Ashford and St. Peter's Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS
3RD MARCH 2021

AGENDA ITEM	6.1
TITLE OF PAPER	Chief Executive's Assurance Report – including summative risk analysis
EXECUTIVE SUMMARY	
	Part one of this report provides a strategic overview and executive narrative summary of the most significant risks currently faced by the organisation in the context of the current Covid-19 pandemic. It pulls together all relevant matters and key issues discussed at each of the following Board Sub-committees in January 2021 and represents the view of the executive portfolio leads: • Quality of Care • Modern Healthcare • People The report also aims to provide an indication of the level of assurance around the effectiveness of the mitigating actions in place to address the identified risks. This is supported by triangulation with strategic risks which comprise the Board Assurance Framework (BAF), the controls in place and the effectiveness of these controls as evidenced through performance against the associated strategic Key Performance Indicators (KPIs). In summary, the Executive summation of the triangulated detail contained within this report is that there are material risks to quality of care delivery, as a result of direct and continued exceptional demand for services and the necessary requirements to cease all but the most urgent elective and diagnostic care in order to create capacity to respond to the significant challenges of the second wave of the pandemic. This creates clinical risk and quality challenges for both in-patients and those awaiting diagnostics and treatments. To a significant degree the risks to quality are mitigated as documented in the subsequent report but fundamentally it is through the extraordinary efforts of Team ASPH: their agility and flexibility in adapting to new ways of working and service delivery models. Their innovation, creativity and their deep compassion, professionalism and commitment to patients and one another sustains the remarkable efforts to do the very best for all. The clear consequence of the extraordinary depth of the ASPH response and the sustained nature of it is; team exhaustion, negative physical and mental health impacts and ultimately a break in resilience that partially or totally undermines on-going safe care delivery and leaves permanent marks on individuals, the team and the organisation. There are a range of interventions detailed within the report to diminish the impacts of the current operating environment as well as to support team health and well-being and access to therapies. The pace of the vaccine roll-out mitigates to some extent the continued duration of the current scenario but careful observation and analysis of the KPIs and soft intelligence will continue to be necessary.

	Part two of this report continues with a general update against each strategic objective: - Quality; - Modern Healthcare; - People; - Digital; - Collaborate; and is intended to provide assurance that the Chief Executive is effectively leading the organisation in the delivery of the response to Covid-19, the Trust operating plan and strategy. Part three of the report provides an overview of the Trust's financial position. This is the first time this aggregated report is presented to the Council of Governors with the aim of illuminating the key risks facing the Trust and assurance that these are being mitigated, alongside an overview of some of the key areas of internal focus and the financial position. As such the report is iterative and feedback is welcomed on the format and content.
PRESENTED BY	Suzanne Rankin Chief Executive
DATE	March 2021
BOARD ACTION	The Council is asked to RECEIVE the report

Introduction

The purpose of this report is to provide an executive summative position on the key risks facing the Trust in the context of the current operating environment. These have been identified and discussed at each of the following Board subcommittees during January 2021: Quality of Care, Modern Healthcare and the People Committee. The key risks were derived from detailed interrogation and analysis of quality and performance data contained within the respective assurance reports: Quality, Performance and Workforce. Through triangulation with the strategic risks which comprise the Board Assurance Framework (BAF) and the aligned strategic KPIs, a summative view of the Trust's current risk profile is provided, supported by an overview of the mitigating actions in place and, where feasible, the confidence level regarding the effectiveness of these actions.

