Ashford and St. Peter's Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS
2ND MARCH 2022

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 December 2021 and January 2022 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 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. The Trust has seen unprecedented level of Covid community transmission with significantly high numbers of patients being admitted. Although these high numbers of admissions continue, the severity of illness seen has been less than was seen in previous waves with a large proportion of patients admitted with Covid as an incidental finding. Whilst this has meant the anticipated increased demand on intensive care beds did not materialise, other numerous and challenges have been experienced due to the high community prevalence, including Covid outbreaks across several wards leading to capacity and flow challenges as well as staff shortages and difficulties discharging

	patients into the community. In turn, the restoration and recovery of services has been negatively impacted, although the Trust remains in a relatively strong position and an important mitigation contributing to this has been to establish Ashford hospital as an elective hub. Whilst elective surgery for all but the most urgent of patients was paused during early January in order to release staff across the site at the peak of the surge, there are now robust forward plans and with early signs that staff sickness rates are diminishing. The vaccine booster programme continues to be an important mitigation of the risk of increased hospital admissions as well as sustained vigilance across the Trust around IPC practice. The Omicron variant and subsequent further wave of the pandemic has once again tested the team in terms of the flexibility and agility required to respond to the emerging situation during a time of already increased winter pressures. In addition, the team brilliantly and positively responded to the unannounced Care Quality Commission (CQC) inspection and their commitment and dedication remains evident. To this end however, the impact upon the resilience of Team ASPH remains a deep concern. One of the key mitigations of this has been the continually evolving Well-being offer and range of support in place for staff and we have seen some indication that this has had a positive impact as evidenced through the early staff survey results. Further initiatives to improve staff well-being include being part of a national programme around flexible working as well as the Trust having been selected to be an exemplar site for People Promise in 2022 to support recruitment and retention. Reflecting upon the feedback of the CQC and the staff concerns which triggered their visit however, there is now, an imperative to understand what more we can do on top of the well-being offer, to ensure our staff feel listened to, empowered and that there is fairness and equity in all our processes. The continued and unremitting pressures upon the team along with the above described increasingly complex challenges are not to be underestimated and it will be important not to lose focus upon this as we transition into a further period of elective recovery to address the backlogs in patient care. The financial risks remain significant however, future pressures are anticipated. The intended March 2022 go-live date of the Surrey Safe Care programme has been adversely impacted as a result of the Omicron variant where staff sickness impacted on training. The difficult decision was taken to pause the training until further notice, in the knowledge that this would almost certainly impact on go-live dates. It has now been agreed to restart training at the end of February and to go live in May. Part two of this report continues with Suzanne Rankin's final 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 operating plan and strategy.
PRESENTED BY	David Fluck, Interim Chief Executive
DATE	March 2022
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 subcommittees during December 2021 and January 2022: Quality of Care, Modern Healthcare, People Committee 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 during December the Care Quality Commission undertook an unannounced inspection of bot St Peter's and Ashford Hospitals looking at the safe and Well Led key lines of enquiry. This visit was triggered by concerns around theatres as a result of whilstle-blowing alerts as well as concerns around discharge. Many areas of good practice were identified and for some areas requiring action, these were underway. The Trust had retained its Good rating. The Committee also heard that there were several main areas to note derived from the data:

- **Patient Experience:** The Committee heard that there was a significant amount of improvement actions in place to both improve Friends and family test (FFT) feedback rates as well as to recover the complaints performance position which has been negatively impacted due to sickness absence within the patient experience team as well as across clinical teams required to investigate and respond to complaints.
- **Infection Prevention and Control (IPC):** This was a mixed picture with some good areas of performance particularly with regard to bloodstream infections. However, there had been a significant increase in Covid outbreaks and hospital acquired Covid cases, largely contributed to by the very high community prevalence. In November 2021, there were eight 8 probable associations of Covid and eight definite cases, with three probable associations and nine definite cases in December. Most of the Trust apportioned cases were related to outbreaks. Additional IPC measures had been put in place to reduce footfall on site also through restricting visiting. The CQC team commended the IPC measures and processes in place across the Trust.
  Surveillance and reporting of surgical site infections (SSI) rates was now much improved with disaggregated reporting across several specialties. It was envisaged this would allow closer monitoring and sharing of good practice to improve SSI rates overall.
- **Patient Harms:** Hospital acquired category 3 pressure ulcers continued to be an issue with a significant amount of these harms happening on the community and detected upon the admission. A similar trend was also seen during the second wave of the pandemic.
- **Antimicrobial audit:** The Committee heard that the biannual prevalence audit in December was replaced with auditing the diagnosis of infection and microbiological sampling, to better understand the prescribing behaviours and decision making around the diagnosis of infection. The results of this showed that antibiotics had been initiated and continued inappropriately in most patients. This highlighted several important areas of learning, with audit several recommendations have been made, delivery would be through Divisional action plans and would be overseen by the Antimicrobial Stewardship Group with oversight from the Committee.

