Ashford and St. Peter's Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS
2nd September 2020

TITLE	**Assurance Report**
EXECUTIVE SUMMARY	The Assurance report gives an overview of some of the key areas of internal focus for the Trust and areas of performance in terms of its five strategic objectives: 1. Quality of Care 2. People 3. Modern Healthcare 4. Digital 5. Collaborate As well as operations and finance. The report seeks to provide assurance that activities within the Trust are focused on the achievement of the Trust vision and mission as well as the achievement of the constitutional standards.
The Council is asked to:	Note and review the report
Submitted by:	David Fluck, Acting Chief Executive
Date:	September 2020
Decision	For assurance

Leadership Update

At the start of June, Suzanne Rankin was seconded to NHS Test and Trace working with Public Health England and Local Authorities in support of work to manage and respond to COVID-19 outbreaks. We expect Suzanne to return at the end of September and I am proud to cover the role of Acting Chief Executive, ably supported by my executive colleagues and Mr Faris Zakaria, who is fulfilling the position of Acting Medical Director.

Covid-19

In a similar way to recent reports, this month I will provide an overview of the current Covid-19 situation and the work we have been doing to respond to the pandemic.

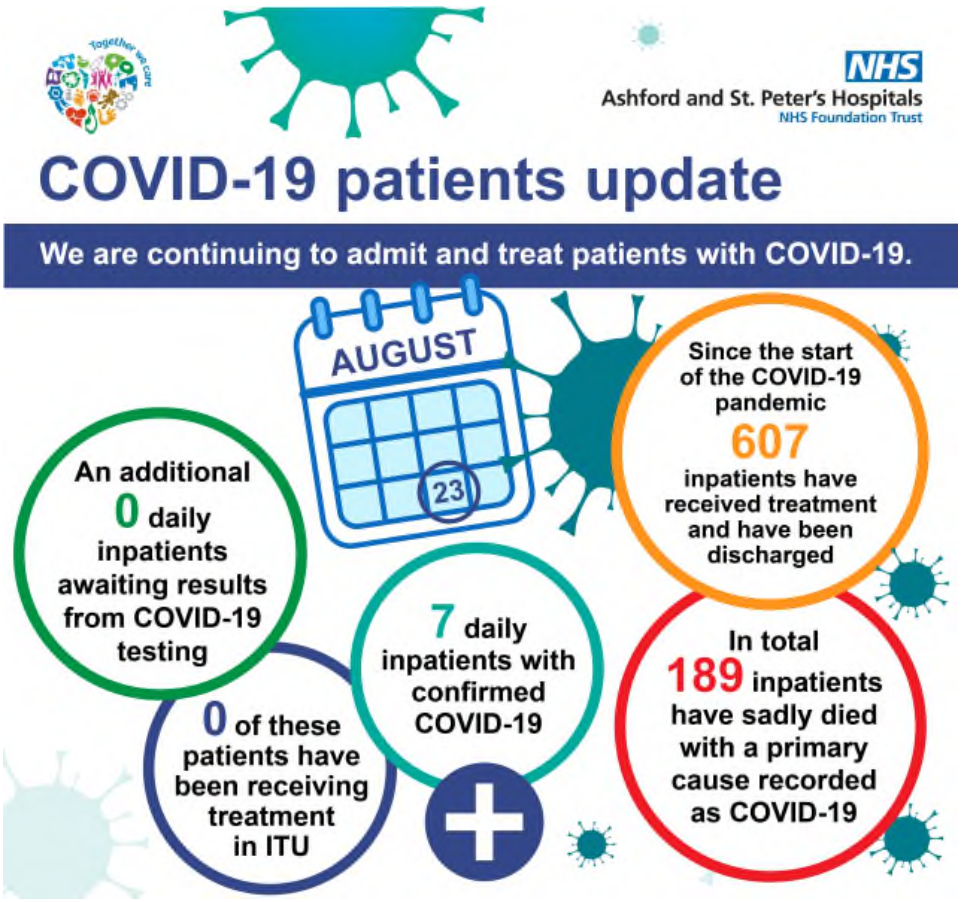
However, as the number of Covid-19 patients has continued to decline we are increasingly focused on the restoration and recovery of other services. There is no doubt that 'catching up' with services that were reduced in capacity or suspended during the height of the pandemic, alongside fulfilling new demand, is challenging.