1. Strategic Objectives

1.1. Quality - *Creating a learning organisation and culture of continuous improvement to reduced repeated harms and improve patient experience*

The Quality of Care Committee in January heard that there were three main areas of emerging issues derived from the data, but that it was important to correlate the strategic KPI performance with wider intelligence around these issues, alongside the significant work underway in order to understand the level of risk to quality of care:

- Infection prevention and control (IPC): Healthcare acquired infections remains a pertinent issue and eliminating these is the focus of the Trust's North Star Objective. Whilst some indicators are not with the target or trajectory, two thirds of the IPC related KPIs are within target or are currently 'neutral'. Robust mitigating actions are in place including: patient bed moves which is a known risk in relation to health care acquired infections, the roll out of staff Covid-19 testing (lateral flow) to minimise a-symptomatic staff presenting at work, and the staff vaccination programme are all well underway. A recent NHS England/Improvement peer review found that the Trust was enacting some exemplar practice in relation to IPC practices.
- Pressure ulcers (deep tissue injuries): the rates for deep tissue injuries are out with the target range. A deep dive has demonstrated that a significant proportion of these harms are occurring for patients with Covid-19; avoidability for these harms is yet to be evidenced, hence caution and continuous review will be important to understand the correct amount of avoidable harms in this regard. The number of other pressure ulcer harms remains well within target.
- Patient Experience: There has been a decline in performance in relation to responding to patient concerns and it was felt this was largely due to the significant demands on divisional and clinical staff and their ability to prioritise responses, in tandem with reduced staffing within the patient experience teams, both of which are being fully addressed. There are current challenges in the deployment of the electronic patient feedback tool, with a robust action plan in place for deployment to be completed by the end of February 2021.
- In support of the Trust's strategic objective to become a learning organisation, the Medical Examiner's Office is now at full complement, which will enable the ambition for 100% of deaths to receive structured judgement reviews, and in turn to support wider organisational learning from these reviews.

1.2. Modern healthcare - *Delivering the most effective and efficient treatment and care by reducing variation and standardising the delivery outcome and clinical services*

1.2.1 Performance:

The Committee heard that in relation to the constitutional standards the following were key issues to be aware of:

- Emergency Department (ED) performance: This has been negatively impacted due to increases seen in patients with Covid-19, the additional IPC process requirements and the high occupancy of the Trust's beds (90%) causing slow flow from ED to wards. However, Trust performance mirrors closely both the regional and the national performance figures. A newly appointed Divisional Triumvirate is now in place with a live improvement plan underway. The Trust also continues to work with local system partners to mitigate bed capacity issues. We have moderate assurance around delivery of the four hour standard in the current environment and with the continuous high demand and attendances through the department.
- RTT: Performance is below target resulting from the necessary requirement to stop elective work. Whilst recovery plans are in place, the cessation of elective work is contributing to growing waiting lists which incurs a tangible risk to quality of care. We currently have a limited degree of assurance that elective activity will be in line with the required trajectory as the delivery of a new theatre at Ashford and two modular theatres have been delayed past the expected November delivery date. Plans at the St. Peter's site are also dependent upon bed capacity which is coming under increasing pressure from non-elective admissions. Plans to mitigate this in part are under discussion with independent sector providers regarding ongoing relationships.
- With regard to outpatient activity, there is a similar identified risk of growing waiting lists and a potential clinical risk of patients becoming lost to follow up. We currently have a moderate degree of assurance against delivering at pre-Covid-19 levels of outpatient activity. Issues affecting outpatient performance include social distancing of some appointments, restrictions around appointments that include aerosol generating procedures and the increasing prevalence of Covid-19 inpatients which may require substantial changes to staffing rotas to support urgent and emergency care.
- Diagnostics: The Trust recorded a non-compliant performance standard in December and the backlog consists mainly of endoscopies. We do however, have a good level of assurance that the Trust will return to compliance and plans include an endoscopy recovery plan, weekend working, outsourcing, insourcing and additional onsite modular facilities.
- More generally there remains an ongoing significant challenge to continually support red and green pathways and around ensuring adequate red and green bed capacity as the demand for each is unpredictable.

1.2.2 Finance

In relation to financial performance, the Modern Healthcare Committee heard that the Trust remains within the financial envelope issued to us and as at 31st December 2020 we reported a position that was slightly better than the NHS Improvement Control Total.