The Committee considered that the KPIs indicate that the risk scoring for all risks and the data presented and agreed that the scores for all three risks should remain unchanged.

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

- **Urgent care:** The Trust's reportable NHSI (SPH site inc. Ashford & Woking Walk in Centre activity) performance for December 2021 was 77.4%. Whilst this was a reduction from 80.2% recorded during November 2021 ED Performance when compared nationally using the NHSI metric saw the Trust positioned 28th of 112 Trusts. When comparing the Trust for SPH site only for December, the Trust was positioned 43rd of 112 Trusts. Whilst daily attendance levels in December 21 showed an ongoing reduction, daily admissions remained high and the Trust experienced significant issues with inpatient flow out of ED. This was due to a largely bedded assessment unit, as a result of poor flow out of the organisation contributed to by a lack of placement capacity across social care, who faced similar infection control and staffing pressures as the acute Trust.
  Assurance: We continue to have partial assurance around delivery of the four hour standard in the current environment. Whilst we have a live improvement program both within ED and supporting flow, the impact of increased attendances, unpredictable surges in demand, and potential for Covid surge related presentations is affecting delivery of the standard.
- **Referral to Treatment (RTT):** The Trust recorded a non-compliant performance for RTT Incomplete Pathways at 79.5%, although remained substantially above the NHSE England Average recorded at 65.5% for November (latest data published on 13th Jan 22). The recent Covid Omicron wave had impacted the Trust's ability to deliver the plan due to; clinical (surge) rota changes required to support the increased demands for urgent care, higher rates of staff sickness, and staff absence when requiring to isolate due to Covid. Last minute patient cancellations for outpatient, diagnostic and elective activity had also increased considerably due to the very high levels of Omicron infection within the local community.
  Assurance: The Trust had Acceptable assurance at this stage that plans are underway to achieve the required levels of activity once the current Omicron surge subsides. Optimising elective facilities at Ashford would be essential to allow increased elective operating, although continued 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 DM01 performance of 83.5% for December 2021, with the endoscopy cohort recorded at 55.6%. The Trust saw a reduction in diagnostic capacity and activity due to several bank holidays and staff leave, although comparably high community referrals and very high emergency demand led to higher waiting list sizes, mainly in Non-Obstetric Ultrasound, MRI and Endoscopy. The Trust's

diagnostic services were additionally adversely affected by staff sickness and staff requiring to isolate due to Covid. Last minute patient cancellations also increased considerably due to very high levels of Omicron infection within the local community.
Assurance: The Trust has partial level of assurance regarding ongoing delivery of diagnostic activity similar to or above pre-Covid levels once the Omicron surge subsides. Unforeseen changes in demand profile, staff availability and future Covid waves could affect this.

- **Cancer:** For November (latest national upload) the Trust reported compliance for 5 of 8 Cancer Standards; these were; Two Week Rule (93.2%), 28 Day Faster Diagnosis Standard (72.1%), 31 Day Diagnosis to Treatment (97.9%), 31 Day Subsequent Drug Treatments (100%) and 31 Day Subsequent Surgery Treatments (97.1%).
  For December, the Trust is provisionally reporting non-compliance for the Two Week Rule, TWR Breast Symptomatic [due to high volume (25% increase) of referrals and Covid sickness within the team], 62 Day Urgent GP Referral to Treatment, and 62 Cancer Screening Performance. This position is currently undergoing validation. December is currently compliant for all other cancer standards.
  The number of cancer patients waiting greater than 62 and 104 days has however, continued to reduce since Divisional teams implemented revised processes to expedite notification to patients since the 'notification' rule change.
  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 M9 YTD (year to date) that meets its NHSI control total.

The overall full year forecast has been held at plan. In terms of the ERF (Elective Recovery Fund) forecast the Trust had £8.8m of planned ERF income in quarter 4; the forecast has been prepared on the basis that £8.3m of this will be met through a combination of core Elective Recovery Fund (ERF) delivery or the ERF+ funds (£5.1m) that the CCG are holding for the Trust. In addition, the Trust is being advised of additional income that it will be in receipt of in Q4 which should meet any ERF gap. There is currently a reasonably high level of confidence of meeting the plan.

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. The capital plan reported, along with the monthly phasing, reflects the revised NHSI capital submission in June 2021.

With regard to the estate the Committee were made aware of the feedback from the CQC following their visit in relation to concerns around the theatres environment. Accountability for responding to and addressing these concerns would be important.

