Ashford and St. Peter's Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS
1st SEPTEMBER 2021

AGENDA ITEM NUMBER	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 pandemic and restoration of services. It pulls together all relevant matters and key issues discussed at each of the following Board Sub-committees in July 2021 and represents the view of the executive portfolio leads: • Quality of Care • Modern Healthcare • People • Digital • Strategic Change Committee. The report 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). The summation of the triangulated detail contained within this report is that there are clear risks to the delivery of the Trust vision, which is to 'provide an outstanding experience and best outcomes for patients and the team'. The factors influencing this are diversifying and intensifying and the continued implications for workload and well-being of Team ASPH remain significant. The key emergent risk is one of diminishing team resilience and some evidence of impact on patient experience and potentially safety. The evidence of increasing community transmission of covid-19 together with a slow but increasing number of covid patient admissions alongside the threat of new and emergent variants of concern requires continued rigorous compliance and vigilance around infection prevention and control measures. In addition, meeting the hitherto unprecedented surging demand in the emergency and non-elective care pathway coupled with addressing the backlog in diagnostic and planned care continues to require significant levels of additional resourcing, capacity and to varying degrees reconfiguration of services. Whilst mitigating actions are in place to ensure patients are seen in clinical priority it is clear that disruption to systems, processes and teams, in

	repeated adjustments to meet organisational priorities of responding to the proceeding pandemic waves, has had a significant and detrimental impact on how patient's experience the access to and management of their care. The financial risks remain prescient and the underlying run rate continues to be significantly above the normative in order to meet rising demand. This presents a significant challenge to the year-end position and desire to meet the control total. The Surrey Safe Care Programme continues apace and as we head towards "go-live" the level of engagement and team involvement and training is increasing placing additional demands on the team. This is an exciting programme and with the right approach will provide a positive and morale boosting shift of focus for Team ASPH. As factors driving the risks intensify the drag on the resilience of Team ASPH is now discernible and the well-being and sustained resilience of the team alongside the ability to mitigate all the potential negative impacts on patient care quality are of significant concern. Despite the extensive well-being offer there is evidence of disruption to team cohesion as a consequence of physical and mental exhaustion and whilst not universal is increasingly evident. The agile, efficient and effective use and deployment of team and resources to meet the demand challenge and needs of patients together with the focus on the well-being of Team ASPH remains the foremost priority and mitigation of actual and emergent risks. In summary, there is a range of intensifying and significant risks impacting each strategic objective that in cumulative effect is realising in some detrimental impacts to patient experience and strengthening potential risks to care quality and safety. These impacts are largely mitigated through the continuing and extraordinary efforts of Team ASPH. Nevertheless the prolonged and burdensome nature of the demands placed on TeamASPH are now resulting in some tangible evidence of degradation which is a significant cause for concern and requires sustained management effort in order to respond to and redress. Part two of this report continues with a general update against each strategic objective, intended to provide assurance to the Board that the Chief Executive is effectively leading the organisation in the delivery of the response to the pandemic, the restoration of services and the Trust operating plan and strategy. Part three of the report provides a summary of the Trust financial position.
PRESENTED BY	Dr David Fluck, Acting Chief Executive
DATE	September 2021
COUNCIL ACTION	The Council is asked to RECEIVE the report

1. 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 June and July 2021: Digital, Quality of Care, Modern Healthcare and People Committee and presented to Trust Board in July 2021. 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 heard that there were several main areas to note derived from the data:

- **Patient Experience:** The Committee heard that the overall FFT Trust response rate was 6% for May 2021 and 5.6% in June 2021. Whilst the issues had been in part due to a technical issues with the feedback mechanism (Viewpoint system), there was a focussed programme of work underway to improve the feedback rates. A large number of PALS concerns related to outpatient appointment bookings as well as communication; a significant number of these being from the family members of inpatients during the pandemic. This in part should be ameliorated with the easing of visiting restrictions across the Trust.
- **Medication Safety**: The reported number of incidents with any harm severity over the reporting period was outside the monthly target aim which is a concern. Importantly the Medicines Safety Improvement Programme, has continued, alongside work to support investigations and sharing of learning to enable safer use of medicines.
- **Infection Prevention and Control (IPC):** The majority of IPC KPIs were on track and the Committee heard that despite the national lifting of restrictions, the Trust had continued to implement its suite of IPC precautions which support delivery of the North Star Objective. The Trust benchmarked well with peers regarding Clostridium difficile and E.coli cases against a national context of increasing cases. There had been no cases of hospital transmitted Covid but that the numbers of Covid positive patients attending the Emergency Department was increasing, combined with rising local and Surrey wide Covid cases, continued vigilance and attention to the IPC precautions would remain of central importance.
- **Mortality Reviews:** The Learning from Deaths Working Group continues to oversee actions to decrease the Structured Judgement Review backlog previously reported and to improve mortality screening form completion.
- **Patient Harms:** Hospital acquired category 2 pressure ulcers remained within the year to date target although the monthly target was missed in June 2021. Hospital acquired category 3 and/ or unstageable pressure ulcers was not met in the reporting period and had exceeded the year to date target. Falls with moderate or severe harm has exceeded the year to date target with 2 in May 2021 and 1 in June 2021.
- **Outpatients:** The Committee received a briefing regarding outpatient booking and capacity issues and heard that a number of issues have recently been identified around the referral and booking process of appointments, which have resulted in a backlog of patients waiting for outpatient appointments in the Trust. A robust response and action plan had been put in place to address the identified backlog and associated lack of clinic

capacity and each division has recorded the associated risk on its divisional risk register. Progress with this work will be monitored on a daily basis, to reduce the number of patients waiting. The newly established Outpatient Improvement Group with 5 key work streams; processes, real estate, patient experience, efficiency and workforce, will ensure ongoing improvements in the management of appointments/referrals. All patients affected are being clinically reviewed to determine the extent of any harm, conduct duty of candour and to ensure patients are seen in clinical priority order.