We have a new operating model and North Star ambition to 'end health and care acquired infections for the team, patients and the community we serve' and this will guide the way we restart and shape services.

We are working in a different world and in different ways to before. This brings difficulties but also great opportunity. As we move forward within a pandemic context that will continue to present a threat to patient and team safety, we remain focused on the well-being of Team ASPH, their families, patients and visitors. Everything we do centres around robust infection prevention and control practice and colleagues continue to show great commitment and flexibility in adapting their working practices to accommodate changes in guidelines.

The current situation at Ashford and St Peter's Hospitals

The number of suspected and confirmed Covid-19 patients has fallen dramatically since the last report and we currently have no patients receiving treatment for Covid-19 in critical care. This is, of course, a dynamic situation and we remain ready to receive increasing numbers of patients, particularly in the event of a local outbreak.



Dedicated Covid-19 assessment and cohort areas remain in place at St Peter's Hospital. Outpatient, elective and diagnostic activity is primarily taking place at other sites - Ashford and Woking Hospitals with support for elective capacity from private providers BMI Runnymede and Woking Nuffield.

1 INTERNAL FOCUS

1.1 Quality of Care

New Infection Prevention and Control Strategy

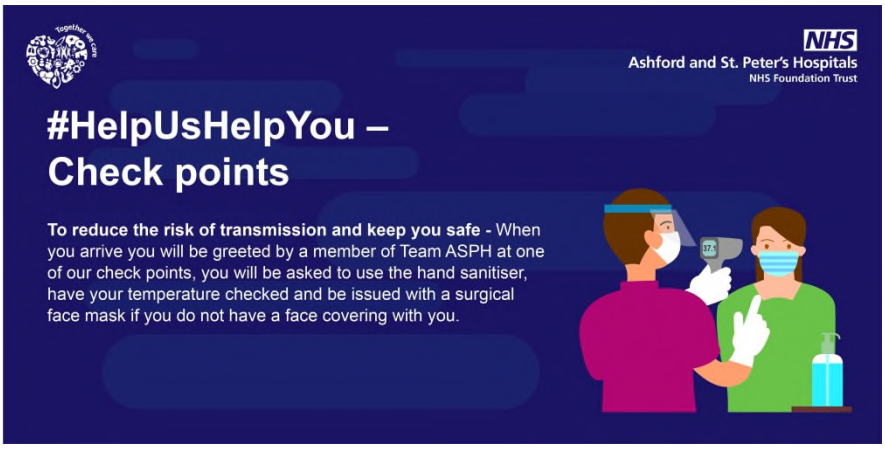
As described in previous reports we have established a New Operating Model in the light of the Covid pandemic, with robust infection prevention and control principles at the fore. To support this we have agreed a new Infection Prevention and Control Strategy, which articulates the key principles and provides a framework for decision making. All operational decisions must conform to this strategy and be ratified by the Infection Control (IC) committee, with the aim of recognising our North Star ambition and keeping patients and the team safe.

Face Masks on all Hospital Sites

On 5th June the Secretary of State for Health and Social Care announced that from 15th June 2020 all staff in hospitals in England must wear face masks, and all visitors and outpatients must wear face coverings while in the hospital setting, to reduce the risk of transmission in hospitals (nosocomial transmission). As a Trust we have taken the decision that all visitors and outpatients will be asked to wear a new surgical face mask and we rapidly put plans in place to facilitate this, with a campaign to explain the new guidelines to both staff and patients and this short film (or via link https://www.youtube.com/watch?v=KbHi00jFDCg&feature=youtu.be) by Interim Chief Nurse, Andrea Lewis, to guide staff on fitting and wearing their mask correctly.