The Committee heard in summary that whilst the elective recovery position remained good, performance across most areas had been adversely affect by the fourth wave of the pandemic. This was primarily associated with the very high prevalence of Covid in the community which had resulted in numerous challenges around patients and pathways, cancellations, difficulties discharging patients, bed capacity due to infection prevention and control issues, as well as affecting staff through sickness and the requirement to isolate. There were also continued challenges around meeting the constitutional standards in the current operating context. The Trust was in a satisfactory position financially year to date but future financial pressures were anticipated. There were no 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:

- 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 resilience: The Committee received assurance that there was daily reporting and monitoring of Covid/sickness absence with continual monitoring to identify issues. Sickness absence had stabilised in the Autumn wit average reported Covid related absence rate of between 0.5%-1% and other sickness around the 3%. As a result, our total sickness absence figure reported around 3%-3.5%. However, the sickness rate changed dramatically from the middle of December onwards, when Omicron became widespread. Covid related absence peaked on 3 January 2022 with 156 reporting absent due to Covid, and 150 staff off due to Other sickness. This figure was now reducing.
- Risk of lack of resources for the delivery of the 110% target for elective activity impacted by pause during Omicron: Labour turnover was currently at 14.5%, with turnover for voluntary reasons at 11.4%. This was slightly higher that the trend in the last year, where turnover was around 13% with incremental increases seen since May 2021. Departments identified with high turnover were receiving targeted support.
- Risk of ongoing absence due to Omicron covid surge whilst covid virus remains in circulation.
- Impact of Covid vaccine mandate on frontline workers: an urgent and structured process of support had been put in place but this was clearly now an area of emergent risk.

Following these reports and discussions the Committee considered the assurances and KPIs aligned to each of its strategic risks. Risk 4.2 was debated since the likelihood had previously been reduced due to the effectiveness of recruitment and retention strategies. However, it was considered that increasing turnover rates and the future potential impact of mandatory vaccines for staff meant the likelihood shod again be reviewed with a view to increasing to 5.

In relation to risk 4.3, it was felt that the score was reflective of recent feedback through the recent GMC Survey, but also the unannounced CQC inspection. The main issue giving the CQC concern was staff unhappiness in theatres – as evidenced through whistle blowing and Freedom to Speak Up (FTSU) concerns. Whilst the CQC noted they did not see significant evidence of this at Ashford Hospital, staff concerns were more prevalent in St Peters with the other concern that senior clinicians said they weren't being listened to. There were detailed actions either in train or planned to respond to this. The findings of the CQC were considered alongside the positive morale and feedback from staff for the Covid star recognition and the new Staff Well-being centre and the score remained unchanged.

The likelihood score of the recently added risk 4.4 covering team emotional and physical resilience was reduced following positive results from the staff survey in relation to health and well-being, also correlated with other metrics.

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 remained on amber status, but agreed to leave the risk rating 20, reflecting the fluctuating status of the programme. A discussion then ensued about the wording of risk 3.1

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 not deployed or if the initial go-live scope is significantly reduced.

It was agreed that whilst this risk re anticipated outcomes was being managed, the scoring was reflective of the financial and timeline impact. This led to agreement to add an additional risk more reflective of this – the new risk would be agreed at the February Committee Meeting.

Since the meeting in October, the Surrey Safe Care programme has moved to red status and back to amber. The red status was as a result of the impact from the Omicron variant which significantly affected the availability on staff within the programme to deliver the training and other key milestones that are continually chasing tight deadlines (PAS build, Information Management). In December, there was also an element of the unknown impact from the Omicron variant, i.e. would it see a large rate of absenteeism in January. The impact started to be seen in the level of attendance at the formal training courses, and a decision was taken to pause the training until further notice, in the knowledge that this would almost certainly impact on the Full Dress Rehearsal and Go-live dates. It has now been agreed to restart training at the end of February and to go live in May.

Regarding Risk 3.3, the Committee noted that a significant amount of work has gone into managing the organisation's exposure to cyber security vulnerabilities but was hesitant to downgrade the risk in its current state. This led to a decision to divide this risk into 'known' and 'unknown', which will be formally agreed at that February Closed Meeting.

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 2 December 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 to the Council of Governors in March 2022 for final approval before being formally launched shortly afterwards.

Following review and discussion of the collaborate strategic risks, the Committee agreed that the risks should be aggregated into two main risks: One representing the internal risks to delivery of the Trust strategic objectives and the other the external risks. There were no proposed changes to the remaining two risk scores.

The Committee also reviewed and updated its Terms of Reference, having undergone a change in Chairmanship and in order to more clearly articulate the Committee's role in horizon scanning.

