## PRELIMINARY BUSINESS

<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
<th>Lead</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.00</td>
<td>1. Apologies for Absence</td>
<td>Chairman</td>
<td>B18-19/119 (v)</td>
</tr>
<tr>
<td></td>
<td>To review and agree actions the apologies for absence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.05</td>
<td>2. Declarations of Interest</td>
<td>Chairman</td>
<td>B18-19/120 (v)</td>
</tr>
<tr>
<td></td>
<td>To receive declarations of interest in agenda items and / or any changes to the register of directors’ declarations of interest pursuant to Section 7 of Standing Orders</td>
<td></td>
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</tr>
<tr>
<td>10.05</td>
<td>3. Minutes of the Previous Meeting (28 November 2018)</td>
<td>Chairman</td>
<td>B18-19/121 (d)</td>
</tr>
<tr>
<td></td>
<td>To approve the minutes of the Board of Directors, review the Board Action Log and discuss any matters arising</td>
<td></td>
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</tr>
<tr>
<td>10.05</td>
<td>4. Patient, Staff and Volunteer Story</td>
<td>Chief Nurse</td>
<td>B18-19/122 (p)</td>
</tr>
<tr>
<td></td>
<td>To review and agree actions</td>
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</tbody>
</table>

## STRATEGIC CONTEXT

<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
<th>Lead</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.20</td>
<td>5. Chief Executive’s Report</td>
<td>Chief Executive</td>
<td>B18-19/123(d)</td>
</tr>
<tr>
<td></td>
<td>• NHS 10 Year Forward Plan</td>
<td></td>
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<tr>
<td></td>
<td>• HMB Assurance Report (December 2018)</td>
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<tr>
<td></td>
<td>To note</td>
<td></td>
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<tr>
<td>10.30</td>
<td>6. Board Assurance Framework Q3 2018/19</td>
<td>Director of Corporate Governance</td>
<td>B18-19/124 (d)</td>
</tr>
<tr>
<td></td>
<td>To review and agree actions</td>
<td></td>
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<tr>
<td>10.35</td>
<td>7. End of Life Strategy</td>
<td>Chief Nurse</td>
<td>B18-19/125 (d)</td>
</tr>
<tr>
<td></td>
<td>To approve</td>
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</table>

## QUALITY & SAFETY

<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
<th>Lead</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>To discuss the report and gain assurance from the Committee, with particular focus on key risk areas:</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>To note</td>
<td></td>
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</tr>
</tbody>
</table>
Item Lead Reference

FINANCE & PERFORMANCE

10.50 9. Finance & Performance Committee – Assurance Reports (17 December 2018 and 28 January 2019) To discuss the report and gain assurance from the Committee, with particular focus on the following reports and key risk areas:
- Corporate Performance Report (December 2018)
- Finance Report (December 2018) Committee Chair B18-19/127 (d)
Chief Operating Officer B18-19/128 (d)
Director of Finance B18-19/129 (d)

11.10 10. Draft Operational Plan 2019/2020 – Update To note Director of Finance B18-19/130 (d)

GOVERNANCE/WELL LED

11.15 11. Leadership & Management Development To review and agree actions Director of HR & OD B18-19/131 (d)

11.25 12. Audit Committee – Assurance Report (18 January 2019) To review and agree actions the report and gain assurance from the Committee, with particular focus on key risk areas Committee Chair B18-19/132 (d)

13. Charitable Funds Committee – Assurance Report (18 January 2019) To review and agree actions Committee Chair B18-19/133 (d)

CONSENT AGENDA (all items ‘to approve’)

All these items have been read by Board members and the minutes will reflect recommendations, unless an item has been requested to come off the consent agenda for debate; in this instance, any such items will be made clear at the start of the meeting

© Council of Governors – Key Issues Report (11 December 2018) To note Chairman

CONCLUDING BUSINESS

11.35 14. Any Other Business To consider any other matters of business Chairman B18-19/134 (v)

15. Items for the Risk Register/ Changes to the Board Assurance Framework (BAF) To identify any additional items for the Risk Register or changes to the BAF arising from discussions at this meeting Chairman B18-19/135 (v)
### Chair’s Log – Key Messages from the Board

To agree the key messages to be cascaded from the Board throughout the organisation

<table>
<thead>
<tr>
<th>Item</th>
<th>Lead</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.</td>
<td>Chairman</td>
<td>B18-19/136 (v)</td>
</tr>
</tbody>
</table>