The Committee also considered the significant increases in demand detailed in the performance report both in terms of the unprecedented numbers of urgent and emergency care attendances and rising numbers of outpatient referrals which, in the context of rising Covid admissions and the ongoing work to recover and restore levels of elective care would present significant challenges upon the workforce. The Committee also considered the emergent risks to patient safety and quality of care which may arise out of delays in outpatient appointments and considered that the likelihood of risk 1.1 should increase - this consideration was triangulated with the discussion held at the preceding Modern Healthcare Committee. The Committee also approved the new, disaggregated risk described at risk 1.1a in relation to IPC and the North Star Objective.

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:

- **Urgent care:** activity through the Trust's Urgent Treatment Centre (UTC) and the Emergency Department (ED) is unprecedented and sustained pressure with an average daily attendance of 362 throughout June (308 per day June 2019 and a record monthly attendance of 10,853. The two main components are:
    - Ambulance arrivals to the Trust in each of the last three months have exceeded arrivals in any month previously recorded.
    - The UTC, which is set up to run at 155 attendances per day (based on 2019 data), has seen an average of over 200 throughout June, also resulting in increased ambulatory attendances into the ED.
- ED Performance for June NHSI measure (SPH site including Ashford and Woking Walk in Centres (WiC)) was 85.6%, a slight decrease on the previous month (86.3%). For SPH site only was 78.9%, which was a 1.3% deterioration on last month (80.2%). Contributory issues were the increased demand exceeding baseline physical and workforce capacity and increased admissions placing place pressure on beds causing delays in transferring speciality patients out of the ED. ED Performance compared nationally (NHSI metric) the Trust was positioned 31st of 113 Trusts. When comparing the Trust for SPH site only for June the Trust was positioned 38th of 113 Trusts.
  Assurance: We have limited assurance around delivery of the 4 hour standard in the current environment. A live improvement program continues, however, the impact of increased attendances post the most recent Covid wave, unpredictable surges in demand, and potential for growing Covid related presentations is affecting delivery of the 4 hour standard.

- **Referral to Treatment (RTT):** The Trust recorded a non-compliant performance for RTT Incomplete Pathways at 81.6% for June, increasing from 80.8% recorded for May 2021. Constitutional RTT standards have been temporarily shifted to national Phase 4 post-Covid recovery and the restoration priorities, and the Trust was making good progress against all four of these priorities.
  Assurance: The Trust has good assurance at this stage that plans are developing to

achieve the required levels of activity. Optimising elective facilities at Ashford is essential which will allow increased uninterrupted elective operating through the autumn and winter months. However pressure on acute beds in extremis could affect this.

- **Outpatient Activity:** Failures in the outpatient triaging and appointment booking process have been identified in the Appointment Centre affecting three specialities (ophthalmology, gastroenterology and colorectal). All patients are now are in the process of being clinically reviewed and those highlighted as urgent have been seen or are in the process of being booked to be seen. This issue now compounds upon an existing issue of capacity particularly and more detailed work is being undertaken to establish the gap between demand and the available capacity and what is required to deliver improved waiting times for urgent and routine patients.

- **Diagnostics:** The Trust recorded a non-compliant performance for the DM01 diagnostic standard in June with performance recorded at 94.6%. The backlog consists mainly of endoscopies, however there continues to be sustained month on month improvement.
  Assurance: We have a good level of assurance regarding ongoing delivery of diagnostic activity similar to or above pre-Covid levels. We have moderate assurance regarding the delivery of 6-week wait standard by September for endoscopy.

  Cancer: The Trust is provisionally reporting compliance for three of the seven core cancer standards for June. Two Week Rule (TWR) performance in June is recorded as non-compliant for June at 88.7%. Of the 181 breaches, 70 breaches were due to patient choice (39%) with 111 due to hospital operational reasons (61%). The Trust had a high number of breaches during June due to a surge in TWR referrals particularly breast and dermatology. The number of cancer patients waiting greater than 104 days remains low at 21.
  Assurance: We have strong assurance that the Trust will continue to deliver against the key cancer waiting times standards, and that legacy delays from Covid wave 1 has now been resolved.

1.2.2 Finance

In relation to financial performance, the Modern Healthcare Committee heard that the Trust remains in line with the NHSI Control Total.

Although not monitored by NHSI this financial year, the indicative Finance Score is reported as a 1 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. The reported YTD variances were:

- Pay costs were £1.1m favourable to plan;
- Non-pay budgets were £2.1m higher than plan due to an adverse variance on Clinical Supplies (£1.9m), Drugs (£0.7m) and Consultancy (£0.5m);
- Operational income is £1.0m favourable to plan; and
- Below the line costs are in line with the plan.

The Committee considered the KPIs aligned to each strategic risks and heard that it had been challenging to propose additional KPIs to support risks 2.1 and 2.2 and further work would be undertaken to review these. There were no changes to the strategic risk scores although it was also noted that the likelihood of risk 2.4 continued to increase in the current climate of uncertainty.

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 and were asked to note the following factors which could impact on effective delivery as well as the mitigating actions in place to address these:

- Requirement to re distribute workforce resources in line with service restoration and our ability to do this at the same time as colleagues taking time to rest and recuperate.
- Risk that sickness and absence will continue – potentially in relation to resilience and mental health impact, placing pressure on workforce resource and resilience.
- Risk of ongoing absence for some staff at higher risk, with an inability to return to full working whilst Covid virus remains in circulation.
- Morale and resilience may be further affected by ongoing travel restrictions and people being unable to take satisfactory rest time.
- Risk of increased cost to resource maternity services in line with the Ockenden Review and plan for a surge in Respiratory Syncytial Virus (RSV) impact in Paediatrics.
- Risk of the demand for staff engagement with the Surrey Safe Care Project impacting on the Trust's resources available for the delivery of the 110% target for elective activity.

