and intelligence with respect to culture and style and focused on three key themes around:

- People relationships and how we resolve difference.
- Ensuring leaders have time to lead.
- Understanding what it means to be a leader in terms of decision-making, roles and responsibilities.

Our second meeting on the 14 July heard feedback and thoughts on improvement ideas from consultant representatives and work commenced with steering group members to design the Organisational Development programme.

Clinical Advisory Board:

In October 2022 last year we held a Consultants' Listening event and at that meeting I conveyed my commitment to creating 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, chaired by Jane Dale Non-Executive Director. Following this we have worked collaboratively with those clinical colleagues who attended the first meeting to elect members of the clinical, nursing and allied health professional bodies for a two-year term. These elections were managed through our Medical Staffing Committee and at our second meeting on 18 July we formally welcomed the newly elected members. At the meeting we shared updates on the development of North West Surrey Alliance Business Units and the work of the Organisational Development Steering group which prompted some good debate. Crucially, it is vital that we now start to work through future agendas, to ensure the clinical voice is heard and fully integrated into Trust strategic decision-making processes.

Industrial Action:

There have now been several periods of industrial action with the most recent junior doctors strike taking place between 11 and 15 August. All divisional triumvirate teams, planned for and led an internal response to ensure continuation of our critical services during this time. Our consultant workforce moved from planned commitments to emergency, (picking up additional shifts through the 24-hour period); supported by non-training grade medical staff as well as some junior staff who chose not to participate in the strike action.

As with previous periods of industrial action, a significant percentage of elective and routine outpatient activity has been stood down during this period with Ashford hospital closed overnight to enable us to concentrate efforts on out of hours staffing at the St Peter's site. All multi-disciplinary teams continue to work collaboratively to ensure coordination of care; working with partner organisations (Central Surrey Health, Adult Social Care and Surrey and Borders Partnership NHS FT).

At the time of writing, we are preparing for the next period of Consultants' industrial action, starting at 7am on Thursday 24 August until 7am on Saturday 26 August. There have been lots of work behind the scenes to get the next set of action plans ready to ensure we can provide emergency and urgent care for our patients. Unfortunately, we will need to re-arrange all planned consultant-led activity, including some elements of cancer care.

The team has continued to work through the challenge of filling rotas, in particular our clinical administrative teams who have been tirelessly re-arranging appointments and bringing appointments forward where possible. The Executive team and I are hugely appreciative of the team's collective effort.

People Changes:

I wanted to take this opportunity to let you know about some changes in the Trust Executive:

Chief Nurse Secondment:

Andrea Lewis, Chief Nurse, has been successfully appointed to undertake a one-year secondment as Regional Chief Nurse for the South East. This is a great accolade for Andrea and she will greatly missed by colleagues during this time, although fortunately we will stay in contact with Andrea in her regional role, which she commenced in July. I am

delighted to say that, following a full and competitive process,
Ellen Bull was appointed as Interim Chief Nurse. Ellen has been successfully working in the Trust for over three years and was appointed as Deputy Chief Nurse in January 2021. Ellen brings a wealth of experience into her new role, as well as great passion and enthusiasm for clinical leadership.
I would also like to welcome Jaime Squire-Dean, (Divisional Chief Nurse for Urgent and Emergency Care) who has been appointed as Interim Deputy Chief Nurse for an initial period of three months whilst we work through a similar recruitment process for this post to cover the entire secondment period.

Director of Workforce Transformation:

Louise McKenzie, Director of Workforce Transformation, will be leaving the Trust at the end of the year. Louise has been at ASPH for 10 years, and I'd like to thank her for her incredible service to the Trust. Throughout this time, Louise has led the Workforce department and has been a real champion of making ASPH a better place for us all to work and has been imperative in shaping the current health and wellbeing offer, including our incredible wellbeing hub which is a huge asset and which I know so many staff enjoy using. I know that Louise will be a great success in her next role, and she will be greatly missed by colleagues.

I am currently working with the Board and the Executive Team to complete the recruitment process for Louise's replacement. We intend to modernise the title of the role to be Chief People Officer, to reflect other similar positions throughout the NHS and wider business sector. Louise holds a dual role and in addition to her position at ASPH, she is also Executive Lead for Workforce and People for the North West Surrey Alliance. There are great benefits to this role focusing on both the acute hospital and wider place setting and it will enable us to continue with some of the great collaborate work that has been achieved.

Chief Digital Information Officer:

Laura Ellis- Phillip, Director of Digital sadly left the organisation at the end of August having secured a new job outside of the Trust.

