Ashford and St. Peter's Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS
8 DECEMBER 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 September to November 2021 and represents the view of the executive portfolio leads: • Quality of Care • Modern Healthcare • People • Digital • Strategic Change Committee. 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). The summation of the triangulated detail contained within this report is that there are continued 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 remain largely unchanged and the continued implications for workload and well-being of Team Ashford and St Peter's (ASPH) remain significant. The key emergent issue first reported in September 2021 and remains extant is that of diminishing team resilience and the associated risk that this leads to negative impacts to the quality and safety of patient care and experience. This is now reflected as a stand-alone strategic risk (risk 4.4). The Trust has seen a high and sustained level of Covid community transmission with consistent numbers of patients being admitted, although still in lower numbers than during the first and second wave. Following the successful introduction of the vaccination programme, it is now clear that immunity wanes over time and the mobilisation of the vaccine booster programme is an important mitigation of the risk of increased hospital admissions. Most recently the emergence of a new variant, yet to be fully understood, alongside a small number of hospital acquired covid infections reinforces the need for continued vigilance and rigorous

	infection, prevention and control measures and careful patient pathway management. All of which continues to place additional demand on the operational running of the Trust. We have now seen surging demand upon the emergency and non-elective care pathway for several consecutive months and there continues to be a high number of hospital admissions both within the Trust and across the system and region. Referrals have also continued to increase in volume and these, coupled with the ongoing work to address the backlogs in diagnostic and planned care, continue to require significant levels of additional resourcing and capacity. Mitigating actions are in place and are being closely monitored and strengthened through a process of continuous learning. Despite an unremitting range of pressures upon the non-elective and elective pathways, the risks to quality and safety of care are largely mitigated through the agility, diligence and continued efforts of Team ASPH. This, alongside purposeful and carefully planned recovery activities, has meant we have not seen deepening risks to the quality of care although the issues remain. The very recent, unannounced inspection by the Care Quality Commission (CQC) in mid-November provided some assurance in this regard as the inspection team provided high level feedback that '*Staff were committed to providing the best care they could and focused on the needs of patients. Patients all appeared well cared for*'. We currently await the formal report and feedback from the CQC. The financial risks remain significant however, this year's challenge has been mitigated through a non-recurrent scheme that rewards elective care and supports a recovery of the backlog of patient care. This should enable a break-even financial position to be achieved at year-end. Continued uncertainty remains over the financial arrangements for 2022/23 that in the face of the underlying position will remain a significant challenge. Work is underway locally and across the Surrey Heartlands system to consider options to improve the overall position. The Surrey Safe Care Programme continues to be a key deliverable and there is some considerable detail within this report as we press ahead in meeting key milestones and increase the wider engagement piece and programme of staff readiness and training. The current key phases of the programme are achieving the objectives within the timescale tolerances and a number of key milestones have been achieved and this is boosting confidence across the programme overall. As factors driving the risks endure, the impact upon the resilience of Team ASPH remains a deep concern. Two key developments in helping support and protect team resilience have been the vaccine booster programme as well as the opening of the St Peter's Hospital Health and Well-Being Hub which has been very well received and utilised and is one of a range of ongoing programmes of work to support colleagues across the sites. The key mitigation of the range of risks associated with the pandemic

	response and the recovery remains the ability of Team ASPH to go beyond, bridge the gaps and bring their professionalism, creativity and compassion to bear in avoiding the potential negative impacts to the quality and safety of care to patients. The recent CQC inspection tested their resilience further. I cannot over state how proud and impressed I was by the way in which the team responded. The leadership, diligence and focused response was outstanding when set against the backdrop of the on-going scenario and scale of the pressures. I record my deep thanks to the whole team here. In summary, there continues to be a range of sustained and significant risks affecting each strategic objective and whilst the pressures upon the team are unremitting, they are static in nature and a deepening of the risks to the quality of care has not been observed although the issues remain. Nevertheless, the prolonged and burdensome nature of the demands placed on Team ASPH remain of significant concern. Part two of this report continues with a general update against each strategic objective, intended to provide assurance to the Council 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's operating plan and strategy. The format and content of the report remains iterative and continued feedback on its utility and further development is welcomed.
PRESENTED BY	Suzanne Rankin, Chief Executive
DATE	December 2021
BOARD 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 sub-committees during September to November 2021: Quality of Care, Modern Healthcare, People Committee, Integrated Digital and Strategic Change 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 heard that there were several main areas to note derived from the data:

- **Patient Experience:** The percentage of complaints responded to within the Trust standard was 92% in September 2021 and 100% in October 2021. PALS closure within the Trust standard was 84% in September 2021 and 88% in October 2021. The overall Friends and Family Test (FFT) Trust response target rate of 20% was not met with a rate of 2.9% in September 2021 and 3.7% in October 2021. Viewpoint usage reports were now being provided weekly to encourage more regular use and in outpatient areas that do not have a device, posters have been displayed inviting patients to complete the surveys online using a QR code. The Healing Arts Programme continues to make good progress.
- **Medication Safety**: The reported number of incidents with harm over the reporting period was within the target aim.
- **Infection Prevention and Control (IPC):** In September 2021, there were 0 Trust apportioned cases of Covid and in October 2021, there were 4 probable and 7 definite cases. Of the definite cases, 6 were related to an outbreak on Swift ward. A detailed series of actions have been taken or are underway which have been derived from root cause analysis of the outbreaks. Going forward any confirmed hospital acquired Covid cases would be recorded and investigated as Serious Incidents.
- **Patient Harms:** Hospital acquired category 3 and/ or unstageable pressure ulcers was not met in the reporting period and had exceeded the target.
- **Endoscopy:** An incident currently under investigation is related to a backlog of endoscopy appointments for August 2021 and September 2021. It was confirmed that all appointments had now been booked and to date no patient harm has been identified. This issue correlated with an increase in the number of PALS enquiries received relating to colorectal and endoscopy.
- **First Outpatient and Follow-up appointments:** The impact of Covid and the risk of contagion was contributing significant disruption for elective surgery and routine outpatients although the recovery and restoration programme was now in place creating additional capacity and considerable improvement in the reduction of long waiting patients. Demand was however, continuing to increase and on-going close monitoring of Urgent waits over 6 weeks, Routine waits over 18 weeks, and Overdue Planned Follow-Ups was ongoing. Urgent waits over 6 weeks had shown a good trending reduction with Routine waits over 18 weeks also showing a reduction. Additional activity is being created using both insourcing and outsourcing.

The Committee considered that the KPIs indicate that the risk scoring for 1.1 should be maintained at 16 and also agreed the proposal to increase the current risk score for 1.1a infection prevention and control from 12 to 16 increasing the likelihood from 3 to 4, due the one Covid outbreak in October 2021 but a further 4 in November 2021 and a peak in E.coli blood steam infections.

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 Constitutional RTT (Referral to Treatment) standards had been temporarily shifted to national Phase 4 post-Covid recovery and H2 Planning priorities. The following were key issues to be aware of:

- **Urgent care:** Emergency Department (ED) and Urgent Treatment Centre (UTC) remained under sustained pressure although the Trust's regional and national ranking continued to increase for the month. ED Performance compared nationally using the NHS Improvement metric (including Ashford and Woking Walk in Centres), the Trust was positioned 18th of 112 Trusts. When comparing the Trust for St Peter's (SPH) site only for October the Trust was positioned 31st of 112 Trusts.
  Assurance: We continue to have partial assurance around delivery of the 4-hour standard in the current environment. Whilst we have a live improvement programme both within ED and supporting flow, the impact of increased attendances post-Covid, unpredictable surges in demand, and potential for growing Covid related presentations continued to impact upon delivery of the 4-hour standard.
- **Referral to Treatment (RTT):** The Trust recorded a non-compliant performance for RTT Incomplete Pathways at 80.6%, although remains considerably above the NHSE England Average recorded at 66.5% for September (latest data published on 11th Nov 21).
  The Trust had however made considerable progress in reducing long waiting patients and had plans to deliver the national ambition minimum 'clock stops' treatments between October 21 and March 22 in comparison to the equivalent months during FY2019.
  Assurance: The Trust had acceptable assurance at this stage that plans are developing to achieve the required levels of activity. Optimising elective facilities at Ashford is essential to allow increased uninterrupted elective operating through the autumn and winter months but pressure on acute beds in extremis could affect this.
  Outpatient Activity: In relation to overdue follow-ups, the Trust had again made good progress in reducing the number of long waiting patients although progress had slightly slowed over summer with patients waiting between three and six months having slightly increased. With regard to first outpatient appointments, there were previously identified failures in the outpatient triaging and appointment booking process within the Appointment Centre had which initially affected 1,250 Ophthalmology patients and 1,101 Gastroenterology and Colorectal patients. All those patients had now been clinically reviewed and those highlighted as urgent had either been seen or had appointments booked.
- **Diagnostics:** The Trust recorded a non-compliant performance for the Diagnostics and Waiting Times Activity (DM01) standard in October with performance recorded at 88.2%. Endoscopy continued to be challenged due to availability and consistency of scheduling staff coupled with increasing diagnostic internal referrals due to a deliberate increase in outpatient activity as part of restoration. There had also been considerable continued increases in urgent inpatient endoscopy referrals. However, good progress was now being made with a range of improvements in booking processes and the IPC screening pathway for patients and this was now evidenced through significantly improved utilisation of the endoscopy units.

Assurance: The Trust had partial level of assurance regarding ongoing delivery of diagnostic activity similar to or above pre-Covid levels.

- **Cancer:** For September (latest national upload) the Trust reported compliance for 6 of 8 Cancer Standards. The number of cancer patients waiting greater than 62 and 104 days had increased due to a rule change requiring patients to be notified before their cancer pathway can be closed. Divisional teams were implementing revised notification to patients.
  Assurance: The Trust had partial assurance that the Trust will continue to deliver against the key cancer waiting times standards.

1.2.2 Finance

The Trust was reporting a position at Month 7 Year to Date (YTD) that is a surplus of £1.0m on an NHSI control total basis which is lower than the H1 (quarter one and two) YTD reported position of £1.4m. This was on the basis of accruing £2.3m of Elective Recovery Fund (ERF) income for October under a new clock stop methodology - this was an estimate as the Trust does not know its actual outturn yet. A lower position was expected for October as the phasing of the estimated £18.9m H2 (quarter three and four) ERF income had a lower proportion in October.