### Date and Time of Next Formal Meeting:

Wednesday 27 March 2019 at 10am in the Boardroom, Aintree Lodge

*Close 11.40*
4 public governors and 1 member of the public attended the meeting

<table>
<thead>
<tr>
<th>Ref</th>
<th>Item</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B18-19/106</strong></td>
<td><strong>Apologies</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dianne Brown, Chief Nurse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Joanne Clague, Non-Executive Director</td>
<td></td>
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<tr>
<td></td>
<td>Caroline Keating, Director of Corporate Governance/Trust Secretary</td>
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</tr>
<tr>
<td><strong>B18-19/107</strong></td>
<td><strong>Declarations of Interest</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>David Fillingham, Chief Executive of Advancing Quality Alliance (AQuA)</td>
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<td></td>
<td>Dr Neil Goodwin, Interim Chair Liverpool Health Partners</td>
<td></td>
</tr>
</tbody>
</table>
### STRATEGIC CONTEXT

#### B18-19/110

**Chief Executive’s Report**

SW highlighted the following key items:

- Over 400 staff attended the Proud of Aintree Awards with the Liverpool Diabetes Partnership winning the Team of the Year. There had been positive coverage in the media of the event.
- Aintree’s Half Year Review had been published and widely circulated externally with a number of positive responses received. The report was available on the Trust website.
- Operational performance remained challenged particularly at weekends but recovery was generally strong.
- The Trust had planned effectively for the winter period but required the support.
### Minutes – Board of Directors 28 November 2018

<table>
<thead>
<tr>
<th>Ref</th>
<th>Item</th>
<th>Action</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>of its external partners to alleviate the pressures on the hospital. This would be discussed further at the A&amp;E Board</td>
<td></td>
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<tr>
<td></td>
<td>• There had been a focus on ‘Best Place to Work’ using the Clever Together online conversation platform for staff to comment on key issues. The output from the conversations was to be analysed and the ideas/actions would be formulated with a clear link to the outcome of the Staff Survey</td>
<td></td>
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<tr>
<td></td>
<td>• Over 65% of Staff had been vaccinated against flu</td>
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<td></td>
<td>• There were over 80 attendees at the Senior Leadership Masterclass for Safety Culture with representation across a broad spectrum of clinical and non-clinical staff</td>
<td></td>
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<td></td>
<td>• The Patient Benefit Case was close to completion and was due to be submitted to the Competition &amp; Markets Authority in January 2019 as part of the case for merger</td>
<td></td>
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<tr>
<td></td>
<td>• The Electronic Patient Records system remains on track for implementation in October 2019 with discussions taking place at the EPR Board on the ‘go live’ dates for the other Trusts</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• There had been three consultant appointments in November 2018 in Anaesthesia, Hepatobiliary and Geriatrics.</td>
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<tr>
<td></td>
<td>SW then made reference to the risk relating to Gastroenterology and the recent approval of the Case of Need by the Board. He advised that the actions contained within the Case of Need required time to implement and was, therefore, seeking approval from the Board to move to quarterly reporting instead of monthly. Any exceptions would be reported through to the Finance &amp; Performance Committee but the next formal report to Board would be in March 2019. The Board agreed to move to quarterly reporting on Gastroenterology.</td>
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<tr>
<td></td>
<td>DF made reference to the positive feedback received from the Royal College of Surgeons (RCS) and acknowledged the significant amount of work that had been undertaken. However, he asked whether the Trust needed to act on anything at this juncture. SW advised that the RCS had been comfortable with the direction of travel being taken by the Trust but there needed to be evidence of embedding of actions as this was not consistent in all areas. The RCS had indicated that the Trust was far more advanced than others on the development of a safety culture but should not be complacent.</td>
<td></td>
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<td></td>
<td>MW remarked on the Clever Together online conversation and enquired as to whether there had been engagement across different staff levels of the Trust. RH advised that the analysis and high level outcomes were expected in early December 2018. This would then be mapped to the Best Place to Work and consideration given to short/long term actions. RH added that she had been encouraged by the level of clinical engagement</td>
<td></td>
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<td></td>
<td>The Board noted the update.</td>
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</tbody>
</table>

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QUALITY & SAFETY

**B18-19/111**  
Quality Committee – Assurance Report (19 November 2018)

The Board received the assurance report from the Quality Committee meeting held on 19 November 2018. MW, Chair of the Committee, highlighted the following key items:

- The production of a quality dashboard that would facilitate a more focussed discussion on the key quality themes and trends. This would be discussed further in December 2018.
- There had been positive progress against the Quality Strategy delivery plan.
- A broader discussion at the Executive Led Groups on the Risk Register was required before submission to the Committee. This should align to improve use of the risk management software.
- Support was provided to the commissioning of an external review to benchmark the Trust’s Equality, Diversity & Inclusion programme.

TJ made reference to the Practice, Improvement & Lessons Learned report and the establishment of a Lessons Learned Group to review clinical claims. He stated that the Audit Committee had also discussed this matter and had suggested that the Group consider wider communications on the outputs of its reviews. DF commented that this would align with the safety culture and learning the Trust was permeating throughout the organisation.