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

The reported YTD variances (at the time the Modern Healthcare Committee met) were:

- pay costs are £2.8m adverse to plan;
- non-pay budgets are £1.2m favourable to plan, due to an adverse variance on Premises other (£3.3m) which is predominantly Covid-19 related; this is offset by favourable variances against Purchase of Healthcare (£2.2m), Drugs (£1.3m) and Clinical Supplies (£1.9m); Operational income is on plan which is offset by the £2.2m favourable variance in Top-up funding (which includes a £0.1m allocation for lateral flow testing).
- Operational income is down across a number of streams such as car parking, private patients, overseas visitors and other income generating areas.

The committee agreed that the finance related strategic risks for which it has oversight will be reviewed in terms of the risk descriptions.

1.3. People - *Being a great place to work and be a patient, where we listen, empower and value everyone*

The People Committee heard that the following are key issues/risks to be aware of:

- Continued requirement to increase our staffing resources and reliance on colleagues working additional hours in order to deliver against the increasing operational demands, and those placed on us to provide mutual aid through expansion of critical and acute bed base.
- Risk that sickness and absence will continue to rise during this pandemic, placing pressure on workforce resource and resilience.
- Morale may continue to be affected by the supply and logistical challenges associated with the deployment of the vaccine doses for healthcare workers.
- Concern that the wellbeing and resilience of colleagues will be further tested during lockdown with colleagues working under significant pressure and not having opportunities to reboot by going on holiday or have quality annual leave.

Mitigating actions were in place to address these key risks with a significantly developed offering around health and well-being in place. The Director of Workforce Transformation has explained that a further piece of work will be undertaken to firstly understand the staff groups less likely to take up the offer of health and well-being support, and secondly to increase this uptake.

Following full triangulation with the strategic risks and the associated KPIs the committee felt that the risk score for the first strategic risk in relation to workforce modelling (BAF 4.1) should be reduced. Further consideration was given to the robust performance against the KPIs associated with second strategic risk around recruitment and retention (BAF 4.2), however, considering the above emergent key issues, it was deemed prudent to retain this risk score at its current level whilst articulating in the description, the future challenges and negative impact that the current pandemic may have upon staff retention.

1.4. Digital - *Using digital technology and innovation to improve clinical pathways, safety and efficiency and empower patients.*

The Integrated Digital Committee has not met within the reporting period. However, the following is a summary of progress in relation to the strategic risks:

- EPR programme (BAF 3.1): Surrey Safe Care project is tracking to a revised plan
- Critical Systems Maintenance (BAF 3.2): A business case has now been approved for the server resilience programme and procurement is currently underway.

1.5. Collaborate - *Working with our partners in health and care to ensure provision of a high quality, sustainable NHS to the communities we serve*

Whilst the Strategic Change Committee, which has oversight of the Collaborate Objective, has not met during the reporting period, significant progress has been made towards reporting against the KPIs agreed at its October 2020 meeting. Once reporting is in place this will support fuller analysis of the delivery of the overall Trust strategy as well as further assurance that each component strategic risk is being mitigated as effectively as possible.

The KPI development work underway includes:

- A clear definition and evaluation of services deemed sustainable
- A stakeholder map, which is currently being finalised and a stakeholder survey, is on track to be undertaken in February 2021.

2. Board Assurance Framework (Strategic Risks)

2.1 Risk profile

The Trust has in place a Board Assurance Framework (BAF) which currently comprises 17 strategic risks. Each Board sub-committee is required to assess and describe the key risks associated with the Strategic Objective for which the committee has responsibility to deliver. Each Committee then has oversight of these risks and considers these as a standing agenda item at every meeting.

Each Board sub-committee has recently undertaken the work to define and agree Key Performance Indicators (KPIs) associated with each strategic risk for which it has oversight, in order to better understand how well the risks are being mitigated and to measure the progress towards achieving the strategic objectives and Trust Strategy overall.

The Trust's current risk profile is significantly changed from its position in March 2020, prior to the Covid-19 pandemic and it is accepted that as a consequence of the current operating environment, a number of strategic risks may continue to score more highly. The detailed reporting and analysis of these risks at each Committee has informed the summative conclusions of this report.