Reassuring Patients Visiting our Hospitals

We have done a lot of work to reassure patients that if they do need to come to hospital, for an outpatient appointment, diagnostic or elective procedure, or in the event of an emergency, that it is safe to do so. Throughout the Covid pandemic there was an observation that some patients were leaving it later than usual to seek necessary help, so providing that reassurance is really important. We created this short animation (or via link https://www.youtube.com/watch?v=XOLEsX2jpQA) to talk patients through what to expect, which has been really positively received, and supported this with a range of visual assets explaining each step of the process.



Visiting Restrictions

We are continuing to restrict visiting but with some exceptions that includes end of life.

Inpatient and Cancer Patient Experience Survey Results

We've recently received the results of two major surveys with promising feedback.

The 2019 adult inpatient survey attracted a good response rate of 47% (higher than the national average of 45%) with improvements seen in several key areas, including noise at night and communication. The word cloud below shows some of the praise received for Team ASPH.

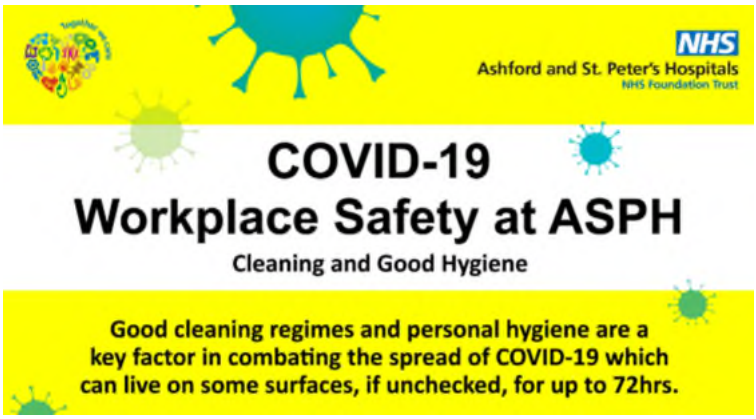
The cancer patient experience survey looked at four key areas; provision of information, involvement in decisions, care transition and interpersonal relations (respect and dignity). Overall we scored 8.7/10, which is an improvement on previous years. We scored higher than the national average in several areas, including patients being involved as much as they wanted in decisions about care and treatment and patients having confidence and trust in all doctors treating them. As always we have areas for improvement, including keeping GPs updated on the patient's condition and treatment and providing information about support groups.

1.2 People

Remote Working and Workplace Safety Guidance

We are still encouraging staff to work remotely where possible and have created a Home and Remote Working Support Guide to help facilitate this. However, we recognise that increasing numbers of colleagues will return to the hospital sites and we have a responsibility to make the workplace as safe as possible. To achieve this we have agreed a detailed guide on workplace safety, focusing on social distancing, organising your workplace, using common/shared areas, cleaning and good hygiene, travelling to work and moving around buildings and working in other people's homes.

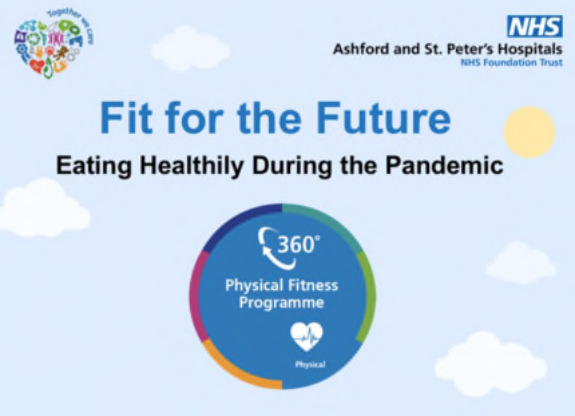
This will help managers implement measures to reduce the risk of transmission of Covid-19 amongst staff in offices and other workplaces across the Trust and based on the Health and Safety Executive Guidance. It includes a checklist to work through to enable teams to risk assess their current environments and make changes to be compliant with new practices.



Supporting the health and wellbeing of Team ASPH

We continue to offer a wide range of initiatives to support the health and wellbeing of Team ASPH and have recently launched our 'Fit for the Future' strategy. This reflects on the way we support

staff as we move into the restorative phase of the Covid pandemic, assessing how they feel both emotionally and physically and the supportive interventions that will help. For the next three months we will focus on facilitated conversations with teams, allowing them the time to emotionally 'de-brief' from the peak of the Covid pandemic and a physical and nutrition programme, consisting of resources from both in-house practitioners and external specialists on a range of exercise and diets.