The Committee considered the assurances and KPIs aligned to each of its strategic risks and whilst there was no indication to amend the proposed risks scores having considered these, further refinement of the KPIs was required. The proposed increase in likelihood of risk 4.3 was agreed. The Committee also considered the requirements set out in the People Plan to support flexible working and this work will be encompassed within the controls and assurances of risk 4.2. Finally the committee heard that there is now a 'triple threat' facing healthcare organisations going into the autumn which comprises of a further wave of the pandemic, a possible surge in RSV cases as well as an as yet unquantifiable number of flu cases as the population starts to circulate following the easing of restrictions. This triple threat, when considered in combination with the rising demand for services and the ongoing recovery work would mean additional pressure on an already fatigued workforce this issue will be carefully reviewed with a view to capturing this as a separate strategic risk going forward.

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

The Integrated Digital Committee met in July 2021 and considered the assurances received in relation to each strategic risk and the additional summative analysis which would enhance the level of assurance to the Committee going forward.

In addition, the Committee considered and agreed the Picture Archiving and Communication Systems (PACS) full business case which is a key mitigation to risk 3.2.

The Surrey Safe Care project go lives were also noted as still being projected to be within this calendar year and the programme status remains Amber overall.

There were no agreed changes to the strategic risk scores.

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*

The Strategic Change Committee, which has oversight of the Collaborate Objective, met in May where progress had continued towards reporting against the agreed KPIs.

The Committee received an overview of the current policy context and future shape of NHSE/I, the Integrated Care System (ICS) and North West Surrey Alliance, as well as key

updates on the strategic transformation programme, provider collaborative work with Royal Surrey Hospitals and around Community Diagnostic hubs.

Having considered the assurance received, the Committee agreed there were no required changes to the strategic risk scores.

2. Board Assurance Framework (Strategic Risks)

2.1 Risk profile

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. The current scores for the strategic risks and tolerable or 'target' risk scores are summarised in Fig 1 & 2:

Fig 1: Strategic Risk Map

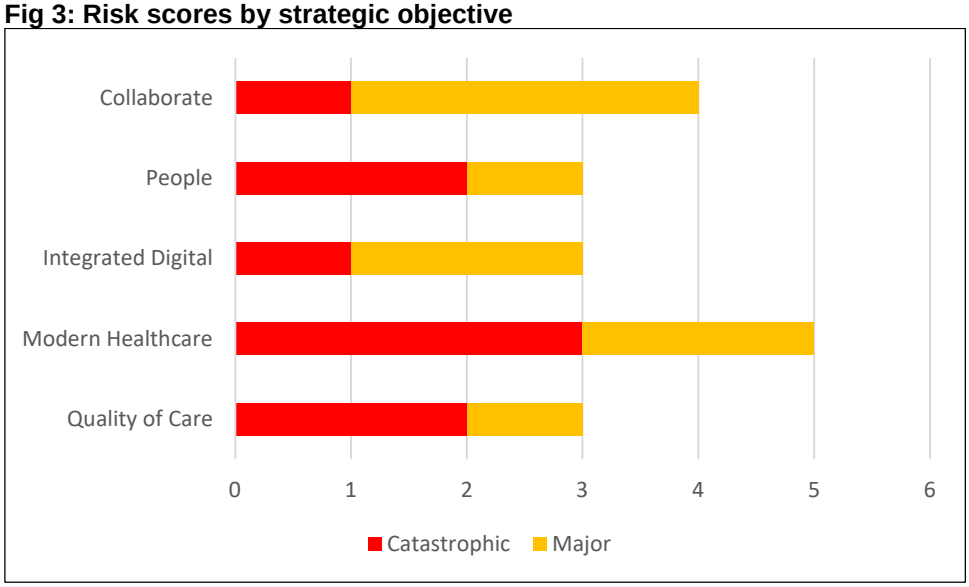
	Likelihood				
Impact	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost Certain
5 Cata-strophic				**1**	
4 Major		**1**	**5**	**4**	**4**
3 Moderate			**1**	**2**	
2 Minor					
1 Negligible					

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		**7**	**4**		
2 Minor		**6**			
1 Negligible					

The Trust's current risk profile is significantly changed from its position in March 2020 prior to the Covid pandemic. It is still accepted, that as a consequence of the current operating environment, a number of 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



3. Risk Appetite Statement

The risk appetite statement (Appendix 2) is intended to provide clarity on the Trust's position in relation to the extent of risk exposure to be tolerated, following mitigation, in relation to the delivery of its strategic objectives. It is designed to reflect the Trust's overarching approach to innovation and exploration of new ways of working and is an important tool for the Trust to understand and define the levels of risk we deem acceptable in pursuit of the strategy.

During April and May 2021, Board sub-committees undertook an annual review of the risk appetite levels as defined against each strategic objective for which they have oversight. This was reviewed by the Trust Audit & Risk Committee where it was noted there are no recommended changes against the defined categories.

4. Summary of risk analysis

The summation of the triangulated detail contained within this report is that there continue to be escalating and intensifying risks to the delivery of the Trust vision, which is to 'provide an outstanding experience and best outcomes for patients and the team'. The factors influencing this are varied but inter-connected but the implications for workload and well-being of Team ASPH remain significant.

Quality of Care: Increasing risks to the quality of care are emerging as a result of a number of separate but not unrelated factors. Moving into a further wave of the pandemic, we are seeing a slow but steadily increasing number of Covid patients, whilst at the same experiencing unparalleled demand upon both the urgent and emergency care system and significantly increased outpatient referrals. These factors, combined with the sustained work to restore services and ensure system recovery is stretching workforce capacity to an unprecedented extent and we have seen emerging risks related to outpatient processes and delays experienced. Mitigating actions are in place to sustain performance in urgent and emergency care, as well as to ensure outpatients appointments and procedures are seen in clinical priority order.

A multifactorial or 'triple threat' is also evolving, comprising of a further Covid surge alongside the uncertain degree of additional demand in the form of increased Respiratory Syncytial Virus (RSV) cases, and similarly with flu cases as the population begins circulating again following the easing of restrictions. This threat, when coupled with pressures upon the emergency and non-elective and elective care pathways requires a significant level of additional resourcing, capacity and to varying degrees reconfiguration of services. All the while it is difficult to anticipate the levels of demand from each component. This brings significant challenges in configuring services, capacity and workforce.