The Trust thanks Laura for her hard work and commitment to deliver the foundations of our Digital Programme at ASPH. It's been challenging at times, but she persevered and put us in a really strong position as we develop this work. Digital is an area that is developing rapidly and changing constantly. It's something that affects and influences almost all aspects of our personal and working lives and as such, it's a really important area for us to focus on and develop at ASPH.

To do this, the Board and leadership colleagues have decided to introduce a new Executive position – Chief Digital Information Officer (CDIO) to replace the Director of Digital role. This reflects the significance of this area, and to create a digitally focussed environment. The emerging digital strategy will be a huge support and enabler for our other strategies across the organisation, including the Estates and Clinical strategies that are currently being developed.

The CDIO role will be key in leading the Trust's Digital investment programme, which, alongside external partners and stakeholders will translate the Trust's strategy into tangible digital outcomes to empower our patients, service users and workforce, as well as drive innovation in the provision of digital health services. By creating this new and focussed role, we will also enable Simon Marshall, our Chief Financial Officer, to step away from the digital aspect of the Trust and focus on the financial and estates and facilities agendas – a huge remit which includes several large scale transformational and capital development projects.

Whilst we are working to recruit to this role substantively, we have been joined by Ian Mackenzie, as Interim CDIO. Ian is a highly experienced and knowledgeable Executive Director, who previously worked at Ashford and St Peter's Hospitals before taking up Executive Director roles in other NHS trusts and at ICS level. We warmly welcome Ian as part of the Executive team.

Community Open day:

On 15 July, St Peter's Hospital welcomed local people to the second Community Open Day; the first one since the Covid-19 pandemic. The day was an outstanding success, with visitors of all ages attending and a fantastic atmosphere created throughout the Trust.

Visitors were able to look around and experience the hospital with the opportunity to have a tour around one of our surgical theatres and other areas that wouldn't ordinarily be open to the public, including our staff wellbeing centre and some of the estates and facilities operational rooms.

In addition to members of Team ASPH who were showcasing a diverse range of services and departments, we were also delighted to be joined by several local organisations and charities that came along to talk to people to help them understand the breadth of amazing services that are available across North West Surrey. Some of the organisations present included CSH Surrey, Runnymede Borough Council, CoCo Primary Care Network, Macmillan, Holme Farm, Action for Carers, Stanwell Events, Bourne Education Trust, Woking and Sam Beare Hospice, Surrey and Borders Partnership NHS Foundation Trust, Healthwatch Surrey and colleagues from the Armed Forces 256 Regiment. Radio Wey created a lively atmosphere with plenty of music and helped to share the festivities by broadcasting live throughout the day.

This was a fantatstic opportunity for us to show local people our wonderful hospital and some of the key services we provide. Our staff were to talk to visitors about careers and promote some of the amazing work that happens every day. I'd like to thank everyone who attended, our staff, governors and colleagues who did a superb job on the day and also colleagues from local organisations who took time out of their weekend to join us - it was brilliant to see so many people come together.

Plans are now underway for the Ashford Hospital Open day which will take place on 25 November and which I'm sure will be a smiliarly excisting and successful day.

Windrush 75:

The 22 June 2023 marked 75 years since the HMT Empire Windrush docked at Tilbury bringing the first group of migrants over from the Caribbean. These migrants had been invited by the British government to help rebuild Britain after the war and to fill significant labour shortages. Many would arrive and fill positions in the newly established NHS.

To mark this important celebration 75 years, we held a celebration where Caribbean inspired food was served and calypso and reggae music played whilst people ate and watched the presentation telling them about the history of Windrush and the Windrush generation.

Over 80 colleagues attended across both sites. Some staff opened up about how their own family had been on that boat, some even showed photos of the ancestors as they were at the time they came over. It was a wonderful afternoon; the food was delicious, a further testament to how fantastic are catering team are.

To all our staff descended from Windrush and to those who aren't and are from the Caribbean, thank you for everything you do and have done for our Trust and for the United Kingdom.

Here For You Champions:

Earlier I described the continuing work we are doing to build the right relationships and culture across the Trust as guided by the Organsiational Development Steering Group. Aligned to this work, in August, the Freedom to Speak Up (FTSU), Health and Wellbeing and the Equality, Diversity, and Inclusion (EDI) Teams jointly announced the launch of the ASPH "Here For You Champions". The raionale is that rather than having separate champions for each area when much of the work crosses over, they have streamlined their efforts into one cohesive umbrella group.