Risk Assessments

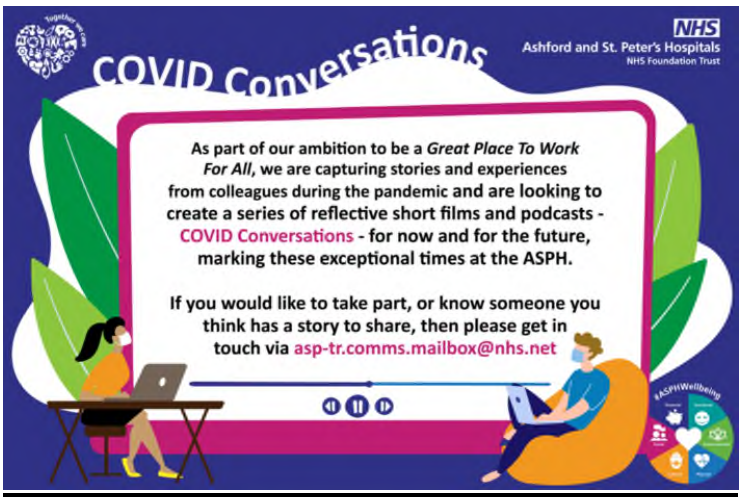
We are in the process of completing risk assessments for all staff to ensure we have a current up-to-date understanding of everyone's individual risk factors and whether it is necessary to implement mitigating actions. This is particularly important as the current shielding arrangements change and if colleagues wish to return to work on the hospital sites.

Staff Testing

We continue to make swab antigen testing to all staff and their household members who develop symptoms and have a quick process in place around this, to ensure colleagues do not need to self-isolate unnecessarily. In addition we have rolled out an all-staff programme of antibody testing and have now tested over 3000 staff. We are hoping to complete all tests, for those colleagues who would like one, by in the coming weeks.

Covid Conversations

We have embarked on new project called Covid Conversations, encouraging colleagues to reflect and share experiences from recent months, through the peak of the Covid pandemic. We want to encourage a wide range of colleagues to participate – clinical and non-clinical, those working on site and those working remotely, those who had Covid themselves or cared for relatives or colleagues who did. We are hoping this will be both a therapeutic reflection to help colleagues who've had difficult experiences and also a record of this moment in time, an important reflection in years to come.



1.3 Modern Healthcare

Recovery and Restoration of Services

As we move into the next phase of the Covid pandemic we are focusing on safely restoring and recovering services that were either reduced or suspended during the peak. We have changed the way we work dramatically, organising services across the hospital sites, with urgent, emergency and Covid care centred at St Peter's Hospital and outpatient, diagnostic and elective care at Ashford and Woking Community Hospitals.

Outpatient Services

A large proportion of outpatient services which were significantly reduced or paused have now been restarted in a safe and socially distanced manner and the majority of the remainder will go live in August. To build on the good work started during Covid we have agreed an internal target to permanently conduct at least half of outpatient appointments virtually, either by telephone or video. We have also redeveloped Woking Hospital to provide dedicated hubs for specialties including ophthalmology and maternity, to ensure that patients continue to be able to access services as close to home as possible.

Elective Surgery

Our plans to develop Ashford as a dedicated 'Covid-safe' elective site continue. We've improved the theatre ventilation systems and will shortly begin a refurbishment programme and the building of a new theatre, whilst planning for a new inpatient general surgical ward and recovery area – all due to open at the end of this year. At St Peter's we are seeking to segregate main theatres into different zones to recommence some elective activity, such as paediatric operations and those requiring critical care. We are also supplementing this with continued use of theatres at BMI Runnymede and Woking Nuffield and looking at the opportunity for modular theatres on the Ashford site.

Critical Care

The development of Chestnut Ward (the old Acute Medical Unit) is underway and is being built to enable flexible usage for critical care beds (if required during a future pandemic surge for example) or for medical beds as required.