3. Summary of risk analysis

In summary, the Executive summation of the triangulated detail contained within this report is that there are material risks to quality of care delivery, as a direct result of continued exceptional demand for services and the necessary requirements to cease all but the most urgent elective and diagnostic care in order to create capacity to respond to the significant challenges of the second wave of the pandemic.

Currently there are a range of mitigating plans in place to address the individual risks to quality of care and performance both in terms of improvement and recovery plans and individual actions. However, to a significant degree the risks to quality are mitigated through the extraordinary efforts of Team ASPH: their agility and flexibility in adapting to new ways of working and service delivery models. Their innovation, creativity and their deep compassion, professionalism and commitment to patients and one another sustains the remarkable efforts to do the very best for all. The clear consequence of the extraordinary depth of the ASPH response and the sustained nature of it is; team exhaustion, negative physical and mental health impacts and ultimately a break in resilience that partially or totally undermines on-

going safe care delivery and leaves permanent marks on individuals, the team and the organisation.

We are acutely aware that this level of staff resilience cannot endure indefinitely and whilst we have a range of interventions in place to help support staff, which we continue to explore and expand, there is a risk these interventions will not provide a sufficient level of mitigation should the current levels of demand remain undiminished for some time. As detailed earlier in the report, the current interventions include the significant health and well-being offering, and the Trust's commitment to supporting the local and national programme to prevent transmission. The pace of the vaccine roll-out also mitigates to some extent the continued duration of the current scenario but careful observation and analysis of the KPIs and soft intelligence will continue to be necessary.

4. Chief Executives Update (*Part Two*)

4.1 Quality of Care: *The Main Effort*

To help Team ASPH navigate this extraordinary challenging time we are facing as a nation and a Trust, as an executive team we recently spent some time discussing the concept of our 'Main Effort'. This is a term used widely in the military to describe the key actions or activities deemed most likely to lead to the success of the project or mission. We have created our own ASPH Main Effort document, which you can see summarised in the infographic below:

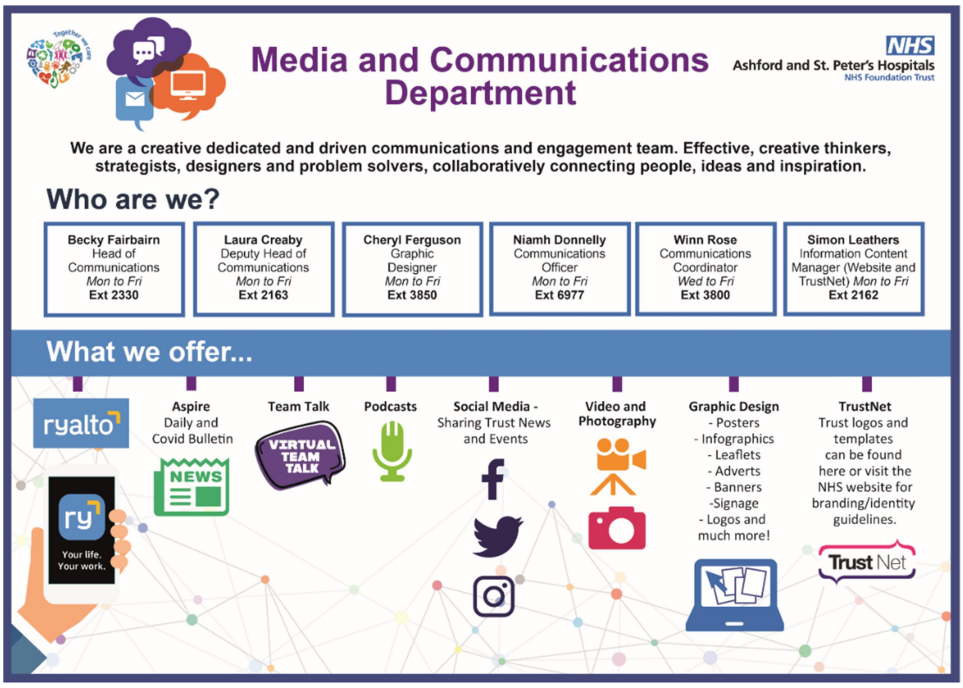
In summary our Main Effort is to **ensure the safe flow and pathways for all patients in our care is not wasteful of time or effort and always adds value in meeting their**

needs, avoiding the risk of cross-infection and viral transmission, whilst preparing them well for discharge at the earliest safe opportunity.