People: The factors driving this risk are increasing and there is now some evidence of the detrimental impacts on Team ASPH cohesion and resilience. Despite the summer months offering an opportunity for the team to take time to recover the prolonged and burdensome nature of the demands placed on Team ASPH is a significant cause for concern and requires sustained management effort in order to respond to and redress.

Modern Healthcare: The financial risks continue to be prescient with the need to rebalance the national finances and address the surging demand on elective and non-elective care. There is currently no published plan for the second half of the financial year whilst the underlying run rate continues to be significantly above the normative in order to meet rising demand upon services. It is of concern that there is no definitive national budgetary plan for the second half of the year and whilst a roll-over of existing arrangements for the second half of the year is anticipated the minimum 3% efficiency requirement that is also anticipated

presents a significant challenge to the year-end position and desire to meet the control total. Clearly a challenge for ASPH it is by no means a unique situation and likely to be a risk for many NHS providers.

Digital: The Surrey Safe Care Programme continues at pace and is on track and as we head towards “go-live” in December the level of engagement and team involvement will necessarily deepen placing additional demands on the team. The Trust remains consistent in its approach that this the right approach which will provide a positive and morale boosting change of focus for Team ASPH, however the diversifying pressures upon teams cannot be ignored and will continue to be closely monitored.

Collaborate: To date the transformation programme has continued to be delivered alongside collaborative working with system partners as supported by our collaborate objective. However it will be critical to monitor the context and scenario, and ensure early identification of emergent risks to the system and our transformation programme as a consequence of resources and capability being unavoidably diverted to delivering against the challenging scenarios described above.

In summary, there is a range of intensifying and significant risks impacting each strategic objective that in cumulative effect is realising in some detrimental impacts to patient experience and strengthening potential risks to care quality and safety. These impacts are largely mitigated through the continuing and extraordinary efforts of Team ASPH. Nevertheless the prolonged and burdensome nature of the demands placed on TeamASPH are now resulting in some tangible evidence of degradation which is a significant cause for concern and requires sustained management effort in order to respond to and redress

5. Chief Executives Update (*Part Two*)

5.1 Quality of Care

COVID-19 – ASPH update

The national vaccination programme has been a huge success and because of this, the number of people requiring admission to hospital and/or sadly dying is lower now than we've experienced in previous waves. Whilst it is positive that fewer people are becoming seriously ill with COVID-19, we are starting to see infection rates rise locally and nationally, so it is important that we remain cautious and vigilant.

As you'll be aware, the government proceeded with step 4 of the roadmap on Monday 19th July and lifted most legal restrictions including the legal requirement to wear a face covering and to socially distance in public. Within healthcare settings there has been no change, and at ASPH, our robust Infection Prevention and Control guidance and visiting restrictions remain in place to keep patients, the team, and our local community as safe as possible. The NHS will continue to reinforce messaging to ensure that national guidance is followed in all healthcare settings, you can read more about this here.

Incident at Ashford

During the early hours of Tuesday 13th July there was a small fire at Ashford Hospital in one of the theatres. No patients or staff were in the theatre at the time of the fire and no patients or staff were harmed by the fire. The fire was extinguished quickly and there was no need for a full evacuation of the site, however some patients were transferred to a ward situated further away from theatres as a precautionary measure.

A thorough investigation of the cause of the fire is underway. The team who were on site at Ashford at the time managed the situation and worked quickly and calmly to ensure that staff and patients were unharmed. One theatre is currently out of action and will be for the next few months, so procedures scheduled for this theatre are being re-arranged. A second theatre has some temporary restrictions on use. All other theatres within the wider Ashford theatre complex are unaffected and the team are working hard to ensure that there is minimal disruption to patients.

Surgical Site Infection Surveillance (SSIS) Programme

The SSIS team are responsible for ensuring that the risk of patients developing a surgical site infection (infection that occurs within 30 days after a surgical procedure or within 1 year if an implant was used) is minimised.

Earlier this year, the team launched an internal newsletter to raise awareness of the SSIS programme across the Trust. An important part of the programme is collecting data around surgical site infections and implementing the NICE (National Institute for Health and Care Excellence) care bundles for prevention of surgical site infections.

In the most recent update, Mr Matt Eritty, Consultant in Obstetrics and Gynaecology, shares how the Maternity team have been conducting their robust data collection; “Inspired by GIRFT (Get It Right First Time), we decided to try and capture all of the SSI’s resulting from caesarean sections at ASPH by performing telephone interviews after 30 days from the procedure. This has been a lot of work for our juniors who have been conducting the interviews, but the programme has raised a lot of awareness on good practise measures. There has been a lot of support for the project from the team and we have supported a move of elective caesarean sections to main theatres which has significantly improved the experience for women attending for an elective caesarean.”

The SSIS team are doing a great job to ensure that colleagues are informed and able to support the programme, and that we are doing all that we can to prevent patients contracting a surgical site infection.

5.2 People
National Thank You Day

Earlier this month we marked the national Thank You Day to recognise the fantastic contribution that has been made over the past 18 months, not just by health and social care workers but all frontline workers. We have been overwhelmed by the support and kindness shown to us by local businesses, schools and volunteers and it was great to be able to come together and recognise this.

Recognising the contribution of Team ASPH

We have also been thinking about an appropriate way to commemorate the outstanding response that colleagues have sustained since the start of the pandemic. The Board and the wider leadership team wished to find an authentic and meaningful way to do this which reflects some of the incredible achievements and remembers colleagues whom we have sadly lost during this time.

Last year, we invited all colleagues to take an additional day’s leave as part of our health and wellbeing response, and we’ve honoured and thanked individuals as part of the New Year’s Honours Awards earlier in the year, but we also wanted to give a permanent memento, so colleagues have something to look back on and be able to share over time with their loved ones. We have decided to do this in the form of a commemorative COVID Star Medal and a remembrance yearbook.