Diagnostics

Diagnostic work, such as CT, MRI and plain film, has restarted with outpatient diagnostics again focused at the Ashford and Woking sites. To help with waiting times for patients we are looking to increase capacity, including two mobile endoscopy units at St Peter's Hospital, a modular CT

scanner at Ashford, ultrasound and Dexa bone density facilities at Woking Community Hospital.

Emergency and Urgent Care

We have seen an increase in emergency, trauma and orthopaedic demand in recent weeks which has led to capacity challenges across many areas of the St Peter's Hospital site and increasing pressure on our 'front door' services. Social distancing has created a challenge in our emergency departments, we have also had to reduce some of our bed capacity and this puts pressure on flow across the hospitals. We've been running additional emergency and trauma theatre lists to try and speed up the time patients spend in the hospital and help with flow.

1.4 Digital

Surrey Safe Care (Electronic Patient Record Programme)

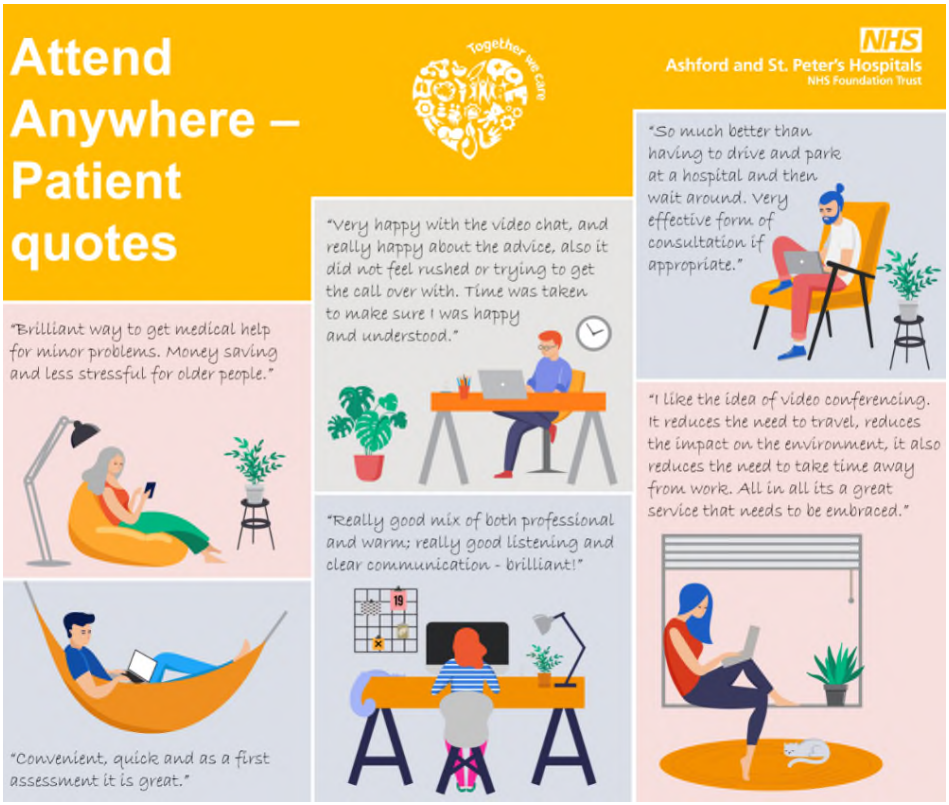
The electronic patient record programme has been formally branded as Surrey Safe Care and has its own eye-catching logo. The implementation programme launched in June, kicking off with a selection of module workstreams, with the remainder to commence in September. The system will go live first at Royal Surrey in September 2021, followed by ASPH in November 2021.

Following a successful recruitment exercise, we now have approximately 40 members of the programme team on board, including the overall programme and work stream leads, change partners, communications lead, clinical leads, and subject matter experts among many others. These colleagues span both Trusts and have been joined by their Cerner counterparts.

The programme governance has been formally established and in June we had two weeks of mapping current processes, involving staff from disciplines across both Trusts. The events were very well attended and generated clear maps for each area. The next phase is to start planning how the future will look for those modules, with data migration and system integration work streams working in parallel. To keep in touch with this exciting transformational programme, follow us on Twitter @SurreySafeCare.