The Month 7 results were used as the basis for projecting the H2 plans that were submitted to NHSI on 25th November 2021 and the NHSI surplus set for H2 is the same as H1 as £1.372m.

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

In addition to the system allocations and core ERF, Surrey Heartlands Clinical Commissioning Group (CCG) had also successfully submitted bids for the Targeted Investment Fund (TIF), ERF + and Discharge. On 15th November 2021 the CCG were advised of £2.774m of additional funding for the full year for ASPH and the Trust has asked the CCG to hold these funds within the CCG plans, but for these to be reserved for use to offset ERF and cost risks in the period.

The Committee heard in summary that elective recovery was strong but there were continued challenges around meeting the constitutional standards in the current operating context. Also, that there had been an opportunity to secure non-recurrent funding; a further incentive around recovery activity and this would enable the Trust to achieve a break-even or better financial position at year-end. However, the ongoing financial challenges remained with uncertainty around commissioning arrangements for 2022/23 and as such there were no proposed changes to the strategic risk scores proposed.

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 that could influence 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 increasing concern about staff.

- Risk of ongoing absence due to potential Covid surge whilst Covid virus remains in circulation.
- Morale and resilience may be affected by ongoing travel restrictions and people being unable to take satisfactory rest time or visit families in countries that are on the red list.
- Risk of increased cost to resource maternity services in line with the Ockenden Review and plan for Respiratory Syncytial Virus (RSV) impact in Paediatrics.
- Risk of lack of resources for the delivery of the 110% target for elective activity.
- Impact of Covid vaccine mandate on frontline workers.

The Committee had a rich discussion covering the details contained within the following:

- Workforce report
- Deep dive report from the Women's Health and Paediatrics Division
- An update on Equality, Diversity and Inclusion (EDI) activities
- Report of the Guardian of Safe Working
- Job planning compliance plan
- Adult ward safe staffing report
- Nursing and midwifery and allied health professions (AHP) revalidation report
- Employee relations report.

Following these reports and discussions the Committee considered the assurances and Key Performance Indicators (KPIs) aligned to each of its strategic risks and did not change any of the existing scores. Risk 4.2 was debated as currently recorded and when triangulated against the associated KPIs it would appear that the risk of being unable to recruit or retain staff was a diminishing challenge and that the evidence was that the mitigations were highly effective. The discussion concluded that a further discussion was required and a potential revision of the risk description was necessary to ensure it fully captured the challenge that is felt on the ground by teams by the additional requirements to staff new areas, escalation areas and additional activity in theatres, outpatients and so on. A new risk 4.4 covering team emotional and physical resilience was accepted and recorded.

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

The Integrated Digital Committee heard that the Surrey Safe Care programme had returned to amber status and that the current key phases of the programme (Patient Administration System (PAS) build, data migration and integration testing) were on track and a number of key milestones had been achieved boosting the programme overall. Workstreams reporting concerns were monitored via a weekly 'Path to Green' meeting, and any workstream requiring immediate escalation holds daily meetings with the senior leadership team in both ASPH and the Royal Surrey (RSFT).

The back-office support approach is still under discussion and the Committee heard that there are a number of posts that need to be secured as permanent. In July, a resource proposal was approved in principle at the Trust Executive Committee (TEC), but further discussion with RSFT is required to agree on the support model matrix. To facilitate this, joint weekly meetings were now in place and a written proposal is under development to be presented to the next Joint Digital Committee.

Preparation within the Training Workstream was in full swing and a key focus is the development of the e-learning and the lesson plans for the classroom-based training, as well as asking the divisions to book their training. This workstreams come under the engagement umbrella, and a number of wider engagement activities were underway to ensure that wider buy-in to the programme ahead of go-live.

The risk profile of **3.1 ePR Programme (digital strategy)** had been increased to a critical level in the interim from the previous Committee, due to issues with the build of the Surrey Safe Care solution, which had caused delay. However, following escalation, an increase in resource, and a revised plan, the risk could be de-escalated and so whilst the movement was recorded in the minutes, the previous score remained. In terms of the risk description, the Committee discussed the impact of the delay on safety and quality of patient outcomes, as opposed to financial and project delay. On reflection, the committee proposed that this should be split into two risks and presented to the next meeting in February 2022.

In relation to **Risk 3.2 Critical Systems Maintenance and Replacement**, the Committee heard that the data centre resilience project was underway and expected to complete in December 2021. The Committee also heard from the wider programme and the other digital services projects as well as those that are part of the wider Integrated Care System (ICS) programme, with no specific concerns raised.

With regard to **Risk 3.3 Cyber Security and Data Protection** the KPIs were monitored by the closed committee, in order to provide assurance against this risk. Furthermore, the Committee observed that management of known risks was improving, and that the concerns relating to unknown risks and future threats are different and need to be separated. With that in mind, similar to 3.1 above, this risk will be split into two and presented to the next meeting in February 2022.

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 on 30th September 2021 and received detailed update reports upon progress upon the strategic transformation delivery plan and the work underway currently to refresh the Trust Strategy. The latter had encompassed a broad range of stakeholder events, including staff, public and system partners in order to inform the strategy update and it was anticipated the refreshed strategy would be presented to the Board in January 2022 and formally launched shortly afterwards.