The COVID Star Medal has been designed by Cambridge sculptor, Harry Gray, known for his Battle of Britain monument on the White Cliffs of Dover. Inspired by people saying that doctors and nurses deserved a medal, Harry designed a contemporary version of the Florence Nightingale medal so that NHS workers had something to wear in recognition of their service. We will be gifting these medals to all colleagues who worked with us during the pandemic, along with a special edition yearbook that will record some of Team ASPH’s achievements and reflections of this time.

We recently made a short video with James Thomas, Chief Operating Officer and Louise McKenzie, Director of Workforce Transformation where they speak in more detail about the COVID Star Medal and yearbook which you can view here. James was also joined by Harry on BBC Radio Surrey last week, where they discussed the medal and our plans to distribute these later this year - you can listen here (the segment starts at 01:35:30)

Deputy Medical Director Appointed

I am delighted by the announcement that after a thorough selection process, Mr Shashi Irukulla has been appointed as Deputy Medical Director.
Shashi has a great breadth of experience working across the Trust. He was appointed as a Consultant Upper GI & Bariatric Surgeon in August 2011 and went on to lead the implementation of several Trust services including the Oesophageal Physiology Lab and acute gallbladder surgery. He was the lead for higher surgical training until January 2018 when he was appointed as Divisional Director for TASCC (GS-ACT). During this time, he has also been an interim Divisional Director for iMSK and UEC.

In addition to his roles within the Trust, Shashi has overseen various projects including the Bariatric Surgery Expansion Project, a collaborative piece of work with Frimley Park, Medway, and Royal Surrey County Hospitals' and more recently, Shashi has led the Vascular Transformation Programme, to safely and effectively centralise ASPH's vascular services. Shashi is also the clinical lead for the SSIS programme referenced above.

I am absolutely delighted for Shashi and for Team ASPH, he brings a wealth of experience as well as great passion and enthusiasm for clinical leadership.

5.3 Modern Healthcare

Education Awards and Immersive Simulation

It's a really exciting time for education and training at ASPH as we have a great team with an extensive breath of experience and knowledge, and we've updated our facilities utilising some of the latest technology.

Earlier this month, the Education Team held an open day for colleagues at St Peter's to showcase the new training facilities and share insight into the education that the Clinical Educators deliver. As well as hearing from colleagues about the latest educational developments, the Education Centre's facilities were open for colleagues to view the Skills Lab, the Tech Bubbles, and the Sim Suite, with demonstrations of the latest training equipment from 'Limbs & Things', and Immersive Simulation in which the real working environment is projected onto the walls and ceiling of the sim suite to enhance the learners' experience. It is fantastic equipment and helps to bring the training scenario to life.

Later in the day, I was delighted to be able to join the team, together with Andy Field, Chairman, and Dr David Fluck, Medical Director for the Educational Awards. These awards are held to recognise and celebrate the teams' contribution to multidisciplinary education within the Trust

and this year it was particularly special to acknowledge the fantastic work that had been undertaken despite the demands of the pandemic.

Some of the categories included the educator awards for nursing, midwifery and clinical teams, Junior Doctors of the Year, Allied Health Professional award, and a really special Lotus award, recognising those who have extended compassionate care to families after their loved one has died. The Lotus, also called the Flower of Life, represents the ability to come from a place of darkness into light.

It was an inspiring and informative day and it was great to hear more about the considerable and great work happening across the domains of education and training. Providing high quality and innovative education and training not only builds capability in the organisation with all the attendant benefits to the quality of care for patients, but is also an important part of the approach to recruitment and retention and is an articulation of the value we place on colleagues, and their personal and professional development.

Implementation of new Workforce Systems – Rostering and Induction

As we strive to become a Trust that uses digital technology and innovation to empower patients and improve clinical pathways, safety, and efficiency, it is important that we regularly review our HR systems for the benefit of our workforce.

We have recently introduced two key workforce systems which will improve and streamline, processes for colleagues, concentrating on rostering, as well as the recruitment process for managers and induction process for new members of the team.

Rostering

We've been working with an integrated workforce system (Rotageek) that has allowed us to improve our rostering for clinical staff, to ensure that we have ample cover to care for patients, and also provide teams with a simple solution to track their shifts, book annual leave and swap shifts with colleagues through a mobile app.

Rotageek is currently available for clinical staff working in anaesthetics, trauma and orthopaedics, and the Emergency Department. We are currently rolling out the system to therapies, ophthalmology, women's health and paediatrics, imaging, and pathology, with further implementation planned to surgical and medical specialities in the coming months.

Recruitment and Induction

As well as improving systems for current staff, we recognise the need to improve our recruitment processes for those looking to join Team ASPH to ensure that we showcase the Trust as a great place to work.

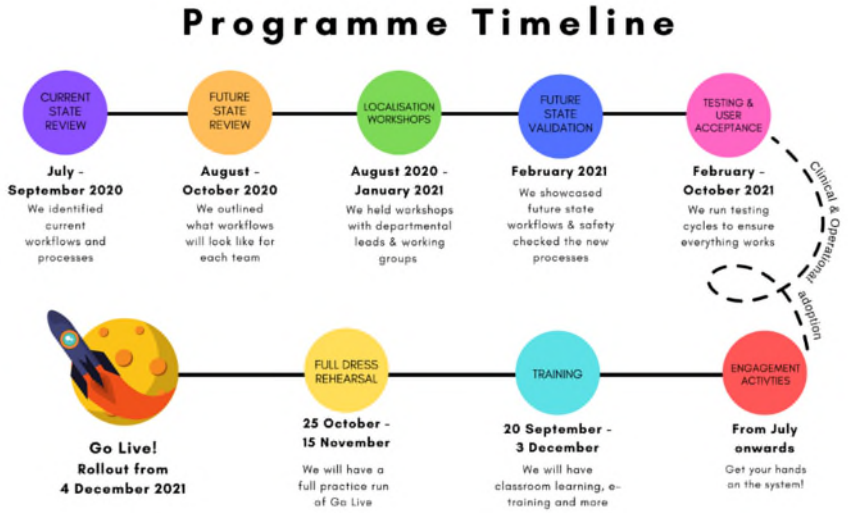
Earlier this year, we launched the *Hire Lab* recruitment and candidate engagement portal which will allow us to automate and streamline our hiring process – from application right through to the on-boarding process.