Virtual Consultations

Prior to the Covid-19 outbreak, as part of an NHS England and NHS Improvement initiative, the Musculoskeletal Therapies department was already piloting the Attend Anywhere video consultation solution. This meant we were well-positioned to quickly roll out the programme across the Trust. More than 25 specialties are using the software, with uptake increasing on a weekly basis. The contract is for one year and the Trust is using this time to evaluate the software, with virtual consultations now a core offering of the Trust's services. Patient feedback has been fantastic, as this graphic shows:



Keeping Patents Connected

Sometimes it's the simple projects that create the biggest impact; the Neonatal Intensive Care Unit (NICU) has introduced vCreate, a secure video messaging service, which allows us to send photo and video updates to parents when they are unable to be with their baby in the unit. This has been especially effective and welcome during the past few months, with over a thousand photos and messages sent to parents. The feedback has been overwhelmingly positive.

1.5 Collaborate

ASPH Therapies' Team on ITV London News

ITV London News featured Team ASPH and our amazing Therapies MD Team, who have been helping rehabilitate our Covid-19 patients, getting them back home to their families fighting fit. They followed the journey of Sean Fitzpatrick, who had been in ITU with COVID for 38 days, who then moved to the Bradley Unit at Woking Community Hospital to continue his journey of recovery. They featured the work our Therapies MDT have been doing with Sean to help recover his physical capacity, as well as his speech. You can watch the footage via twitter here (or link https://twitter.com/itvlondon/status/1271371479402319874)

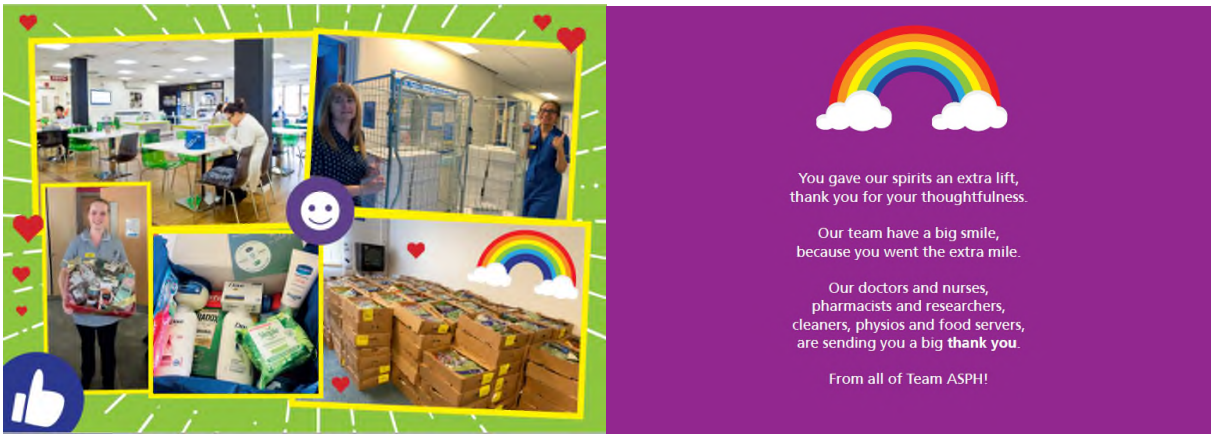
Well North Art Project

We are working with Well North to create a community art project, connecting with our patients, local businesses, donors, supporters and our partners to explore the impact Covid-19 has had on them. This is along the same lines as the piece of work they did with us at our community open day last year. Not only will this project capture these experiences for historical purposes but also links in to our citizen engagement ambition and programme of work.

Thank you from Team ASPH to our local community

During the peak of the Covid-19 pandemic, the most uplifting thing we experienced was the overwhelming support we received from the community. This has boosted the team immeasurably and kept us going through the most challenging of times. From drawings, presents and cards from local schools, fresh produce, hot meals and wellbeing boxes to keep the team going, to PPE and monetary donations.

We have created a series of cards, messages, quotes and photos to thank our community for all their incredible support and generosity and to show Team ASPH's gratitude and appreciation.