It centres on the North Star objective and enables us to take a step back when things get busy, confusing or overwhelming and focus on the things within our control that contribute to the Main Effort.

4.2 People: *Health and Wellbeing*

One of my main objectives as always and even more so at present is keeping Team ASPH healthy, well, and as safe as possible. We have introduced several health and wellbeing initiatives and services for colleagues to access, and have increased our internal communications and engagement with staff to continue to give them up-to-date, honest and transparent information and guidance; we will hear more about this at Agenda item 8.2. I have been leading weekly virtual team talks, which all colleagues are welcome to attend, to share Trust updates and to hear from teams and individuals, and give them the opportunity to ask any questions they might have. In addition to the Trust wide sessions, smaller team talks have been held to engage with colleagues on a more personal level, and hear about the things that matter to them in their teams. These sessions have proved to be a successful method of engagement and always inspire interesting discussion.



The ASPH Covid-19 vaccination programme

We have been working hard as a team to define and execute the detailed preparations for the implementation of the ASPH Covid-19 vaccination programme for staff, patients and members of the local community. I am delighted to report that the ASPH Vaccination Hub opened on Thursday 21st January 2021, and as of 15th February, 84.2% of the ASPH team have now received their first dose of the vaccine. We were also able to provide the first dose to many members of the wider Surrey Heartlands Health and Social Care workforce. The hub has now gone into hibernation, which aligns with the regional and national vaccination plan and will be stood up again in due course, to administer the second dose of the vaccine when this is due. An incredible amount of work went into this and I am particularly proud of the innovative approach to recruitment from the local community which created welcome employment for local people many of whom have seen their regular work and income affected by the economic impacts of the pandemic. I would like to extend my thanks to all colleagues and partners who supported this huge effort over the past few weeks.

4.3 Modern Healthcare: ***Building a new Urgent and Emergency Care Unit***

As part of our ongoing transformation programme, we are making changes and improvements across the Trust at both Ashford and St Peter's sites. A really exciting part of these transformation works is the new two floor unit which is currently being built in the old Emergency Department car park.

The new unit will have 62 trolley or bed spaces across the two floors, with treatment and clinical support rooms, offices, staff rooms, and changing facilities on both floors. It has been designed by the Urgent and Emergency Care teams to be a flexible space that can be used for patient assessment, treatment, or inpatient care when required. A key part of this space will be a Priority Assessment Unit to enable patients to be safely discharged home within 24 hours, diverting patients from the existing and busy Emergency Department.

The new facility is currently being built off-site in modular sections which will be put in place by crane over the coming months, and is due to be ready for patients to use later this year in the summer. This will be a fantastic asset once it is up and running and we will keep you updated with developments around this.

4.4 Digital: *Surrey Safe Care*

One of the priorities outlined in the ASPH Main Effort, is the roll-out of the new electronic patient record, Surrey Safe Care (SSC), in partnership with the Royal Surrey County Hospital. It is imperative that we continue this project despite the current challenges and I am pleased to report that we are making good progress and the work and the partnership with the RSCH have withstood the Covid-19 test. The ability to access additional information and gauge the acuity of a patient from one location will make it much safer, more efficient and manageable in terms of hospital flow. We know from other trusts that having this integrated digital system in place has eased some of the pressures of looking after Covid-19 patients; teams are able to manage caseloads, staffing deployment and collection of data such as oxygen support in real-time.

4.5 Collaborate: *Partnership working*

We continue to work closely with local health and care partners at both North West Surrey and Surrey Heartlands level. We are in regular contact with our Surrey Heartlands partners - including the community providers, ambulance service, social services and care homes, mental health services and commissioners and of course the Local Resilience Forum stood up by Surrey County Council.