The role and responsibility of a "Here For You Champion" is to: *Support, Signpost and Advocate.*

Our current FTSU lead, Elizabeth Tysoe, Laurence Gamlen, Head of Pastroral Care, along side Ishbel Davis and Amandeep Chana, EDI leads, will still act as supporters and advocates for the three areas covered, i.e. FTSU, Wellbeing and EDI. In addition they will develop ways of working together, whilst maintaining confidentiality as their roles require.

There are launch events taking place in late September which will be available to all staff.

Modern Healthcare

Clinical Strategy:

We have been developing the thinking of the future clinical strategy with the senior leadership team for a while now. This autumn, we will begin to have those conversations more widely across the organisation, taking the opportunity to discuss the vision for our services and building our clinical strategy.

To start the conversation, we will be holding a series of Clinical Strategy Workshops, to which all staff will be invited. These are being arranged around our three core clinical service pillars: planned care, emergency and urgent care, and women's and children's care. There is no restriction on how many workshops staff can attend and we will be organising these in a way that ensures good representation and mix of attendees for the sessions. As well as the workshops there will be many other ways for the team to get involved including more focused sessions on individual speciality areas and groups of specialities. This is exciting work which importantly requires consultation and local ownership but also the ideas from teams will undoubtedly have real impact and will help to shape the future at ASPH.

Integrated performance report and dashboard:

In June we introduced a refreshed integrated performance dashboard which collates a large set of data upon key metrics by Division and across the strategic objective domains. This integrated view of quality, workforce and performance data provides timely identification of key escalations or supports requirements and helps drive focussed conversations with divisions and specialties through the monthly divisional review meetings. We continue to develop and refine the dasboard which importantly, will form the basis of an integrated perfomance report to Board later this year, an important step in ensuring a cohesive, triangulated Board overview of performance across all domains.

23/24 financial plans:

Good progress is being made on delivery of the Trust's financial plan, and we have seen excellent engagement from the divisional leaders and their teams. Jaime Squire-Dean, has, for example led a finance session with the other Divisional Chief Nurses and a number of nurses and allied health professionals from across the Trust, which generated many ideas.

With Russ Lewis's leadership we have developed a mechanism to ensure that great ideas are supported through to delivery, and that we are able to allocate our corporate support to the projects which are going to generate the greatest impact. We have agreed additional indicators for monitoring our progress, adding to the suite of metrics which the executive team review on a weekly basis to ensure that we are on track to deliver our plan and able to take corrective action if not. Our focus continues to be on temporary staffing, along with theatre and outpatient productivity, the Main Effort, and maximising income recovery. The task remains incredibly challenging and so we are also redoubling our efforts to ensure that all clinical and operational leaders and managers in the Trust are applying their collective brainpower and creativity to it.

Main effort:

Main Effort work continues, albeit at a slightly slower speed due to the competing pressures of planning and delivery for the Industrial Action. Work has focused on the front door and upon same day emergency care, with a Divisional Director away half day to agree the Model of Care which took place on 5th July. This event importantly helped provide a forum to positively work through the tensions between the Criteria to Admit and Emergency Department flow. Collaborative work with North West Surrey Alliance to redesign the Home First service is also underway.

Progress is now being demonstrated through the integrated quality & performance dashboard which aims to triangulate all the work taking place and measure progress.

Surrey Heartlands Elective Centre (SHEC):

Work is progressing with pace now in the Surrey Heartlands Elective Centre programme. The structural build will commence at the end of September 2023. The enabling works will involve multiple internal moves at the Ashford site and senior leaders from clinical services have been involved in planning those moves and agreeing structures. The internal build of two new theatres and two ophthalmology procedure theatres will commence once the first enabling moves have taken place.

The opening of the new surgical facilities is planned in phases to assist with the workforce recruitment plan and the phases are 1 April, 1 July and 1 October 2023.

As agreed by the Acute Provider Collaborative, work has commenced on planning for a Surrey Heartlands iMSK service designed around a single point of access. Senior leaders within the ICS are currently working on a project initiation document and gaining a view on the current state of the iMSK pathways across the sector. The overall aim of the new iMSK service is to manage variation in clinical practice to align to best in peer class across the Surrey Heartlands; this will also divert activity from the independent sector and provide a pipeline for new patients to the new surgical facilities at the Elective Centre.

In working to ensure the Elective Centre has sufficient bed capacity, there has been internal work on reducing length of stay for the patients following total hip and total knee replacement surgery, with a reduction from 4.5 days in April 2023 to 2.5 days in July 2023.

Further internal work is under way to ensure theatre productivity and efficiency improves to align with GIRFT Elective Centre efficiency metrics.