2 PERFORMANCE

2.1 Details of our operational performance are included in Paper 7.2.

3.1 Financial position

2020/21 Financial Position - Month 4

The plan figures presented in the report reflect the current temporary financial arrangements that providers and commissioners are working to for months 1 to 6 of 2020/21 and which were set up in response to the initial Covid pandemic period. The financial arrangements post month 6 are still be agreed between DHSC and Treasury.

Under the current arrangements formal contracting has been suspended between providers and commissioners and the Trust has not been required to submit a formal financial plan. Instead NHSI required all providers to achieve breakeven each month until 30th September 2020. Commissioners have been required to pay the Trust fixed monthly amounts, set by NHSI, with the Trust claiming Top-Up income to ensure the breakeven position is achieved. This would cover any excess incremental costs caused by the Covid-19 pandemic. Currently the Annual Plan in the table below has just been taken as the monthly plan issued by NHSI annualised.

As at 31st July 2020 the Trust reported the requisite breakeven Control Total position through the inclusion of an additional £0.596m of Top-Up income. This predominantly arises due the Trust incurring £0.560m of abortive costs relating to the Farnborough Nightingale project. Net costs were higher in July resulting in an accrual for some non-Farnborough top-up income. The first four months of the financial year have seen reduced levels of outpatient and elective activity, although this is now starting to build up again.

FINANCIAL PERFORMANCE	Annual Plan	Mth 4 YTD Plan	Mth 4 YTD Actual	Mth 4 YTD Variance
Income	318,003	106,001	104,958	(1,043)
Income - 2020/21 Top up	29,155	9,719	10,314	596
Pay	(214,737)	(71,579)	(72,264)	(685)
Non-Pay	(117,307)	(39,102)	(37,687)	1,415
EBITDA	15,114	5,038	5,321	283
EBITDA %	*4.8%*	*4.8%*	*5.1%*	
Below the Line	(15,114)	(5,037)	(5,321)	(283)
NHSI Control Total Surplus	**0**	**0**	**0**	**0**
Excluded from Control Total				
Impairments	0	0	0	0
Net Donated Assets	150	50	7	(43)
Overall Surplus/(Deficit)	**150**	**50**	**7**	**(43)**

FINANCE SCORE RATING	Mth 4 YTD Plan		Mth 4 YTD Actual	
Capital Service Cover	1.65x	3	1.74x	3
Liquidity	50.5	1	44.6	1
I&E Margin	0.00%	2	0.00%	2
I&E Margin Variance From Plan	0.00%	1	0.00%	1
Agency	24.10%	2	1.56%	2
Finance Score Rating (FSR)		**2**		**2**

The reported YTD variances are:

(i) pay costs are £0.7m adverse to plan;

(ii) non-pay budgets are £1.4m underspent due to an adverse variance on Premises other (£2.9m), offset by favourable variances against Purchase of Healthcare (£1.5m), Drugs (£1.3m) and Clinical Supplies (£1.9m) – the latter categories reflecting the lower level of

outpatient and elective activity in the period;

(iii) operational income is £1.0m adverse to plan, predominantly car parking income, but also overseas and private patients. This is partially offset by the £0.6m favourable variance in Top-up funding; and

(iv) below the line costs are £0.03m adverse to plan.

Under the current financial arrangements there is no CIP programme or reporting, although the Trust continues to seek efficiencies in what it is spending.

The Trust has a capital plan of £32.2m for 2020/21, and at 31st July 2020 had spent £11.0m which was £3.4m under plan. There was a significant underspend on the multi storey car park year to date but this will come back into line with completion of the build by the end of August 2020. Other programme risks are being managed within the capital envelope, but Covid-19 related requirements are adding to the pressure. The Trust has successfully bid nationally for central funding for Critical Infrastructure Risk (£1.0m) and Urgent Emergency Care (£0.5m) for which it will receive PDC.

Cash balances were £22.5m above plan, predominantly due to commissioners paying August's block contract and Top-Up income early.

The Finance Score is reported as a 2 year to date, however it is impacted by the receipt of Top-Up income and doesn't necessarily reflect the Trust's underlying financial position.