2. Board Assurance Framework (Strategic Risks)

2.1 Risk profile

There are currently 17 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

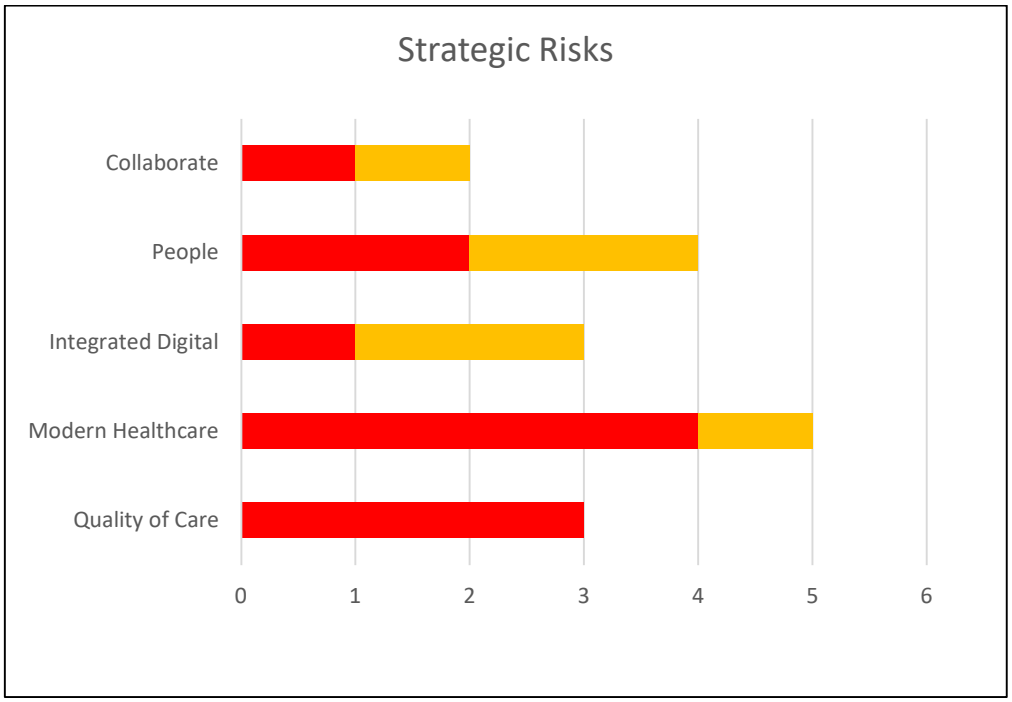
	Likelihood				
Impact	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost Certain
5 Cata-strophic				**1**	
4 Major			**4**	**6**	**4**
3 Moderate				**2**	
2 Minor					
1 Negligible					

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		**8**	**4**		
2 Minor		**5**			
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.

Quality and Performance:
The Trust has seen unprecedented level of Covid community transmission with significantly high numbers of patients being admitted. Although these high numbers of admissions continue, the severity of illness seen has been less than was seen in previous waves with a large proportion of patients admitted with Covid as an incidental finding. Whilst this has meant the anticipated increased demand on intensive care beds did not materialise, other numerous and challenges have been experienced due to the high community prevalence, including Covid outbreaks across several wards leading to capacity and flow challenges as well as staff shortages and difficulties discharging patients into the community. In turn, the restoration and recovery of services has been negatively impacted, although the Trust remains in a relatively strong position and an important mitigation contributing to this has been to establish Ashford hospital as an elective hub. Whilst elective surgery for all but the most urgent of patients was paused during early January in order to release staff across the site at the peak of the surge, there are now robust forward plans and with early signs that staff sickness rates are diminishing.

The vaccine booster programme continues to be an important mitigation of the risk of increased hospital admissions as well as sustained vigilance across the Trust around IPC practice.

The surging demand upon the emergency care pathway continues with high numbers 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.

The outcome and final report of the unannounced inspection by the Care Quality Commission (CQC) in late 2021 has provided some assurance with regard to IPC practice with other areas of good practice identified. Those areas where action is required are now subject to an action plan and the retention of the Trust's 'Good' rating is testament to the sustained hard work and commitment of team ASPH despite the unrelenting pressures of the pandemic over a protracted period of time.

People:
The Omicron variant and subsequent further wave of the pandemic has once again tested the team in terms of the flexibility and agility required to respond to the emerging situation during a time of already increased winter pressures. In addition, the team brilliantly and positively responded to the unannounced CQC inspection and their commitment and dedication remains evident. To this end however, the impact upon the resilience of Team ASPH remains a deep concern. One of the key mitigations of this has been the continually evolving Well-being offer and range of support in place for staff and we have seen some indication that this has had a positive impact as evidenced through the early staff survey results. Further initiatives to improve staff well-being include being part of a national programme around flexible working as well as the Trust having been selected to be an exemplar site for People Promise in 2022 to support recruitment and retention.