The new portal will allow candidates to engage with recruiting managers through each stage of the hiring and selection process, and to track their progress, enabling better communication and visibility during the recruiting process for those involved.
The Hire Lab portal will provide a positive recruitment experience for anyone joining the Trust, as we know this will improve the new starter experience and have a positive impact on staff retention.

5.4 Digital

Surrey Safe Care

It's been another exciting and productive period for the Surrey Safe Care programme team. In last month's report I mentioned system testing, and now we have moved on to End User Testing. It's great to finally get some of our end users involved in trying out the system in earnest and then the team log and resolve any issues that arise. The planning that goes on behind the scenes is phenomenal and we now have over 100 people involved in the programme. It is this level of detail and commitment from the team that we hope will stand us in good stead to ensure a safe go-live.



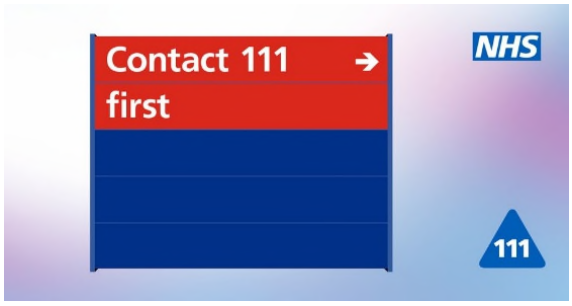
Supporting the wider Digital Strategy

Meanwhile, the Digital Programme team, who are not directly involved in the Surrey Safe Care programme, are continuing with some of the other objectives of our overall digital strategy. A few examples of that are listed below.

- We have recently introduced a new system called Sonicaid Centrale to digitise cardiotocography (CTG) monitoring for unborn babies across our maternity services. This also provides the ability for recordings to be remotely accessed by clinicians.
- Neonatal Intensive Care Unit (NICU) will be going live on 2nd August with an enhanced version of their current BadgerNet system, providing a more complete electronic patient record supporting the progression away from paper records and enabling future integration with other systems.
- Another service moving to an enhanced electronic record is Rheumatology where the DAWN system will be going live towards the middle of August. Enabling integration with laboratory results, this will help to improve outcomes by helping to determine the best next steps in care for the patient. It will also remove the need for the clinicians to access and transcribe laboratory results from other systems.
- In the autumn we will be launching a new IT Service Desk system called Hornbill. This will enable all staff to log and track IT calls 24/7 through a simple online portal, removing the need to telephone or email the IT Helpdesk. Hornbill is also used at Royal Surrey

and by purchasing the same system as part of our vision of working closely together this will support both IT Service Desks as part of the support model for the Surrey Safe Care going forward.

5.5 Collaborate



Working with partners to promote key messaging

We continue to work with healthcare partners to support and share key messaging with patients, colleagues, and the local community. Recent campaigns have included promoting the pop up 'grab a jab' COVID-19 vaccination sessions that Surrey Heartlands have been running and sharing guidance about how to stay safe and access local facilities from Surrey County Council. We have also been supporting the national Help Us Help You campaign which promotes the use of NHS 111 before attending A&E to be directed in the most appropriate service.

An update on the Integrated Stroke Delivery Network (ISDN)

Earlier this year, ASPH's Stroke and Neuro services Therapy Manager, Kathy Anderson, was appointed Co-Clinical Director of the Integrated Stroke Delivery Network (ISDN) to improve the quality of stroke patient care across Frimley ICS and Surrey Heartlands ICS.

ISDN's will be responsible for designing and delivering optimal stroke pathways, so that more people who experience a stroke receive high quality specialist care from pre-hospital, through to rehabilitation and life after stroke with a joined up approach across GP's, hospitals, community services, the Ambulance Service, the Stroke Association and other partners. Kathy will be working alongside the Acute Clinical Director to develop new and improved local stroke services in line with the NHS Long Term Care plan objectives.

The aim is to make the patient journey the best it can be, ensuring that patients receive specialist, high quality and consistent care based on individual needs. Kathy's extensive stroke and neuro knowledge and expertise will be an enormous asset in developing the right care pathway for patients once they leave hospital.

For the first time, a clinical professional will be able to provide best practice advice, join up clinical and non-clinical partners and support the Network in its goal to change the way stroke patients are served in the South East region and nationally.

Working with Bourne Education Trust

Along with other members of the leadership team we recently met with Bourne Education Trust, a local charity which strives to maintain good and outstanding schools and to ensure the rapid improvement of schools which need support.

Bourne Education Trust

The Trust acts as the lead sponsor for any school that wishes to become an academy or for schools which are being directed to become sponsored academies by the Department for Education. We had some meaningful discussion about the ways in which we can work collaboratively to improve the education and health and wellbeing of children and young people and how we can promote the vast career opportunities within healthcare and NHS. It's a really exciting project and I'm looking forward to working together and will keep you updated on future developments.

ASPH Strategy Refresh

Last month we launched an exciting engagement programme, focusing on reviewing and refreshing our *Together We Care* strategy - shaping the future direction for ASPH.

Since then, some great work has been happening and we've held several engagement sessions with stakeholders including colleagues, members, and partners. These sessions have been beneficial, and it has been insightful to hear the different views on our Trust priorities, aims and vision
Our Strategy guides how we deliver and develop our services, and the other work we do to achieve our mission including how we support our community and how we ensure the wellbeing of Team ASPH and over the coming weeks and months we will be holding further engagement sessions with different groups to ensure that we get the widest possible range of views.

Please do visit the resource hub which offers more information about our Strategy, including podcasts about each of our strategic objectives and a link to a short survey where you can share your thoughts and feedback.