TC made reference to Learning from Deaths and advised that for the first two quarters of 2108/19 there had been 693 deaths with 417 the subject of review to date. As outlined in the table below, only one death was considered to be preventable.

<table>
<thead>
<tr>
<th>Quarter 2018/19</th>
<th>Total deaths</th>
<th>Total primary reviews</th>
<th>Structured Judgement Review (SJR)</th>
<th>SJR completed</th>
<th>Preventable deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>378</td>
<td>246 (65%)</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>315</td>
<td>171 (54% to date)</td>
<td>9</td>
<td>7</td>
<td>1</td>
</tr>
</tbody>
</table>

The Board noted the report.

FINANCE & PERFORMANCE

**B18-19/112**  
Finance & Performance Committee – Assurance Report (26 November 2018)

The Board received the assurance report of the Finance & Performance Committee meeting held on 26 November 2018. DF, member of the Committee, highlighted the following matters:
- A&E performance continued to be challenged. The Trust had not met its trajectory target but recovery was better after a period of under-performance.
- Referral to Treatment and Cancer was also challenged on performance mainly due to increased demand but the Trust was performing better than many other Trusts.
- Better comparisons for the measurement of mandatory training had been introduced, using a competency framework. Appraisal rates, however, remained a concern.
- The Winter Plan had been stress tested and had highlighted some further actions to be implemented to strengthen the overall plan. Whilst the Trust had done all it could in preparation for winter, it remained reliant on the system-wide approach supporting timely discharges.
- Further discussion was required by the Board on the whole EPR project, particularly in relation to risk mitigations.
- The Trust’s financial position was close to plan but remained challenged for delivery at the year end.
- Discussion on the return on investments concluded that there were four categories as follows:
  - Implemented and delivered – Male and Female Assessment Bays
  - Implemented but not achieving the derived benefits – Junior Doctors in A&E and Primary Care Streaming
  - Not implemented – challenged by recruitment of staff to certain posts
  - Implemented but not delivering any benefits – not achieved as hampered by ward staffing and additional beds being open.

NG referenced the deterioration in diagnostic performance. DF advised that investment was planned but recruitment had been difficult and the Trust was under pressure from capacity and demand on the service. TJ questioned whether over-testing was a further cause of increased demand and TC advised that there was operational pressure on clinical responsibilities which meant that a cautious approach was being taken. SW commented that there had been reports in the media about the level of vacancies in the NHS workforce but no reference was made to the high number of applications for roles. He added that discussions were taking place with Universities on the number of doctors in training and the number of placements being offered.

**The Board noted the report.**

**Corporate Performance Report (October 2018)**

The Board received the report and noted that a number of the areas within the report were discussed under other items on the agenda.

- There had been strong performance in A&E during October 2018 and all clinical indicators had been met but performance for November was challenged.
<table>
<thead>
<tr>
<th>Ref</th>
<th>Item</th>
<th>Action</th>
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<tr>
<td>B18-19/114</td>
<td>The teleconference with NHS England (NHSE) on the winter planning arrangements had been positive and the Trust was in a strong position following the implementation of the additional actions identified from the test stress exercise. However, there was concern about the extent of external partners’ plans not being as robust and this would be raised at the next A&amp;E Delivery Board meeting. Concerns had also been raised on community health services particularly in relation to engagement by partners. TJ enquired about patients presenting at A&amp;E during the week and at weekends with mental health issues and BW advised that the Trust had a 24 hour presence within A&amp;E to cover patients with cognitive impairment. TJ also questioned whether security levels were adequate in light of the increased verbal abuse aimed at staff. BW advised that there was enhanced security presence depending on the circumstances and response times were good with similar arrangements in place with the police. DF referred to the Out of Hospital work and the plans in place for winter and BW advised that she was confident with the arrangements the Trust had in place but remained concerned about external partner plans. A number of meetings and teleconference calls had taken place to address the matter and NHSE had been informed of the position.</td>
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The Board noted the report.

Financial Report (October 2018)
The report was received by the Board and IJ highlighted the following matters:

- The financial pressures on the Trust remained the same with additional beds being open and agency spend on medics and nursing staff continuing to be the main expenditure areas
- Theatre utilisation remained a concern with scheduled sessions paid for but activity was 10% below target. More work was required to understand the reasons for this and determine whether it related to a gap in capacity or productivity
- The Cost Improvement Plan position remained on target but there were risks to its delivery by the year end. However, plans were being put in place to identify schemes for 2019/20.

The Board noted the report.

Analysis of Return on Investment
IJ presented the report and advised that good progress had been made on the cases of need but there remained a number of areas that required more time before the benefits identified could be realised. He made particular reference to Primary Care Streaming and advised that a review had been undertaken to check whether the Trust was getting any benefit from the original investment. The review had concluded that more internal flexibility was needed by moving away...
from the current model provided by Urgent Care 24 and using the Trust’s own staff to stream patients accordingly which, in turn, would reduce overheads. IJ further advised that the HMB had reviewed the report and agreed to pilot the new model over the next 6 months and review its potential thereafter.