Reflecting upon the feedback of the CQC and the staff concerns which triggered their visit, there is now however, an imperative to understand what more we can do on top of the well-being offer, to ensure our staff feel listened to, empowered and that there is fairness and equity in all our processes.

The continued and unremitting pressures upon the team along with the above described increasingly complex challenges are not to be underestimated and it will be important not to lose focus upon this as we transition into a further period of elective recovery to address the backlogs in patient care.

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.

With regard to the estate. it will be important across coming weeks and months also to ensure clear accountability for responding to the CQC feedback around the theatres environment to ensure these concerns are addressed.

Digital:
The impact of the omicron variant and the ensuing staffing challenges experienced across the Trust has meant that the Go Live date of the Surrey Safe Care programme has necessarily been postponed to May 2022. Whilst disappointing, this was the right decision to ensure that staff were able to fully engage with the training programme and to ensure that the system is safely and optimally utilised once deployed.

Collaboration:
We have seen a vast amount of innovation and transformation take place since the start of the Covid pandemic both across and internal to the Trust and the system within which we work. This has been both enabled by the existing partnerships the Trust has developed across recent years and accelerated by the clear and urgent need for close partnership working to address the new challenges we have faced. This transformation continues at pace with new and exciting opportunities for further collaboration for the benefit of our patients and the wider Surrey population and it will be important to ensure there is the capacity to deliver this going forward.

In summary, when considering the key performance indicators (KPIs) associated with each strategic risks there is a tangible gap between the KPI performance and the levels of risk indicated. The reason for this is multifactorial; in part this is due to the uncertainty of the current operating environment and potential for future waves or surges which cannot be anticipated, the anticipatory nature of some of the risks, particularly with regard to People, and also speaks of the need to further and continually refine the KPIs. There continues however, to be a range of sustained and significant risks affecting delivery of each strategic objective. The pressures upon the team are unremitting, and whilst these have changed slightly in nature due to the complexity of current challenges, the underlying concern remains that of the prolonged demand placed upon the team.

4. Chief Executives Update (*Part Two*)

4.1 Quality of Care

COVID update

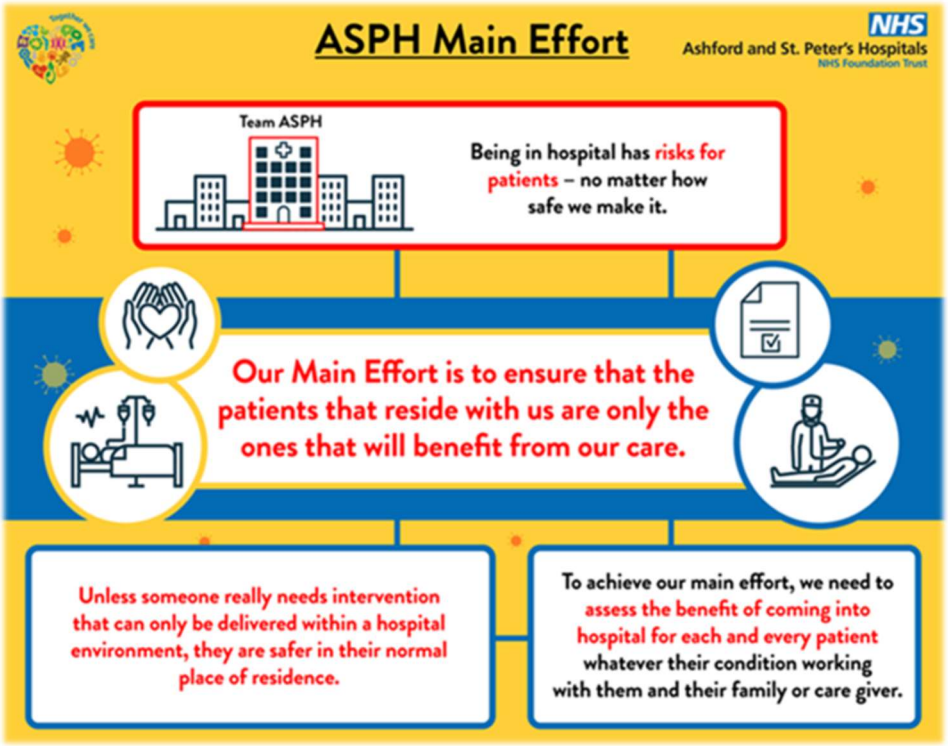
We continue to admit and care for COVID patients. The emergence of the Omicron variant has led to an increase in people being admitted to hospital over the past month. Thanks to the successful vaccination programme and the large volume of people having received the vaccine, the number of people becoming seriously ill and requiring treatment in Intensive Care is much lower than in previous waves.