6. Finance - 2021/22 Financial Position - Month 4

At 31st July 2021 the Trust reported a position that was short of the NHSI financial performance target by £0.5m as follows:

	Plan to 30 September 2021	Mth 4 YTD Plan	Mth 4 YTD Actual	Mth 4 YTD Variance	Forecast to 30 September 2021
Income	199,350	133,233	133,902	669	202,214
Income - Top up	0	0	228	228	228
Pay	(123,459)	(81,783)	(80,101)	1,682	(121,968)
Non-Pay	(66,489)	(43,906)	(47,032)	(3,126)	(71,083)
EBITDA	9,403	7,544	6,997	(547)	9,392
EBITDA %	*4.7%*	*5.7%*	*5.2%*		*4.6%*
Below the Line	(8,031)	(5,338)	(5,336)	2	(8,020)
NHSI Control Total Surplus	**1,372**	**2,206**	**1,661**	**(545)**	**1,372**
Excluded from Control Total					
Impairments	0	0	0	0	(2,500)
Net Donated Assets	(35)	(20)	(19)	1	(54)
Overall Surplus/(Deficit)	**1,338**	**2,186**	**1,642**	**(544)**	**(1,182)**

NHSE/I have set systems financial targets for the first six months of the 2021/22 financial year (H1), hence the plan and forecast above covers that period. We are awaiting final details of funding and targets for the second six months.

The I&E plan figures presented in the table reflects the NHSI plan for M1-6 and now includes the impact of the Elective Recovery Fund (ERF) for that period, both income and cost. As such these plans are set on the basis of achieving ERF targets against a baseline of 85% of the 2019/20 activity levels (in £ terms). Since that plan submission NHSI have subsequently amended the ERF baseline to be 95% from 1st July 2021 and this has impacted the Trust's income in month 4 and the H1 forecast.

Extra income of £7.1m has been reported for M4 YTD as a result of exceeding the ERF trajectories set by NHSI, however this is below plan. As yet the Trust has only received notification about the agreed ERF amount for April, hence there remains some uncertainty that the system as a whole has met the relevant targets, that gateway assessments have been met and that the valuation of the additional work has been recognised by NHSE/I.

On the basis of the above the Trust is reporting a position at M4 YTD that is £0.5m behind the NHSI control total target. Lower income has been recognised from the ERF (£2.3m) and Covid-19 (£1.5m) funding, but has been offset by additional BSPS Lighthouse Lab funding (£3.5m) and other income sources. At the end of M4 the Trust has deferred income of £1.5m relating to incremental Covid-19 funding to match against costs expected in the remainder of H1.

The reported YTD variances are:

(i) pay costs are £1.7m favourable to plan;
(ii) non-pay budgets are £3.1m higher than plan due to an adverse variance on Clinical Supplies (£1.8m), Consultancy (£0.7m) and other (mainly Lighthouse £0.8m); and
(iii) operational income is £0.9m favourable to plan.

The forecast in this report, and in NHSI reporting, is now based on the ERF baseline of 95% of 2019/20 activity levels from 1st July 2021 - this has impacted the finances. At this stage the Surrey Heartlands system does not want to amend its overall forecast, hence the forecast above is shown as being on plan - there remains a significant, currently unmitigated, risk to achieving this.

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.

Cash balances remained high at £67.0m but fell again in July. ERF operating expenditure has not yet been matched by any cash receipts for the ERF income.

Capital

The Trust has an overall capital programme for 2021/22 of £23.8m. Although the programme is £4.2m behind plan at month 4, the forecast remains at £23.8m and fits in with the agreed system position and nationally agreed PDC allocations.

7. Recommendation

The Council is asked to RECEIVE the report.

Appendix 1 – 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.		Med	16	L4x C4 (12)	⇧	Risk description updated and score adjusted following disaggregation from IPC risks (North Star Objective) see 1.1a below. The Committee agreed the likelihood should increase from 3 to 4 following emerging issues with OPD referrals and capacity	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		L3xC4 (12)	-	**New risk**: disaggregated from Risk 1.1 - see above	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)	⇧	Increase in likelihood score to 4 risk score based on the initial patient feedback scores against our strategic priority questions for patient experience & current response rates.	Low ⇔
2. Modern Healthcare								
2.1	Inability to live within the new financial framework envelopes (when announced) due to the likely requirements to run elective work during winter, undertake or outsource additional catch up activity, whilst reconfiguring / expanding bed, diagnostic and outpatient capacity, & given existing staffing constraints.		Med	12	L4 x C3 (12)	⇔	No change – this risk is being tolerated whilst financial planning arrangements are on hold during the pandemic.	High ⇔
2.2	A failure to maintain the Trust's physical environment and clinical infrastructure, may lead to clinical pathway difficulties, deteriorating		Long	9	L5x C4 (20)	⇔	No change – risk upgraded in May due to system wide capital restrictions and requirements to scale back plans.	High