NG commented that it was good to see that progress was being made and that the Finance & Performance Committee would revisit it further in March 2019 to check progress and report back to the Board.

The Board noted the report.

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<th>Ref</th>
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<tr>
<td></td>
<td>from the current model provided by Urgent Care 24 and using the Trust’s own staff to stream patients accordingly which, in turn, would reduce overheads. IJ further advised that the HMB had reviewed the report and agreed to pilot the new model over the next 6 months and review its potential thereafter.</td>
<td>IJ</td>
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</table>

**GOVERNANCE/WELL-LED**

**B18-19/115**  
**Freedom To Speak Up Guardian (FTSUG) – Progress Report**

LH presented her report and provided an update on the work she had been doing since taking up the role in September 2018. She advised that the role had been in transition over the last 6 months and that no concerns in this financial year had been raised to date either with the previous holder of the role or with her.

LH further advised that work had been undertaken on raising awareness and promoting the FTSUG role through the Safety First programme and Clever Together. This included taking part in the development work to create the right culture and environment for speaking up. She had also been involved in the North West network with a view to taking the opportunity to benchmark and learn from others. Regular meetings were taking place with NG and SW as well as TJ as the Senior Independent Director. LH also advised that she had completed the Trust’s self-assessment of the approach to the FTSUG role which had highlighted some primary actions including the finalisation of a vision and strategy but, more importantly, the alignment of the role within the Trust. In addition to this, LH was to drive through the review of the Speak Out Safely policy and the establishment of FTSU champions.

MW enquired about benchmarking the role against other Trusts and LH advised that, through the network, she had established that different approaches were being undertaken in terms of where the role sat and the level of time being dedicated to it. KR commented that he was surprised that no concerns had been raised with the FTSUG within the Trust. LH stated that this may be due to staff not having a good understanding of the role and so the promotional and awareness work being undertaken was vitally important. She was also reviewing the Trust Induction slides in relation to raising concerns with an emphasis on psychological safety and how staff can be supported.

TC commented that any concerns raised should be reviewed in the same way as a serious incident but the awareness raising of the function of the role was critical to highlight to staff the avenues available to them for raising concerns. He added that other channels should be used before bringing concerns to the attention of the Guardian.
The Board remained supportive of the role and would continue to take a care interest in its development within the Trust. The next report to Board was due in May 2019.

The Board noted the report.

CONCLUDING BUSINESS

Any Other Business

None

Items for the Risk Register/Changes to the Board Assurance Framework (BAF)

None identified

Chair’s Log - Key Messages from the Board

The following messages were highlighted:

- The rewarding presentation received in relation to the apprenticeship programme and the support it provided to enhance career opportunities within the Trust
- The introduction of the Lessons Learned Group to review clinical and non-clinical claims which had not been the subject of a serious incident investigation
- Increasing awareness and promotion of the role of the FTSUG and its alignment within the organisation
- Performance remained challenged but was holding up despite the ongoing pressures and the Board was optimistic that it would meet its year-end commitments
- The progress being made on the various schemes following investment agreed earlier in the year.

Date and Time of Next Meeting

Wednesday 30 January 2019 at 10am, Boardroom, Aintree Lodge.

The meeting ended at 11.05pm
'BRAG' rating to assess progress:

- **Blue**: Action completed & independently/externally validated
- **Amber**: Action on track but not complete
- **Green**: Action complete & evidenced
- **Red**: Action overdue for completion or may not be completed

<table>
<thead>
<tr>
<th>Lead</th>
<th>Date of Meeting</th>
<th>Minute / Reference</th>
<th>Action</th>
<th>Action Deadline</th>
<th>Action Status</th>
<th>Agenda Item</th>
</tr>
</thead>
</table>
| DB   | Sept 2018       | B18-19/078          | CQC Improvement Plan – Mock Inspections  
Outcome to be fed back to the Board in Jan 2019  
Update: Deferred pending discussion at HMB and Safety & Risk ELG | January 2019  
March 2019 | A |  |
| RH   | B18-19/081      | Leadership & Management Development  
Update to be provided in Jan 2019 | January 2019 | G |  |
| BW/TC| Nov 2018        | B18-19/110          | Gastroenterology  
Next formal report to be submitted in March 2019 to F&P Committee and Board | March 2019 | A |  |
| IJ   | B18-19/114      | Analysis of Return on Investment  
F&P to review in March 2019 and report back to Board | March 2019 | A |  |
| SW/LH| B18-19/115      | Freedom to Speak Up Guardian  
Next report to Board in May 2019 | May 2019 | A |  |
My Journey

Sarah Walker
AED
Background

- Learning Disabilities
- Child Protection
- CQC

Summary of our findings
for the essential standards of quality and safety

Our current overall judgement was not meeting one or more essential standards. Action is needed.