We also continue to work closely with our partners in the independent sector, the BMI Runnymede hospital and the Woking Nuffield hospital. This has enabled us to create more capacity at St Peter's for Covid-19 patients and I would like to extend my thanks to colleagues within these organisations who have shown us such fantastic support.

5. Finance and Performance Report *(Part Three)*

Details of our operational performance are included in Paper 6.2.

5.1 Financial Position – Month 10 (2020/21)

The financial plans for 2020/21 have been set on two different bases due to the Covid-19 impact on the NHS financial framework. The plan figures presented in this report reflect:

(i) the NHSI emergency plan set for the Trust for months 1-6; and

(ii) the Trust's own plan submission for months 7-12.

For the first six months this included Top-Up funding under the initial financial arrangements implemented by NHS Improvement to ensure organisations could cover their costs in that period. That arrangement ended on 30th September 2020 when the updated framework was implemented. For month 7 onwards the Surrey Heartlands system has been set a financial envelope, within which the Trust has agreed its own second half plan which is a deficit of £1.4m.

As at 31st January 2021 the Trust reported a position that was £1.3m ahead of the NHSI Control Total. This is summarised as follows:

	Annual Plan	Mth 10 YTD Plan	Mth 10 YTD Actual	Mth 10 YTD Variance	Forecast to 31 March 2021
Income	341,599	280,633	282,573	1,940	345,479
Income - 2020/21 Top up	14,578	14,578	16,853	2,276	17,041
Pay	(224,265)	(184,234)	(187,555)	(3,320)	(232,020)
Non-Pay	(117,910)	(98,225)	(97,635)	590	(119,996)
EBITDA	14,002	12,752	14,237	1,485	10,504
EBITDA %	*4.1%*	*4.5%*	*5.0%*		*3.0%*
Below the Line	(15,402)	(12,768)	(12,998)	(230)	(15,406)
NHSI Control Total Surplus	**(1,400)**	**(16)**	**1,239**	**1,255**	**(4,900)**
Excluded from Control Total					
Impairments	(0)	(0)	(3,000)	(3,000)	(3,000)
Net Donated Assets	132	106	121	15	200
Overall Surplus/(Deficit)	**(1,268)**	**90**	**(1,640)**	**(1,730)**	**(7,700)**

The reported YTD variances are:

(i) pay costs are £3.3m adverse to plan;

(ii) non-pay budgets are £0.6m favourable to plan, due to an adverse variance on Premises other (£3.2m) which is predominantly Covid-19 related; this is offset by favourable variances against Purchase of Healthcare (£1.6m), Drugs (£1.1m) and Clinical Supplies (£2.2m); and

(iii) operational income is £1.9m favourable to plan, in addition to the £2.3m favourable variance in Top-up funding. Operational Income is down across a number of streams such as car parking, private patients, overseas visitors and other income generating areas, but is offset by increased education income and reimbursement of the endoscopy theatre costs; and

(iv) Below the line costs are £0.2m adverse to plan.

The variances in categories are in part impacted by the Covid-19 spend. Operational expenditure had been increasing month on month as services started ramping up again, with further changes as the endoscopy theatre costs started and then Covid-19/winter costs

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

For the full year the Trust is forecasting that it will have a deficit of £4.9m, which is £3.5m worse than planned. This is due to a technical adjustment relating to accruing costs of

increased annual leave being carried forward by staff. At present that cost is an estimate and nationally, given that this is a national issue caused by the pandemic, funding resolutions are being explored.

The capital plan reported here, along with the monthly phasing, reflects the revised NHS Improvement capital submission in July 2020. There are significant underspends on the Ashford Theatres (£1.0m), electrical resilience (£1.6m) and ePR (£3.0m) projects, but these have been partially offset by other projects. Other programme risks are being managed within the capital envelope. The Trust has successfully bid nationally for central funding for a number of schemes including Critical Infrastructure Risk (£1.0m), Urgent Emergency Care IT (£0.1m), Endoscopy (£1.0m), A&E/Priority Admission Unit (£9.0m) and Critical Care (£0.3m).

Cash balances were £29.9m above plan, predominantly due to commissioners paying the January block contract early.