1.3 Digital

Surrey Safe Care Reference Groups:

I mentioned in my last report that we were setting up reference groups for our clinical and administrative colleagues. These are all now up and running with the first sessions enjoying good attendance across the board, and meaningful discussions and decisions resulting from the sessions. We have also had a spate of quite significant change requests being finalised and put into the live production environment. These include a more simplified discharge process, a slicker check-in and check-out process for outpatients, as well as some very important standards that need to be adhered to, such as the Manchester Triage and the Bristol Stool Chart.

Patient Portal UK (PPUK):

We are about to launch our Patient Portal programme. The portal project is the next important step in our Digital Strategy, providing our patients with the opportunity to manage their appointments online, as well as view clinical documentation. We are excited about this project and will be showcasing it at our Community Day on 25 November. Watch out for opportunities to learn more about the programme over the coming months. We plan to go live in stages, with the first stage in early 2024.

Digital Dictation Upgrade:

We are upgrading DictateIT, our digital dictation solution, rolling it out across all clinical offices. We are currently on target to complete this in December. The upgrade will improve the user experience, allowing for more flexibility using the cloud version.

1.4 Collaborate

Integrated Care System (ICS) Delivery Oversight Group

The monthly System Delivery Oversight Group was established in June with the purpose of providing leadership, oversight, support and monitoring of delivery of the single strategic plan across the ICS. The group, which reports into the ICS Executive is comprised of the ICS Chief Executive and Chief Operating Officer, Surrey NHS Provider Trust Chief Executives, including Mental Health and Ambulance services, the Surrey County Council Chief Executive and the four Surrey place-based leaders.

Whilst the group continues to develop its approach, it crucially provides an exciting opportunity to do things differently and work towards achieving some significant strategic changes across Surrey. The group is structured into two parts, the first is to fulfil its oversight duties and to ensure reporting against progress and key areas of escalation. The second part is structured as a workshop to allow time to discuss and agree ways to deal with tricky problems that affect us all and are reflected in the ICS Strategy. I look forward to updating in future reports on the outputs of the group as it matures.

Trust Provider Collaborative – Strategic Committees in Common

Throughout 2022 and 2023, a number of workshops have been led by Trust Chief Executives and Surrey Heartlands to consider the most effective organisational form for the

Trust Provider Collaborative. The four trusts below agreed that the preferred option was a Trust Provider Collaborative consisting of a Strategic Committees-in-Common (CiC):

- Ashford & St Peter's Hospital NHS Foundation Trust (ASPH)
- Royal Surrey NHS Foundation Trust (RSFT)
- Surrey and Borders Partnership NHS Foundation Trust (SABP)
- Surrey and Sussex Healthcare NHS Trust (SASH)

The Committees in Common mechanism has been chosen as it is employed to allow the individual organisations to take aligned decisions together on programmes in support of the core purpose of the ICS to improve outcomes, tackle inequalities, enhance productivity and support broader social and economic development. This model ultimately will support increased collaboration and improvements in both clinical and financial sustainability across the providers, to the benefit of patients, local communities and staff within Surrey.

Whilst the collaborative work on several clinical pathways between trusts has been underway for some time now and is well established, the Committees in Common will be the main vehicle through which this work is driven forward and its final terms of reference, membership and a Memorandum of Understanding were considered and approved by each of the four Trust Boards throughout July with the first meeting scheduled for 14 September.

NWS Alliance & Business Unit Development:

The development of our Alliance Business Units continues to progress on track. Highlights include:

- The appointment of our first 3 Business Unit Directors from across our Alliance leaders:
    - Eileen Clark – Neighbourhood Teams
    - Toks Ogunbanjo – Complex Care & Borough-wide Services
    - George Roe – Integrated Urgent Care
- Detailed operational design continues with professionals across related services and staff briefing and Q&A sessions have begun with further sessions scheduled.
- A dedicated Organisational Development offer is in progress through our joint Workforce Team to facilitate relationship building and collective culture across the new business unit team.
- Proposals are in development for key enabling and supporting arrangements, particularly for governance factors encompassing the practicalities of staff management, quality reporting, digital systems and information sharing. These will be tested extensively and designed with subject matter experts, partner boards and Non-executives in the coming months.

2. 2023/24 Financial Position - Month 3

The plan figures presented in this report reflect those in the Trust finance system following budget load and show the agreed planned deficit for 2023/24 of £17.5m on an NHSE performance measure basis.