<table>
<thead>
<tr>
<th>Ratings</th>
<th>Overall rating for this service</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Good</td>
</tr>
<tr>
<td>Is the service safe?</td>
<td>Good</td>
</tr>
<tr>
<td>Is the service effective?</td>
<td>Good</td>
</tr>
<tr>
<td>Is the service caring?</td>
<td>Good</td>
</tr>
<tr>
<td>Is the service responsive?</td>
<td>Outstanding</td>
</tr>
<tr>
<td>Is the service well-led?</td>
<td>Good</td>
</tr>
</tbody>
</table>
Education

• Several qualifications

• First Class Degree in Nursing & a BSc Wildlife Conservation

• Recently commenced Masters in Advanced Practice
Looking Back

• Aintree Volunteer on AED

• Student Nurse Mentor

• On the right path
Why Nursing

• Could I do it?

• Encouraged by a CQC inspector

• Natural progression
Pre -Registration

• Student Quality Ambassador

• Student Awards

• Ugandan Ministry of Health

• Global Health Education Conference
Planning Ahead as a Student

- Recruitment Events
- Aintree CQC reports
- Aintree AED
- SQA Involvement at Aintree
Aintree Preceptorship

• Flexible Approach to Preceptorships

• Multi Professional Learning
Excellent Education

• Front Loaded Training & Competencies

• Theory and practical based

• Equipped staff to hit the ground running
Competent & Capable Staff

- AED Competencies
- Positive affect on team work
- Empowering newly qualified nurses
Multi Professional Learning

- Multi-faceted Learning
- Sign-posting
Multi Professional Cross Divisional Support

- Multi-professional support networks
- Multi-professional problem solving
- Multi-professional social networks
Preceptorship & Me

- Hit the ground running
- Stopped delays in patient care
- Integration in to Aintree & AED was easier
- Boosted my confidence
Who noticed?

- The AED team
- Patients commented
- The wider multi-professional team
Support During My Preceptorship

• AED Manager

• Preceptor

• Educators

• Sponsor
Moving Forward

• No set plan
• Current Band 6
• CPD
Moving Forward

• Advantages of my Sponsor

• Masters in Advanced Practice

• Clinical Examination with Distinction

• Clinical Diagnostics
Current Projects

Current Band 6 role:
• Implemented comprehensive handover on Observation Ward
• I have implemented weekly infection control audits
• I have started working on changing cultures of staff on the ward
• Promoted collaborative working between the Medical Assessment Bays and Observation Ward
• I am Student Welfare Link and introduced a Student Nurse Handbook
• I am working closely with Gary Jones to implement an Observation Ward “How are we doing” data collection template which we are hoping will lead to a quality display board
Areas of Interest

• I would like to further develop LD services in Aintree and raise awareness about accepting LD admissions, how to effectively support LD patients, safeguarding & DOL’s issues and intensive interaction with LD patients.

• I feel there is a lot to develop in this area and my background could lend to a more cohesive service for these vulnerable patients.
Any Questions
5. B18-19/123 - Chief Executive’s Report

### Agenda Item (Ref) B18-19/123

**Date of Meeting:** 30 January 2019

**Report to:** Board of Directors

**Report Title:** Chief Executive’s Report

**Executive Lead:** Steve Warburton, Chief Executive

**Lead Officer:**

**Action Required:** To note

<table>
<thead>
<tr>
<th>Substantial assurance</th>
<th>☐</th>
<th>Acceptable assurance</th>
<th>☒</th>
<th>Partial assurance</th>
<th>☒</th>
<th>No assurance</th>
<th>☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>High level of confidence in delivery of existing mechanisms / objectives</td>
<td></td>
<td>General confidence in delivery of existing mechanisms/ objectives</td>
<td></td>
<td>Some confidence in delivery of existing mechanisms / objectives</td>
<td></td>
<td>No confidence in delivery</td>
<td></td>
</tr>
</tbody>
</table>

### Key Messages of this Report (2/3 headlines only)

- Full NHS 10 Year Forward Plan issued to Board on 23 January 2019 together with briefings from NHS Confederation and NHS Providers
- Executive Summary of NHS 10 Year Forward Plan attached to aid discussion
- HMB Assurance Report for December 2018 attached for information purposes. Virtual meeting held in January 2019 due to operational pressures.