The Committee heard that despite the continued operational pressures upon services and staff, the transformation programme continued at pace and the Committee sought and received assurance that the plan was triangulated with the strategic risks in order to demonstrate the extent to which the workstreams and actions comprising the transformation plan helped to mitigate these risks to delivery of the strategy.

Following review and discussion at the Committee of the collaborate strategic risks it was agreed that the risk descriptions required update alongside a consideration of whether the risks, as described, remained the same and/or should be aggregated. An updated report would be presented to the Committee on 2nd December 2021.

2. Board Assurance Framework (Strategic Risks)

2.1 Risk profile

There are currently 19 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

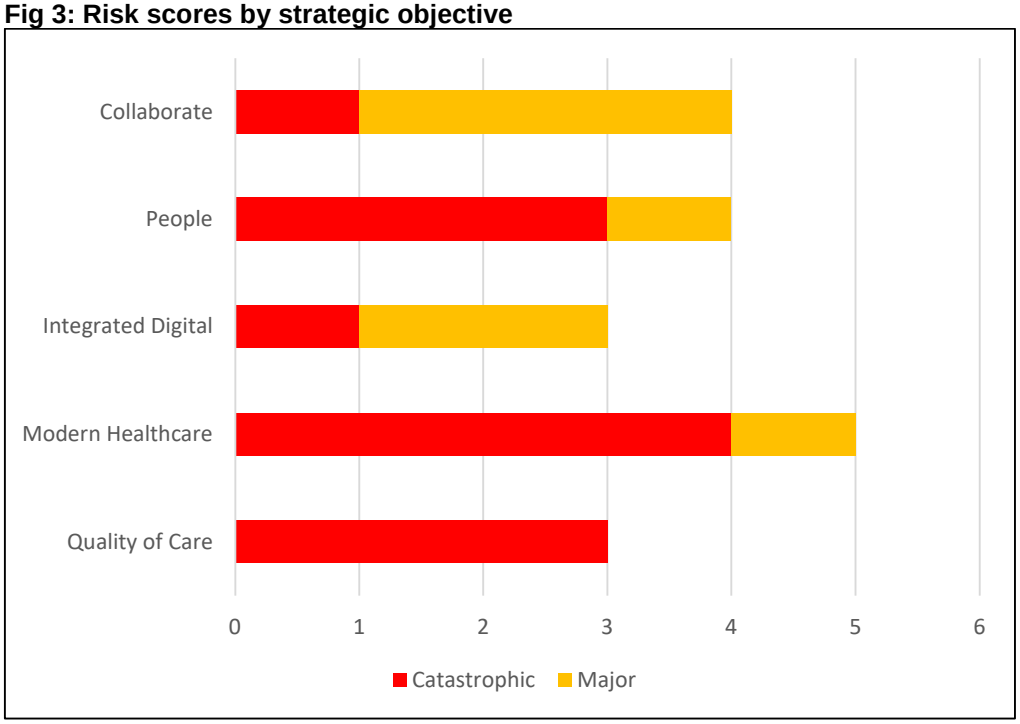
	Likelihood				
Impact	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost Certain
5 Cata-strophic				**1**	
4 Major		**1**	**4**	**6**	**4**
3 Moderate			**1**	**2**	
2 Minor					
1 Negligible					

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		**9**	**4**		
2 Minor		**6**			
1 Negligible					

The Trust's current risk profile continues to be significantly changed from its position in March 2020 prior to the Covid pandemic. It is accepted that, 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. Summary of risk analysis

The summation of the triangulated detail contained within this report is that there are continued 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 remain largely unchanged and the continued implications for workload and well-being of Team ASPH remain significant. The key emergent issue first reported in September 2021 and remains extant is that of diminishing team resilience and the associated risk that this leads to negative impacts to the quality and safety of patient care and experience. This is now reflected as a stand-alone strategic risk (risk 4.4).

Quality and Performance:
The Trust has seen a high and sustained level of Covid community transmission with consistent numbers of patients being admitted, although still in lower numbers than during the first and second wave. Following the successful introduction of the vaccination programme, it is now clear that immunity wanes over time and the mobilisation of the vaccine booster programme is an important mitigation of the risk of increased hospital admissions. Most recently the emergence of a new variant, yet to be fully understood, alongside a small number of hospital acquired Covid infections reinforces the need for continued vigilance and rigorous infection, prevention and control measures and careful patient pathway management. All of which continues to place additional demand on the operational running of the Trust.

We have now seen surging demand upon the emergency and non-elective care pathway for several consecutive months and there continues to be a high number of hospital admissions both within the Trust and across the system and region. Referrals have also continued to increase in volume and these, coupled with the ongoing work to address the backlogs in diagnostic and planned care, continue to require significant levels of additional resourcing and capacity. Mitigating actions are in place and are being closely monitored and strengthened through a process of continuous learning.

Despite an unremitting range of pressures upon the non-elective and elective pathways, the risks to quality and safety of care are largely mitigated through the agility, diligence and continued efforts of Team ASPH. This, alongside purposeful and carefully planned recovery activities, has meant we have not seen deepening risks to the quality of care although the issues remain. The very recent, unannounced inspection by the Care Quality Commission (CQC) in mid-November provided some assurance in this regard as the inspection team provided high level feedback that '*Staff were committed to providing the best care they could and focused on the needs of patients. Patients all appeared well cared for*'. We currently await the formal report and feedback from the CQC.