	Plan to 31 March 2024	Mth 3 YTD Plan	Mth 3 YTD Actual	Mth 3 YTD Variance	Forecast
Income	404,289	101,082	100,394	(688)	404,388
Pay	(264,698)	(68,022)	(68,012)	10	(265,236)
Non-Pay	(136,497)	(34,545)	(33,955)	590	(136,225)
EBITDA	3,094	(1,485)	(1,573)	(88)	2,927
EBITDA %	*0.8%*	*-1.5%*	*-1.6%*		*0.7%*
Below the Line	(20,608)	(5,127)	(5,018)	108	(20,442)
NHSI Control Total Surplus	**(17,515)**	**(6,612)**	**(6,591)**	**20**	**(17,515)**
Excluded from Control Total					
Impairments	(0)	(0)	0	0	0
Donated Income	394	98	16	(82)	394
Donated Depreciation	(486)	(122)	(123)	(1)	(486)
Overall (Deficit)/Surplus	**(17,607)**	**(6,635)**	**(6,698)**	**(63)**	**(17,607)**

Following guidance from NHSE, the Trust updated its budgets in M3 to account for the Agenda for Change pay award at c5%, which was higher than the 2% originally included in tariff and budgets. The budget adjustments saw planned commissioner income increased to match the increased pay budget.

The Trust reported a M3 YTD deficit of £6.6m on an NHSE control total basis, which was in line with the NHSE plan. The higher pay award and funding has been included in M3 actuals and the results are also on the basis of accounting for 100% of the planned year to date Elective Recovery Fund (ERF) income (as advised by NHSE).

The main variances are:

(i) income - £0.7m adverse to plan - the Trust has some planned income that has not yet been confirmed and hence, prudently, the Trust has not yet accrued the income;

(ii) pay - on plan, however the cost of strike action is building; and

(iii) non-pay - £0.6m under budget mainly on clinical supplies, likely caused by strike action impacting activity.

CIP performance shows a year-to-date underachievement of £0.2m, although despite this the Trust has met its YTD finance plan. The Trust's annual plan includes a sizeable stretch CIP target that is phased to commence from M4, and which will challenge the financial position if not delivered.

As at 30th June 2023 the capital spend was £1.3m against a YTD plan of £7.1m. This is reflective of an ambitious phasing of the plan and delays to some projects. Overall though, there is a lot of pressure on the plan and currently the Trust is over-committed still for the full year. Cash balances remained high at £66.7m.

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In terms of the full year finance forecast the Trust reports that the plan will be met, with the main challenges being around the stretch CIP target, ERF performance and the impacts of the industrial action taken by doctors.

Appendix 1 – Board Assurance Framework

The current risk profile is presented below following consideration at Board sub-committees who undertake a review of each strategic risk at every meeting. During this review, the score and actions to address the risks are scrutinised with the evidence of any recommended changes considered. Often scores or mitigating actions are updated following the discussions of reports considered during the meeting.

There are currently 18 strategic risks on the BAF (detailed risks at Appendix 1) and each are aligned to a strategic objective. The current scores for the strategic risks and tolerable or 'target' risk scores are summarised in Fig 1 & 2 below which demonstrates that currently, several of the strategic risks sit above the tolerable level. There are currently six risks with a score of 20, with five of these sitting within the Modern Healthcare domain. These risks relate to financial and performance related risks. The other sits within Collaborate and relates to the external strategic environment.

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, in the current operating environment, with the substantial challenges around recovery and the requirement to deliver significant financial efficiencies, several strategic risks may continue to score more highly.

A detailed summary of the most recent round of review (in July) undertaken by all Board committees is available in the July Trust Board Board Assurance Framework report available https://www.asph.nhs.uk/board-meetings/2930-trust-board-20th-july-2023

The current risk scores by strategic objective are detailed in Fig 3.

Fig 1: Strategic Risk Map

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

Fig 3: Risk scores by strategic objective

BAF Overview

	Risk	Initial Rating	Post mitigation				Rationale for change	Risk Appetite Level
			Proximity	March 2020	Current Score	Direction		
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	L4x C4 (16)	⇩	Likelihood of risk lowered from 'Almost Certain' to 'Likely' leading to a reduced risk of 16 (previously 20). This is due to the progress with the WHP post CQC inspection improvement plan and transformation work. In addition to the reduction in the SJR and SI backlogs, there has been positive progress with SSC and the ability to validate track and book patients on waiting lists in priority and chronological order, and the doctor's industrial action to date has not resulted in any reported harm due to increased cancellations of elective care.	**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. Risk appetite reviewed and lowered to Moderate from High.	**Moderate** ⇩
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.	**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.	**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)	⇔	No change to risk score 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 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