### Impact (is there an impact arising from the report on the following?)

- Quality ☒
- Finance ☒
- Workforce ☐
- Equality ☐
- Risk ☒
- Compliance ☐
- Legal ☒

### Equality Impact Assessment (if there is an impact on E&D, an Equality Impact Assessment must accompany the report)

- Strategy ☐
- Policy ☐
- Service Change ☐

### Strategic Objective(s)

- Deliver outstanding care ☒
- Achieve best patient outcomes ☒
- Promote research and education ☒
- Deliver sustainable healthcare to meet people’s needs ☒
- Provide strong system leadership ☒
- Be a well-governed and clinically-led organisation ☒

### Governance (is the report a……?)

- Statutory requirement ☐
- Annual Business Plan Priority ☐
- Key Risk ☐
- Service Change ☐
- Other ☒

**rationale for Board submission required:**

- For information

### Next Steps (actions following agreement by Board/Committee of recommendation/s)

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## REPORT HISTORY

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<th>Committee / Group Name</th>
<th>Agenda Ref</th>
<th>Report Title</th>
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<th>Brief summary of key issues raised and actions</th>
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Overview and summary

The NHS has been marking its 70th anniversary, and the national debate this has unleashed has centred on three big truths. There’s been pride in our Health Service’s enduring success, and in the shared social commitment it represents. There’s been concern – about funding, staffing, increasing inequalities and pressures from a growing and ageing population. But there’s also been optimism – about the possibilities for continuing medical advance and better outcomes of care.

In looking ahead to the Health Service’s 80th birthday, this NHS Long Term Plan takes all three of these realities as its starting point. So to succeed, we must keep all that’s good about our health service and its place in our national life. But we must tackle head-on the pressures our staff face, while making our extra funding go as far as possible. And as we do so, we must accelerate the redesign of patient care to future-proof the NHS for the decade ahead. This Plan sets out how we will do that. We are now able to because:

• first, we now have a secure and improved funding path for the NHS, averaging 3.4% a year over the next five years, compared with 2.2% over the past five years;
• second, because there is widespread consensus about the changes now needed. This has been confirmed by patient’s groups, professional bodies and frontline NHS leaders who since July have all helped shape this plan – through over 200 separate events, over 2,500 separate responses, through insights offered by 85,000 members of the public and from organisations representing over 3.5 million people;
• and third, because work that kicked-off after the NHS Five Year Forward View is now beginning to bear fruit, providing practical experience of how to bring about the changes set out in this Plan. Almost everything in this Plan is already being implemented successfully somewhere in the NHS. Now as this Plan is implemented right across the NHS, here are the big changes it will bring:

Chapter One sets out how the NHS will move to a new service model in which patients get more options, better support, and properly joined up care at the right time in the optimal care setting. GP practices and hospital outpatients currently provide around 400 million face-to-face appointments each year. Over the next five years, every patient will have the right to online ‘digital’ GP consultations, and redesigned hospital support will be able to avoid up to a third of outpatient appointments - saving patients 30 million trips to hospital, and saving the NHS over £1 billion a year in new expenditure averted. GP practices - typically covering 30-50,000 people - will be funded to work together to deal with pressures in primary care and extend the range of convenient local services, creating genuinely integrated teams of GPs, community health and social care staff. Now expanded community health teams will be required under new national standards to provide fast support to people in their own homes as an alternative to hospitalisation, and to ramp up NHS support for people living in care homes. Within five years over 2.5 million more people will benefit from ‘social prescribing’, a personal health budget, and new support for managing their own health in partnership with patients’ groups and the voluntary sector.

These reforms will be backed by a new guarantee that over the next five years, investment in primary medical and community services will grow faster than the overall NHS budget. This commitment – an NHS ‘first’ - creates a ringfenced local fund worth at least an extra £4.5 billion a year in real terms by 2023/24.
We have an emergency care system under real pressure, but also one in the midst of profound change. The Long Term Plan sets out action to ensure patients get the care they need, fast, and to relieve pressure on A&Es. New service channels such as urgent treatment centres are now growing far faster than hospital A&E attendances, and UTCs are being designated across England. For those that do need hospital care, emergency ‘admissions’ are increasingly being treated through ‘same day emergency care’ without need for an overnight stay. This model will be rolled out across all acute hospitals, increasing the proportion of acute admissions typically discharged on day of attendance from a fifth to a third. Building on hospitals’ success in improving outcomes for major trauma, stroke and other critical illnesses conditions, new clinical standards will ensure patients with the most serious emergencies get the best possible care. And building on recent gains, in partnership with local councils further action to cut delayed hospital discharges will help free up pressure on hospital beds.

Chapter Two sets out new, funded, action the NHS will take to strengthen its contribution to prevention and health inequalities. Wider action on prevention will help people stay healthy and also moderate demand on the NHS. Action by the NHS is a complement to - not a substitute for - the important role of individuals, communities, government, and businesses in shaping the health of the nation. Nevertheless, every 24 hours the NHS comes into contact with more than a million people at moments in their lives that bring home the personal impact of ill health. The Long Term Plan therefore funds specific new evidence-based NHS prevention programmes, including to cut smoking; to reduce obesity, partly by doubling enrolment in the successful Type 2 NHS Diabetes Prevention Programme; to limit alcohol-related A&E admissions; and to lower air pollution.