People:
As factors driving the risks endure, the impact upon the resilience of Team ASPH remains a deep concern. Two key developments in helping support and protect team resilience have been the vaccine booster programme as well as the opening of the St Peter's Hospital Health and Well-Being Hub which has been very well received and utilised and is one of a range of ongoing programmes of work to support colleagues across the sites. The key mitigation of the range of risks associated with the pandemic response and the recovery remains the ability of Team ASPH to go above and beyond, bridge the gaps and bring their professionalism, creativity and compassion to bear in avoiding the potential negative impacts to the quality and safety of care to patients. The recent CQC inspection tested their resilience further. I cannot overstate how proud and impressed I was by the way in which the team responded. The leadership, diligence and focused response was outstanding when set against the backdrop of the on-going scenario and scale of the pressures. I record my deep thanks to the whole team here.

Modern Healthcare:
The financial risks remain significant however, this year's challenge has been mitigated through a non-recurrent scheme that rewards elective care and supports a recovery of the backlog of patient care. This should enable a break-even financial position to be achieved at year-end. Continued uncertainty remains over the financial arrangements for 2022/23 that in the face of the underlying position will remain a significant challenge. Work is underway locally and across the Surrey Heartlands system to consider options to improve the overall position.

Digital:
The Surrey Safe Care Programme continues to be a key deliverable and there is some considerable detail within this report as we press ahead in meeting key milestones and increase the wider engagement piece and programme of staff readiness and training. The current key phases of the programme are achieving the objectives within the timescale tolerances and a number of key milestones have been achieved and this is boosting confidence across the programme overall.

In summary, there continues to be a range of sustained and significant risks affecting each strategic objective and whilst the pressures upon the team are unremitting, they are static in nature and a deepening of the risks to the quality of care has not been observed although the issues remain. Nevertheless, the prolonged and burdensome nature of the demands placed on Team ASPH remain of significant concern.

4. Chief Executives Update (*Part Two*)

4.1 Quality of Care

Covid update

We continue to admit and care for Covid patients, although thanks to the successful roll out of the vaccination programme and the large volume of people having received the vaccine, the number of people requiring hospital care is much lower than we have experienced previously and remains stable at around 30 patients.

Whilst it is positive that fewer people are becoming seriously ill with Covid, we have started to see infection rates rise locally and nationally, so it is important that we remain cautious and vigilant. As with all healthcare settings, our robust Infection Prevention and Control (IPC) guidance remains in place to keep patients, the team, and our local community as safe as possible.

Organisational update

Whilst we have fewer Covid patients, the hospitals are busy, and we have seen a significant increase in people attending the Emergency Department over the past few weeks. These pressures are being experienced by our healthcare partners across the region, so we are not alone, but it has been a challenging time, particularly for the urgent care team who have been incredible in supporting the response to the huge level of demand we are currently experiencing. We continue to do all we can to ensure the patient pathway is executed efficiently and that capacity inside the hospitals is used to the best effect.

ASPH Vaccination Hub re-opens at St Peter's

In October, we re-opened the ASPH vaccination hub on site at St Peter's. This time, we ran a co-administration programme, giving the Covid booster and seasonal flu vaccine to members of the team.

The co-administration programme was advised by the Joint Committee on Vaccination and Immunisation (JCVI) and enabled the team to have their vaccines conveniently and efficiently at the same time. The staff who worked in the hub did a fantastic job overseeing the programme and helping to ensure that we vaccinated as many staff as possible.

Pop up vaccination clinics were also held at Ashford to make it more convenient for the team there. Whilst our vaccination hub has now closed for the Covid booster, the seasonal flu vaccination programme is ongoing, and staff can still have their flu vaccine on site whenever convenient.

CQC Unannounced Inspection

The Trust received a three-day unannounced inspection by the Care Quality Commission (CQC) 16th - 18th November 2021 which focussed on the key lines of enquiry of Safe and Well-led in Medicine and Surgery on both the Ashford and St Peter's hospital sites.

The Executive Team and Chairman received headline feedback about the visit, much of which was positive with some areas for improvement that are summarised below:

- Staff were a credit to the organisation; they were welcoming and helpful, open, and honest
- Infection and Prevention Control (IPC) – Measures and practice good and wards very clean and tidy
- Medicine – Positive culture and strong clinical practice arrangements
- Patients looked well cared for
- Equality Diversity and Inclusion work improved
- Surgery – Managers visible and approachable
- Staffing levels were highlighted as an area of concern
- Surgery – Theatres - engagement of senior medical staff
- Estates – Theatre fabric requires attention
- SPH – Medical Equipment Management in Theatres.

The CQC advised there was some scope to alter the Trust CQC ratings at service level but that until the final report was received sometime in the New Year the substantive outcome could not be confirmed.

Visits of this nature are to be welcomed and provide the opportunity for Team ASPH to showcase their many talents, their professionalism and care. The Team took this opportunity despite the many challenges of the current circumstances. The regulatory approach is also important in assuring the community we serve of the standards and quality of care ASPH provides. We welcome the feedback provided and will consider opportunities to capitalise on the good and address the areas for improvement carefully but quickly. Actions to address immediate concerns are underway.

My thanks to all involved and especially to Team ASPH who rose to the additional challenge in a superb way that exemplified the ASPH values.