Whilst it is positive that fewer people are becoming seriously ill with COVID, infection rates nationally and locally are high and 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. We made the decision to implement further visiting restrictions in December to help reduce the volume of people passing through our hospitals, and we now ask that anyone who enters either of our hospitals undertakes a lateral flow test no more than 48 hours before coming on to site to help minimise the risk of transmission. More information can be found on our website about this.

Organisational update and the Main Effort

The hospitals remain busy, and we continue to see a high volume of people attending the Emergency Department.

One of the difficulties we all experience, particularly during busy times, is prioritising when so many tasks and demands are placed upon us. We have previously used a methodology with the team called the Main Effort to help provide focus and deliver or enable the organisational plan or ambition. We recently updated our Main Effort and shared this with the team to help support and direct their ongoing hard work and efforts across the organisation.



Time Garden

Ashford and St Peter's Hospitals Healing Arts Programme

The Healing Arts Steering Group continue to do some great work to improve patient and team experience and are currently working on a really fantastic project to create a Time Garden. This will be a dedicated area consisting of a garden room, leading to an outdoor space where families can spend time with their loved one in the last days of their life.

The team have identified an area at St Peter's to construct the garden and a local designer to transform this space into an area of peace tranquillity and reflection, away from the busy hospital wards.

The project recognises the importance of our environment and the potential for healing, both physical and psychological and spiritual. We will keep you updated with developments around this special space.

4.2 People

Official opening of the staff Wellbeing Hub

In my last report, I shared that we had opened a brand-new staff Wellbeing Hub at St Peter's Hospital which was a real hit with the team.

We wanted to formally recognise both the opening, and all of the hard work and efforts of the team who brought the hub to fruition, and in December we held a small official opening ceremony, in line with the current IPC guidance at the time.

We were delighted be joined by Kirsty Gallagher, television and radio presenter and health and wellbeing enthusiast, Team ASPH health and wellbeing ambassadors as well as local councillors and governors.

It was great to be able to showcase the brand-new facilities and highlight the fantastic work that has been undertaken to open this facility.

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've had some really positive feedback from Team ASPH 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 coming months.

Wagestream

We have recently embarked on a new partnership with Wagestream, a financial wellbeing tool for staff.

The aim of Wagestream is to give financial power to colleagues, enabling them to access, save, track, and manage their earned wages, including the ability to access a percentage of their pay before payday, helping to manage any unexpected expenses.

There are other financial tools within the app, including a tracker and savings function and impartial and tailored financial tips to help manage money.

The aim of Wagestream is to transform financial wellbeing and to help members of Team ASPH feel empowered to make the right decisions about their pay.

4.3 Modern Healthcare

Walton Care Unit

In December, we opened Walton Care Unit (WCU), a new facility based within Walton Community Hospital. The unit is a stepdown facility for patients who are medically fit and ready to be discharged but who may be awaiting social care provision in the community. The team have worked really hard to get this new unit up and running and we have already made really good use of it, transferring patients who no longer need to be in an acute hospital setting to receive care. We continue to do all we can to ensure the patient pathway is executed safely and efficiently so that capacity inside our hospitals is used to the best effect.

New Pharmacy at Ashford

We have a new pharmacy department at Ashford hospital, situated on the ground floor.

The department will provide pharmacy services to all inpatients on wards at Ashford and the Infusion Suite, including dispensing medication for patients during their stay and on discharge.
I'm delighted that we have expanded the pharmacy team to Ashford and confident that access to this service on site will improve patient care and provide additional support to the wider team at Ashford.

Blood Bike

As Ashford develops as our centre for elective activity, it is essential we can move vital supplies without delay between hospital sites.

One of the transport solutions put forward was a bespoke, high speed motorbike that would enable bloods to be transferred at speed. This was a great idea, but it came at a (rather high!) price and was just not viable within our budget.
As you will be aware, we have some fantastic charitable supporters, and we were absolutely thrilled to find out that an anonymous donor wanted to purchase the bike on behalf of the Trust.

We received the bike at the beginning of December, and it is now being regularly utilised – the photo shows the day that it arrived at Ashford for the first time. We are so grateful for this extremely generous donation which will help so many patients and support our Massive Haemorrhage Response which enables us in-house access to emergency blood products at both St Peter's and Ashford Hospitals.