To help tackle health inequalities, NHS England will base its five year funding allocations to local areas on more accurate assessment of health inequalities and unmet need. As a condition of receiving Long Term Plan funding, all major national programmes and every local area across England will be required to set out specific measurable goals and mechanisms by which they will contribute to narrowing health inequalities over the next five and ten years. The Plan also sets out specific action, for example to: cut smoking in pregnancy, and by people with long term mental health problems; ensure people with learning disability and/or autism get better support; provide outreach services to people experiencing homelessness; help people with severe mental illness find and keep a job; and improve uptake of screening and early cancer diagnosis for people who currently miss out.

Chapter Three sets the NHS’s priorities for care quality and outcomes improvement for the decade ahead. For all major conditions, results for patients are now measurably better than a decade ago. Childbirth is the safest it has ever been, cancer survival is at an all-time high, deaths from cardiovascular disease have halved since 1990, and male suicide is at a 31-year low. But for the biggest killers and disablers of our population, we still have unmet need, unexplained local variation, and undoubted opportunities for further medical advance. These facts, together with patients’ and the public’s views on priorities, mean that the Plan goes further on the NHS Five Year Forward View’s focus on cancer, mental health, diabetes, multimorbidity and healthy ageing including dementia. But it also extends its focus to children’s health, cardiovascular and respiratory conditions, and learning disability and autism, amongst others.

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Some improvements in these areas are necessarily framed as 10 year goals, given the timelines needed to expand capacity and grow the workforce. So by 2028 the Plan commits to dramatically improving cancer survival, partly by increasing the proportion of cancers diagnosed early, from a half to three quarters. Other gains can happen sooner, such as halving maternity-related deaths by 2025. The Plan also allocates sufficient funds on a phased basis over the next five years to increase the number of planned operations and cut long waits. It makes a renewed commitment that mental health services will grow faster than the overall NHS budget, creating a new ringfenced local investment fund worth at least £2.3 billion a year by 2023/24. This will enable further service expansion and faster access to community and crisis mental health services for both adults and particularly children and young people. The Plan also recognises the critical importance of research and innovation to drive future medical advance, with the NHS committing to play its full part in the benefits these bring both to patients and the UK economy.

To enable these changes to the service model, to prevention, and to major clinical improvements, the Long Term Plan sets out how they will be backed by action on workforce, technology, innovation and efficiency, as well as the NHS’ overall ‘system architecture’.

Chapter Four sets out how current workforce pressures will be tackled, and staff supported. The NHS is the biggest employer in Europe, and the world’s largest employer of highly skilled professionals. But our staff are feeling the strain. That’s partly because over the past decade workforce growth has not kept up with the increasing demands on the NHS. And it’s partly because the NHS hasn’t been a sufficiently flexible and responsive employer, especially in the light of changing staff expectations for their working lives and careers. However there are practical opportunities to put this right. University places for entry into nursing and medicine are oversubscribed, education and training places are being expanded, and many of those leaving the NHS would remain if employers can reduce workload pressures and offer improved flexibility and professional development. This Long Term Plan therefore sets out a number of specific workforce actions which will be overseen by NHS Improvement that can have a positive impact now. It also sets out wider reforms which will be finalised in 2019 when the workforce education and training budget for HEE is set by government. These will be included in the comprehensive NHS workforce implementation plan published later this year, overseen by the new cross-sector national workforce group, and underpinned by a new compact between frontline NHS leaders and the national NHS leadership bodies.

In the meantime the Long Term Plan sets out action to expand the number of nursing and other undergraduate places, ensuring that well-qualified candidates are not turned away as happens now. Funding is being guaranteed for an expansion of clinical placements of up to 25% from 2019/20 and up to 50% from 2020/21. New routes into nursing and other disciplines, including apprenticeships, nursing associates, online qualification, and ‘earn and learn’ support, are all being backed, together with a new post-qualification employment guarantee. International recruitment will be significantly expanded over the next three years, and the workforce implementation plan will also set out new incentives for shortage specialties and hard-to-recruit to geographies.
To support current staff, more flexible rostering will become mandatory across all trusts, funding for continuing professional development will increase each year, and action will be taken to support diversity and a culture of respect and fair treatment. New roles and inter-disciplinary credentialing programmes will enable more workforce flexibility across an individual’s NHS career and between individual staff groups. The new primary care networks will provide flexible options for GPs and wider primary care teams. Staff and patients alike will benefit from a doubling of the number of volunteers also helping across the NHS.