4.2 People

Recognising Team ASPH's response to the pandemic

As I have previously spoken about, much consideration has been given to find 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 we have sadly lost during this time.

We also wanted to give a permanent memento so colleagues have something they can look back on and share with their loved ones. We decided to do this in the form of a commemorative Covid Star Medal, designed by Cambridge sculptor, Harry Gray, and a remembrance yearbook that records some of Team ASPH's achievements and reflections of this time.

Last month we began the exciting process of handing out the medals and yearbooks to Team ASPH in a week of face-to-face events. We wanted to be able to do this ourselves, with support from the Executive team and some of our Non-Executive Directors and Governors. We were also delighted to be joined by Harry, the sales director of the company making the medals, as well as one of the apprentices whose employment has been secured through our commissioning of the medals; which was fantastic and enabled us to be able to thank as many of the Team as possible in person.

The events were a huge success and it was wonderful to see so many members of the Team and hear personal accounts of working throughout the pandemic from different parts of the organisation. I would like to assure you that these face-to-face events were held in a controlled and safe way; social distancing was adhered to and there was a booking system in place, enabling the team to monitor the volume of people in the room at any one time.

In the coming weeks we will be ensuring that all colleagues receive their medals and yearbooks and will be presenting some teams with their items within their area of work and visiting Woking and Milford to see our colleagues there. We have not forgotten individuals who may have recently left the Trust either and will be posting the items out to them.

We are also hoping to be able to meet with the families of those colleagues we lost to Covid so that we can thank them and present their loved ones with medals and books. There is a special page of individual commemoration within the book, and it is important that we remember these colleagues and their contribution.

Brand new staff Wellbeing Hub opens

We have recently opened a brand-new staff Wellbeing Hub at St Peter's Hospital. The hub has been designed with our busy team in mind, and features an array of comfortable seating, booths, lockers, games, and an incredible gym.

During the planning stages, colleagues were able to have a say in what they'd like to see in their hub and somewhere to exercise was a very popular request. The Team has absolutely delivered on this and it really is impressive. There is an array of brand-new fitness equipment including treadmills, rowing machines, weight machines and some floor space. We have also had brand new changing rooms and showers installed on the same floor, so it is convenient and easy for colleagues to access.

The hub is open for staff 24 hours per day, seven days per week and is completely free to use. Although it has only been open for a short while, it is already proving to be extremely popular, and we have had some really positive feedback from colleagues who are enjoying this new dedicated recreational space to relax, catch up with colleagues and enjoy some exercise.

Plans are underway to develop a similar hub for colleagues at Ashford to enjoy, and we look forward to opening this in the New Year.

4.3 Modern Healthcare

Improving Workforce Systems for Team ASPH

The Workforce Team has been progressing a large project to improve rota planning and access to bank employment opportunities across the Trust by integrating some of our systems. We have recently replaced the current Healthroster system with RotaGeek (rostering system) and Locum's Nest (bank and agency booking app). This initiative was founded by fellow NHS workers and will enable us to maximise our chances of filling vacant shifts. It will also be beneficial to colleagues as it enables you to plan and manage a work-life balance. You can see shifts, request working time or annual leave via an App, and facilitate shift swaps with colleagues. It also makes it easier to track shifts and payments with an online timesheet and shows a real time view of the on-call rotas across the Trust.

The new system has been rolled out in phases and is now live for most doctors and Allied Health Professions (AHP's), and for all nursing areas of the Trust. We have had great support from the developers who have worked with the workforce team to ensure the solution meets our needs and they continue to provide ongoing technical support and staff training.

As is always the case with new implementations of this kind there has been some initial challenges and difficulties but we are working hard with all involved to rectify the problems quickly and learn together as we go.

New Pre-Operative Assessment Unit at Ashford Hospital

I recently visited the Pre-operative Assessment (POA) team who have re-located to Ashford on the second floor next to Phlebotomy, to hear about some of the great changes they have implemented since moving.

POA is a nurse led service with excellent anaesthetic consultant support and in their new unit, the team has the capacity to see up to 380 patients per week. Any patient files that require anaesthetic review prior to their surgery can be completed within 24 hours, which is quicker than has been possible previously. The team also runs high risk anaesthetic clinics with virtual or face to face appointments within the unit.

With the new location being next to Phlebotomy, patients are enjoying the benefits of a more streamlined experience, without having to go to various departments on different floors of the hospital. This has improved efficiency and helped to reduce appointment times for patients.

The team also offers other services including same day pre-assessment, so that if a patient attends a surgical outpatient appointment and a decision is made that an operation is required, a same day pre-assessment can be facilitated if convenient. Another important part of their role is to call patients before their surgery to confirm they have had their Covid swabs, and all tests/investigations are all in place to avoid cancellation of their operation on the day of admission.

The POA team have made great progress since moving to their new location and have demonstrated a really good example of collaborative working to help improve the patient care pathway.

4.4 Digital

Surrey Safe Care

We are nearing 100 days until Go Live and the programme teams continue to test and configure Surrey Safe Care to ensure it is safe for use by ASPH and RSFT.

Our Training Change and Communications Teams have announced the training requirements for staff and are focused on getting the trusts booked onto training. With both trusts experiencing heightened operational pressures recently, bookings were initially slower than anticipated. However, senior leaders have been informed that training is a mandatory requirement for staff and we are encouraged by the most recent engagement with bookings.