4.4 Digital

Surrey Safe Care

Following on from my last update regarding Surrey Safe Care, our electronic patient record (ePR) programme, we have had to change tack due to extenuating circumstances. With the National Incident Alert moving to its highest level of 4, we had to implement many of our escalation plans and this impacted on the availability of operational and clinical staff for training.

All of our decisions are based on our ability to deliver a safe Go Live in March, and after evaluating all of the options, taking into consideration the impact of the Omicron variant and the resulting pressure across the Trusts, we have suspended until the end of February and moved our go-live timeline into May. This reflects our number one priority of patient safety and also fits in with ePR implementations at our neighbouring trusts – we are working together to stagger our dates.

It has been a phenomenal effort from the team to achieve all that we have under the circumstances, and we are continuing with all other elements of the programme that have less impact on our key clinical and operational teams over the coming weeks as it is critical that we maintain momentum.

Meet Harry Hornbill

The IT Support team have just gone live with the Digital Service Desk portal, using a system called Hornbill. Users simply click on the Harry Hornbill link on their desktop and are taken to the portal which offers a customised set of options. The team are very excited by this new way of working as it means they will be able to gather more information up front about the request or problem and then tailor the service more readily to user requirements.

4.5 Collaborate

Veteran Aware Trust Accreditation

We are delighted to announce that Ashford and St Peter's Hospitals have been named a Veteran Aware Trust in recognition of our commitment to improving NHS care for veterans, reservists, members of the Armed Forces and their families.

The accreditation from the Veterans Covenant Healthcare Alliance (VCHA) acknowledges the Trusts commitment to train, create awareness of charities and NHS services, and to provide support at work.

We are so pleased to have received this accreditation status, further demonstrating our commitment to the Armed Forces community. We are now looking at how we develop our current services and ways we can enhance the care we deliver to veterans.

Reset Week

In January, in collaboration with our local health and care partners, we took part in a regional Reset Week. The aim of Reset Week is to focus on the detail of our patient care and pathway management, and in particular to use organisational criteria for learning and improvement, ensuring that patients in our care continue to benefit and seeking to avoid unnecessary and potentially harmful delays.

Some of the key learnings from the week highlighted the importance of consistency, continuity, and collaboration in all areas of the organisation. We need to strive to deliver the very best care with the lowest level of intervention and complexity. We also need to improve on our approach to discharge planning which should start even before admission and ideally get patients home to their place of residence as the default option.

As is the case whenever we do these types of initiatives, there are elements that were successful and made a real impact and other areas that we can learn from and improve upon.

Ian Smith NWS Alliance visit

We welcomed Ian Smith, Chairman for Surrey Heartlands ICS, for an official visit in December.

Ian learnt about some of the amazing work that has been undertaken over the past 18 months, and about the ambitious programme for the Alliance of which Ashford and St Peter's is part of.

He also visited some of the key innovative projects that are happening within North West Surrey including the nationally acclaimed frailty services and the Home First Team which is the first Interdisciplinary, cross organisation single teams for the Alliance, the Woking diagnostic hub**,** the transition to green site and how the Alliance is dealing with restoration and recovery and aiming to get elective and outpatient activity to pre-Covid levels

Anne Eden visits Ashford Hospital

Anne Eden, Regional Director (South East) at NHS England and NHS Improvement, visited Ashford Hospital on Friday 21st January to hear about how the hospital is being transformed into an elective centre.

During her visit, she met with the Executive team at ASPH, as well as colleagues from Royal Surrey County Hospital and Surrey Heartlands, to learn more about how the providers are working together and future opportunities for collaboration. During her visit, Anne also met with colleagues working on the Surrey Safe Care programme for a demonstration of the brand-new electronic patient record.

5. Finance report (as at 23rd February 2022)

2021/22 Financial Position - Month 10

At 31st January 2022 the Trust reported a position that met its NHSI financial performance target year to date.

	Plan to 31 March 2022	Mth 10 YTD Plan	Mth 10 YTD Actual	Mth 10 YTD Variance	Forecast
Income	406,868	338,405	337,351	(1,054)	405,828
Pay	(251,178)	(208,397)	(207,882)	515	(250,790)
Non-Pay	(136,250)	(113,008)	(112,458)	550	(135,598)
EBITDA	19,440	17,000	17,012	11	19,439
EBITDA %	*4.8%*	*5.0%*	*5.0%*		*4.8%*
Below the Line	(16,696)	(13,720)	(13,726)	(6)	(16,695)
NHSI Control Total Surplus	**2,744**	**3,280**	**3,285**	**5**	**2,744**
Excluded from Control Total					
Impairments	0	0	(2,700)	(2,700)	(2,700)
Net Donated Assets	(108)	(121)	(245)	(124)	(122)
Overall Surplus/(Deficit)	**2,636**	**3,159**	**340**	**(2,819)**	**(78)**

The Trust is reporting a position at M10 YTD that meets its NHSI control total. This is on the basis of accounting for Elective Recovery Fund (ERF) income as follows:

(i) H1 of £7.9m and

(ii) months 7-10 £11.1m which was £2.2m less then plan. Within those numbers the risk is around the January accrual of £1.2m as we await details of the level of overall system performance for that month.