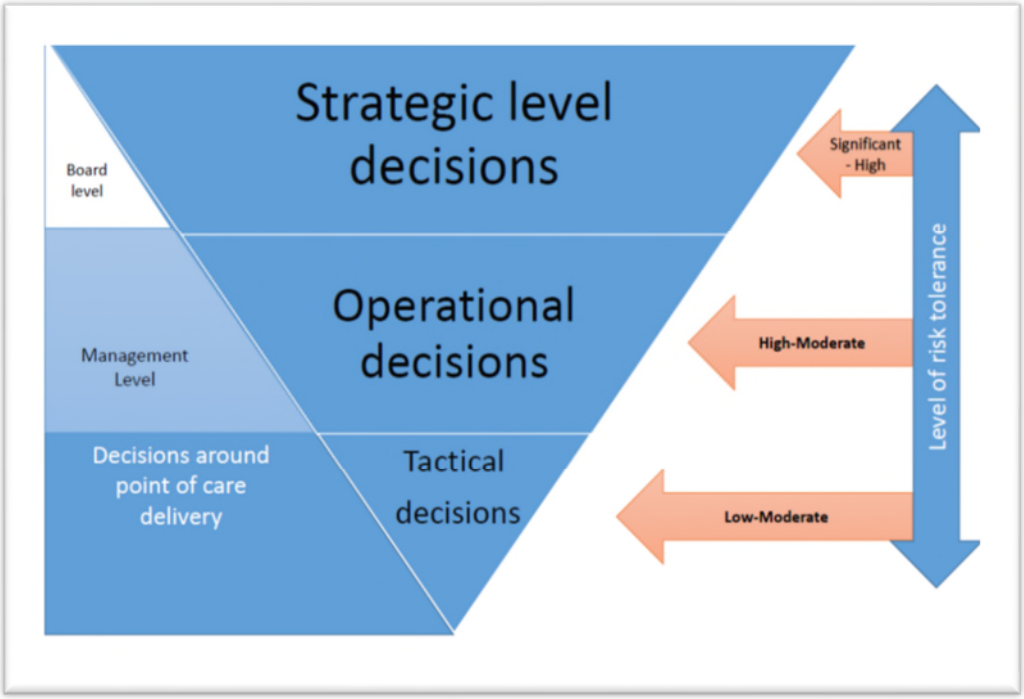
	patient and staff experience, patient safety, and health and safety risks.							⇔
2.3	A failure to deliver constitutional and operational targets leading to increased patient delay, poor patient experience, increased patient safety risks, increased outsourcing or activity and corresponding loss in productivity / efficiency.		Imminent	12	L5 x C4 (20)	⇔	No change – Although constitutional targets are suspended the risk is increasing and issue and impact upon patient care remains – hence likelihood and consequence unchanged	High ⇔
2.4	The myriad of changes to operational arrangements, supply/demand, social distancing requirements and increased staff absence from Covid 19 may have substantial impacts on our previous productivity / efficiency and financial standing.		Imminent	16	L5 x C4 (20)	⇔	No change – internal efficiency had been improving but may not achieve previous levels.	High ⇔
2.5	Potential external impacts from the Surrey Heartlands ICS overall financial, activity level, & waiting list positions as well as requirements for mutual aid.		Imminent		L4 x C3 (12)	⇔	No change, system financial planning is effectively suspended until H2 2021/22 and more than likely until 2022/23.	High ⇔
3. Digital								
3.1	***ePR Programme (digital strategy) – Risk description updated*** There is a risk that the anticipated outcomes to improve quality and safety integral to the Trust strategy may be compromised if the Surrey Safe Care programme is subject to undue delay or if the initial go-live scope is significantly reduced.		Med	12	L4 x C4 (16)	⇔	No change - Although increased from the initial score, this rating remains at 16, due to the current fluid nature of the Surrey Safe Care Programme and the very tight programme timelines with no tolerance remaining to ensure December go-live date and remain within financial envelope	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 C4 (16)	⇔	No Change	High ⇔
3.3	***Cyber Security and Data Protection*** Cyber security and data protection breaches could threaten the provision of IT systems, leading to issues of patient safety, experience or quality risks, or process delays.		Med	12	L3 x C4 (12)	⇔	No Change	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	L3 x C4 (12)	⇔	Mitigations are in place although this remains a significant risk facing the organisation at present with the risk of turnover of staff due to Covid and potential future surges	**Low** ⇔
4.2	Inability to recruit and retain leading to a poor staff and patient experience		Med	9	L4 x C5 (20)	⇔	No change	**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	**Moderate** ⇔
5.Collaborate								
5.1	Insufficient capability and capacity to deliver the strategy programme (i.e. the strategic objectives) in accordance with the operating plan so that effect is diminished and/or service sustainability is significantly challenged.		Long	16	L3 x C4 (12)	⇔	No change	**High** ⇔
5.2	External factors such as decisions taken by national, ICS, ICP impact our delivery or attempt to counter our objectives or undermine our service sustainability		Imminent	12	L5 x C4 (20)	⇔	No change	**Significant** ⇔
5.3	Ineffective oversight of the strategy may result in the desired effect and intended benefits to quality and sustainability of patient care not being realised.		Med	9	L3 x C3 (9)	⇔	No change	**High** ⇔
5.4	Ineffective or insufficient focus on stakeholder management may result in effective external relationships not being sustained		Long	8	L2 x C4 (8)	⇔	No change	**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

Appendix 2 Risk Appetite Statement



Safety and quality of patient care drives all major decisions in the organisation and the Trust has minimal appetite overall for risk exposure that could result in diminished care quality.
The level of risk the Trust is willing to tolerate is dynamic and will naturally decrease in relation to proximity to patient care (Fig 3.)
In the pursuit of its objectives, the Trust is willing to accept, in some circumstances, risks that may result in some financial loss or exposure to reputational damage including a small chance of regulatory action but will not pursue risks that are not fully assessed and understood and where benefits are significant.

Risk Appetite by strategic objective (sub-board committee level)

RISK APPETITE						
RISK CATEGORY	**STRATEGIC OBJECTIVES**					
	Collaborate (Strategic Change)	Modern Hospital	Integrated Digital	People	Quality of Care	**Overall**
Quality (patient safety, experience & clinical outcomes)	SIGNIFICANT	MODERATE	MODERATE	LOW	LOW	MODERATE
Finance	SIGNIFICANT	HIGH	HIGH	MODERATE	HIGH	HIGH
Workforce	SIGNIFICANT	SIGNIFICANT	SIGNIFICANT	MODERATE	HIGH	HIGH
Operational Performance	SIGNIFICANT	SIGNIFICANT	HIGH	MODERATE	MODERATE	HIGH
Strategic Change & Innovation	SIGNIFICANT		SIGNIFICANT	SIGNIFICANT	SIGNIFICANT	SIGNIFICANT
Regulation & Compliance	HIGH		MODERATE	MODERATE	LOW	MODERATE
Reputational	MODERATE		LOW	MODERATE	LOW	MODERATE

The level of risk the Trust is willing to tolerate is dynamic and will naturally decrease in relation to proximity to patient care