In addition, the programme has recently been externally audited by NHS Digital. I am pleased to report that the audit identified no new issues and deemed the project 'Amber status', meaning we are able to proceed as planned providing we mitigate recognised risks, such as ensuring the configuration was double-checked for errors.

The issue with the Patient Administrations System (PAS) domain has now been resolved, following a valiant and extraordinary effort from those in the PAS Workstream who worked round the clock to fix the problem and prevent any delays to the project timeline. I must say I am truly blown away by the commitment and hard work shown by this team.

Finally, I am delighted to welcome Filipe Alves to the Surrey Safe Care Team as Associate Director of Operations. Filipe has hit the ground running in the role and will be a key player in ensuring ASPH is best prepared for our big change.

The wider digital teams

All the other teams within Digital Services are impacted by the Surrey Safe Care programme, and so they too are involved in the ongoing preparations. The Single Sign On offering is being upgraded to ensure the ED staff can have a 'persistent' log in; circa one thousand devices have been ordered and delivered and the team is now configuring them; the information team is going through all our statutory reports to ensure we can continue to meet those requirements going forward; training rooms have been sourced and now having equipment installed to facilitate the learning environment; the logistics behind issuing user accounts and Smartcards are being finely tuned. And so, it goes on, a lot of hard work and a team continuing to pull together.

Information Governance

The entire Digital Services department came together last week for their Information Governance and Data Protection training. This is an annual event for the department, where our Senior Information Risk Owner, who is also our Director of Digital, takes her entire department through the training, ensuring that her own team is up to date and fully understands their responsibilities in this crucial area of patient safety. The team then does the official training

assessment online, a real belt and braces approach, leading the way in emphasising a culture of care and security by default.

4.5 Collaborate

Pride in Surrey

The ASPH Network joined the second Pride in Surrey event in September, and I was delighted to be able to join them along with colleagues from Frimley Park and Royal Surrey hospitals. The event was held in Godalming, supported by Godalming Town Council and Waverley Borough Council, and featured live acts, a parade, and a colourful celebration with the LBGTQ+ community.

People came together with face paints, banners, and flags to celebrate diversity and inclusion in Surrey at the event and it was great to see attendees excited that our Trust was representing LGBTQ+ colleagues, patients, and visitors.

As you can imagine, it was a fantastic day of celebration, full of colour, noise, and a real sense of community spirit.

Business South

Last month I attended the Business South Annual Conference, which focussed on economic recovery for Central South following Brexit and the pandemic. It was an interesting event, attended by business leaders within key sectors with discussions about the road to recovery, and the opportunities we have in the region with acres of green spaces, coastline, good connectivity to London, leading employers, and an excellent range of education providers.

ASPH and North West Surrey Health and Care Alliance have recently been appointed as a Business South Champion, joining a wider network of key organisations who operate in the area, and as part of the event, I was invited to take part in a panel discussion about future challenges and opportunities for the region. It was really insightful to hear from individuals from different sectors and industries and share some of my views and experiences. I will keep you all updated as this partnership develops.

Partnership with Wentworth

As I shared in my last report, we have recently embarked on an exciting fundraising partnership with Wentworth Golf and Country Club in Virginia Water.

Since then, they have held two fantastic events to raise funds for their chosen charities including the ASPH charity. The first was a sponsored walk through the picturesque Wentworth estate which took place on a beautiful Sunday morning. All of Team ASPH were invited to take part and there was great attendance on the day which was enjoyed by all.

Another exciting fundraising event - The Captain's Ball, has also taken place recently, which was a wonderful evening with dinner and entertainment. Marcine Waterman, Deputy Chair, attended to represent ASPH and gave a speech to attendees, raising awareness of the various patient initiatives we are working on, including the Healing Arts project and our work to become an anchor institution.

It is fantastic to have been chosen by Wentworth, and this exciting partnership aligns with our ongoing work to become an anchor institution, working more closely with our local community to improve health and wellbeing.

5. Finance

5.1 2021/22 Financial Position - Month 6

At 30th September 2021 the Trust reported a position that met its NHSI financial performance target for H1 (the first half of the year for which the initial financial arrangements were set).

	Plan to 30 September 2021	Mth 6 YTD Plan	Mth 6 YTD Actual	Mth 6 YTD Variance	H1 Outturn
Income	199,350	199,350	200,592	1,241	200,592
Income - Top up	0	0	230	230	230
Pay	(123,459)	(123,459)	(123,794)	(335)	(123,794)
Non-Pay	(66,489)	(66,489)	(67,630)	(1,141)	(67,630)
EBITDA	9,403	9,403	9,398	(5)	9,398
EBITDA %	*4.7%*	*4.7%*	*4.7%*		*4.7%*
Below the Line	(8,031)	(8,031)	(8,026)	5	(8,026)
NHSI Control Total Surplus	**1,372**	**1,372**	**1,372**	**0**	**1,372**
Excluded from Control Total					
Impairments	0	0	(2,700)	(2,700)	(2,700)
Net Donated Assets	(34)	(34)	(47)	(13)	(47)
Overall Surplus/(Deficit)	**1,338**	**1,338**	**(1,376)**	**(2,713)**	**(1,376)**

The Income and Expenditure plans were set on the basis of achieving Elective Recovery Fund (ERF) targets against a baseline of 85% of the 2019/20 activity levels. NHSI subsequently amended the ERF baseline to be 95% from 1st July 2021 and this impacted the Trust's income in quarter 2. Income of £7.8m has been reported for M6 Year to Date (YTD) as a result of exceeding the ERF trajectories set by NHSI. The change in ERF baselines from 1st July 2021 is estimated to have reduced the Trust's income by between £1m-£2m in Quarter 2.