This reduced ERF income has been offset by lower costs (£1.2m) and other income (£1.0m) at M10.

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.

In terms of capital, once additional central Public Dividend Capital allocations are taken into account, the Trust is now forecasting that it will underspend by £1.9m, but is trying to reduce this. This is predominantly down to late notification of central allocations, supply chain issues (i.e. CT scanner) and the impact of the latest wave of Covid-19.

Cash balances remained high at £67.3m with £14.9m of the ERF income having now being received.

Forecast

The overall full year forecast has been held at plan.

In terms of the ERF forecast, the Trust had £18.9m of planned ERF income in H2; the forecast has been prepared on the basis that £13.6m of this will be met from core ERF delivery i.e. £5.3m less ERF income. This ERF income shortfall is being offset in the forecast by a combination of:

(i) reduced costs versus plan; and

(ii) additional income that the Trust is receiving in Q4 in respect of Community Diagnostic Hospital (£1.8m), Discharge (£1.0m) and UEC (£0.5m).

2022/23 Planning

The planning round for 2022/23 is now underway with initial plans due in on 17th March 2022 and final plans by 28th April 2022. This planning round will be a difficult one due to a number of funding reductions.

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. This reflects the COVID surge and increase in patient and the on-going impact on compliance with the 4-hour ED standard, cancer waiting times, and delivery of diagnostic activity.	**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)	⇔	No change proposed. This should continue to score 16 reflecting an increased number of COVID outbreaks and nosocomial infections due to the more contagious Omicron variant.	**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. Score should be maintained at the current score of 16 based on patient feedback scores and low patient feedback 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	L5 x C4 (20)	⇔	No change - the H2 plans were 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 worked through	**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. Again this will be subject to 2022/23 financial planning arrangements.	**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 to reflect the risk from a programme perspective re impact on financials and programme delay. To be agreed at the February meeting	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)	⇔	Mitigations are in place in terms of nurse staffing and acuity reviews; however, the demand continues to increase, and processes are needed to accurately model all workforce, the multidisciplinary team, and remain fluid for winter pressures, surges, or future demand.	**Low** ⇔
4.2	Unable to staff to current and future demand resulting in a negative staff and patient experience.		Med	9	L4 x C4 (16)	⇩	Likelihood score was reduced in recognition of successful recruitment and retention efforts; however, current establishment does not meet current demand for services, and there are high levels of vacancies and agency use in particular services. **Following discussion at People Committee it was agreed the likelihood may need to remain at 5 – this will be reviewed**. Description also amended.	**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)	⇔	Score is reflective of recent feedback through GMC Survey, whistleblowing and CQC inspection. However, there is positive morale and feedback from staff for the COVD star recognition and the new Staff Well-being centre.	**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		L3 x C4 (12)	⇩	New risk added to reflect the impact of the pandemic on individuals and the risk to individual's wellbeing as well as the impact on providing operational services. Likelihood reduced to 3.	**Low** ⇔
5.Collaborate								
5.1	Internal strategic risk: There is a risk that the benefits of the Trust strategy are not delivered. This is caused by a lack of capacity and/or oversight and would result in the desired effect and intended benefits of the strategy not being achieved or that sustainability of patient care becomes significantly challenged.		Long	16	L3 x C4 (12)	⇔	No change to risk score proposed. It was agreed at the Strategy Change Committee in December 2021 that the risk description should be amended in order to encapsulate risk 5.3 into one overarching internal strategic risk.	**High** ⇔

5.2	External strategic risk: There is a risk to delivery of the Trust current strategy. This is caused by ineffective or insufficient focus on stakeholder management or by external factors such as decisions taken by national, ICS, ICP which may not correspond or may adversely impact delivery our objectives or undermine our service sustainability.		Imminent	12	L5 x C4 (20)	⇔	No change to risk score proposed. It was agreed at the Strategy Change Committee in December 2021 that the risk description should be amended in order to encapsulate risk 5.4 into one overarching external strategic risk.	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.						**Risk closed** and integrated into Risk 5.1 with new risk description	
5.4	Ineffective or insufficient focus on stakeholder management may result in effective external relationships not being sustained						**Risk closed** and integrated into Risk 5.2 with new risk description	

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