The reported YTD variances at 30th September 2021 are:

(i) pay costs are £0.3m adverse to plan – this includes the unbudgeted pay award paid in September of c£2.6m (although unbudgeted this has been matched by additional commissioner income);

(ii) non-pay spend is £1.1m higher than plan due to adverse variances on Consultancy (£1.3m - mainly Surrey Safe Care), and Premises including energy (£0.7m), partially

offset by favourable variances to plan for Supplies and Services Clinical (£1.6m) and Drugs (£0.5m);

(iii) operational income is £1.2m favourable to plan. This is mainly related to reduced ERF income offset by additional (unbudgeted) income for the pay award £2.6m, support £1.3m and additional education income £1.4m; and

(iv) below the line costs are impacted by the inclusion of an impairment estimate following the opening of the new building, however this does not impact the control total calculation.

The H1 outturn in this report, and in NHSI reporting, is based on the ERF baseline of 95% of 2019/20 activity levels from 1st July 2021 which has impacted the finances. In addition, the Trust has been impacted by a large increase in emergency activity for which no additional income is payable. At month 5 it was estimated that the forecast adverse variance from plan for H1 would be £1.3m, and this level of additional income has been agreed with the Clinical Commissioning Group (CCG) for H1 reporting.

The Finance Score is reported as a 2 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 capital programme is forecast to spend £23.8m which fits in with the agreed system position and nationally agreed PDC allocations.

Cash balances remained high at £65.7m with £5.9m of the ERF income being received in September.

5.2 2021/22 Half 2 Plans

The Trust has had to prepare and submit, on 25th November 2021, plans for the second half of the financial year which it has done following Surrey Heartlands system discussions. The ERF system has changed to a different methodology for this second half and the system has also had to find a higher level of efficiencies. The next report will provide progress against these plans.

6. Recommendation

The Council is asked to note the report.

Appendix 1 – BAF Overview

	Risk	Initial Rating	Post mitigation			Direction	Rationale for change	Risk Appetite Level
			Proximity	March 2020	Current Score			
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 (16)	⇔	No change proposed.	Low ⇔
1.1a	Inability to achieve the North Star objective to end health and care acquired infections (and associated harm) for the team, patients, and the community, due to insufficient capacity and capability.		Med		L3xC4 (12)	⇧	Risk score increased from 12 to 16 increasing the likelihood from 3 to 4, due the one COVID outbreak in October 2021 but a further 4 in November 2021 and a peak in E.coli blood steam infections.	Low -
1.2	Inability to improve and achieve outstanding patient experience, through an inability to harness and optimise learning from patient and family feedback, due to insufficient capacity and capability.		Med	20	L4 x C4 (16)	⇔	No change proposed.	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	L5 x C4 (20)	⇧	Changed to score of 20 at the October Committee meeting. The H2 plans are being submitted with a £1.4m surplus but with a large ERF income risk. This risk is being tolerated whilst 2022/23 financial planning arrangements are awaited.	High ⇔
2.2	A failure to maintain the Trust's physical environment and clinical infrastructure, may lead to clinical pathway difficulties, deteriorating patient and staff experience, patient safety, and health and safety risks.		Long	9	L5x C4 (20)	⇔	No change – risk upgraded in May due to system wide capital restrictions and requirements to scale back plans.	High ⇔

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 – risk 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 has been improving but may not achieve or exceed previous levels in line with national expectations	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, full system financial planning is effectively suspended 2022/23 when the current block contract arrangements are expected to be removed.	High ⇔
3. Digital								
3.1	***ePR Programme (digital strategy)*** 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 - This risk to be split into two following discussion at the Integrated Digital Committee, with one describing the impact on patient safety and the other from a programme and financial perspective. To be agreed at February 2022 committee.	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 (12)	⇔	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 - This risk is to be split into two following discussion at IDC, with one describing the risks presented by known threats and the other relating to unknown risks and future threats. To be agreed at February 2022 committee.	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)	⇔	Risk under review following discussion at People Committee on 26 November 2021.	**Low** ⇔
4.2	Inability to recruit and retain leading to a poor staff and patient experience		Med	9	L4 x C5 (20)	⇔	Risk under review following discussion at People Committee on 26 November 2021.	**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)	⇔	Risk under review following discussion at People Committee on 26 November 2021.	**Moderate** ⇔
4.4	Individuals and teams are emotionally and physically affected as a result of the pandemic which may result in inability to deliver operational demand and impact on patient care and patient experience		Long		L4 x C4 (16)	⇔	Risk under review following discussion at People Committee on 26 November 2021.	**Low** ⇔
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)	⇔	The committee on 2nd Dec will consider whether or not to close and merge this risk with 5.1 as an overarching internal risk - tbc	**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)	⇔	The committee on 2nd Dec will consider whether or not to close and merge this risk with 5.2 as an overarching external risk - tbc	**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