**Chapter Five sets out a wide-ranging and funded programme to upgrade technology and digitally enabled care across the NHS.** These investments enable many of the wider service changes set out in this Long Term Plan. Over the next ten years they will result in an NHS where digital access to services is widespread. Where patients and their carers can better manage their health and condition. Where clinicians can access and interact with patient records and care plans wherever they are, with ready access to decision support and AI, and without the administrative hassle of today. Where predictive techniques support local Integrated Care Systems to plan and optimise care for their populations. And where secure linked clinical, genomic and other data support new medical breakthroughs and consistent quality of care. Chapter Five identifies costed building blocks and milestones for these developments.

**Chapter Six sets out how the 3.4% five year NHS funding settlement will help put the NHS back onto a sustainable financial path.** In ensuring the affordability of the phased commitments in this Long Term Plan we have taken account of the current financial pressures across the NHS, which are a first call on extra funds. We have also been realistic about inevitable continuing demand growth from our growing and aging population, increasing concern about areas of longstanding unmet need, and the expanding frontiers of medical science and innovation. In the modelling underpinning this Long Term Plan we have therefore not locked-in an assumption that its increased investment in community and primary care will necessarily reduce the need for hospital beds. Instead, taking a prudent approach, we have provided for hospital funding as if trends over the past three years continue. But in practice we expect that if local areas implement the Long Term Plan effectively, they will benefit from a financial and hospital capacity ‘dividend’.

In order to deliver for taxpayers, the NHS will continue to drive efficiencies – all of which are then available to local areas to reinvest in frontline care. The Plan lays out major reforms to the NHS’ financial architecture, payment systems and incentives. It establishes a new Financial Recovery Fund and ‘turnaround’ process, so that on a phased basis over the next five years not only the NHS as a whole, but also the trust sector, local systems and individual organisations progressively return to financial balance. And it shows how we will save taxpayers a further £700 million in reduced administrative costs across providers and commissioners both nationally and locally.
Chapter Seven explains next steps in implementing the Long Term Plan. We will build on the open and consultative process used to develop this Plan and strengthen the ability of patients, professionals and the public to contribute by establishing the new NHS Assembly in early 2019. 2019/20 will be a transitional year, as the local NHS and its partners have the opportunity to shape local implementation for their populations, taking account of the Clinical Standards Review and the national implementation framework being published in the spring, as well as their differential local starting points in securing the major national improvements set out in this Long Term Plan. These will be brought together in a detailed national implementation programme by the autumn so that we can also properly take account of Government Spending Review decisions on workforce education and training budgets, social care, councils’ public health services and NHS capital investment.

Parliament and the Government have both asked the NHS to make consensus proposals for how primary legislation might be adjusted to better support delivery of the agreed changes set out in this LTP. This Plan does not require changes to the law in order to be implemented. But our view is that amendment to the primary legislation would significantly accelerate progress on service integration, on administrative efficiency, and on public accountability. We recommend changes to: create publicly-accountable integrated care locally; to streamline the national administrative structures of the NHS; and remove the overly rigid competition and procurement regime applied to the NHS.

In the meantime, within the current legal framework, the NHS and our partners will be moving to create Integrated Care Systems everywhere by April 2021, building on the progress already made. ICSs bring together local organisations in a pragmatic and practical way to deliver the ‘triple integration’ of primary and specialist care, physical and mental health services, and health with social care. They will have a key role in working with Local Authorities at ‘place’ level, and through ICSs, commissioners will make shared decisions with providers on population health, service redesign and Long Term Plan implementation.

Our National Health Service was founded in 1948 in place of fear - the fear that many people had of being unable to afford care for themselves and their families. And it was founded in a spirit of optimism - at a time of great uncertainty, coming shortly after the sacrifices of war. At its best our National Health Service is the practical expression of a shared commitment by the British people: over the past seven decades, there when we need it, at the most profound moments in our lives. But as medicine advances, health needs change, and society develops, the Health Service continually has to move forward. This Long Term Plan shows how we will do so. So that looking forward to the NHS’ 80th Birthday, in a decade’s time, we have a service that is fit for the future.
Report from Hospital Management Board

Report to | Board of Directors
---|---
Date | 30 January 2019
Committee Name | Hospital Management Board
Date of Meeting | 5 December 2018
Chair’s Name & Title | Steve Warburton Chief Executive
Executive Lead |  

Summary

1. The Hospital Management Board (HMB) receives reports from the Executive Led Groups on the clinical and operational management of the Trust. It also reviews the delivery of the strategic objectives and mitigation of strategic risk by focussing on clinical quality, performance and delivery.

Key Issues

Quality Session

Senior Leaders Masterclass: Safety Culture

2. A brief overview was provided of the outcome of the Safety First event which had been attended by over 80 senior leaders from across the Trust. The outputs from the table exercises were shared which identified both short and long term actions to take forward to embed the safety first culture within the organisation. Smaller scale workshops would be undertaken to help staff understand their role and contribution to the development of a safety culture.

Staff Survey – Initial Analysis

3. The initial outcomes of the staff survey undertaken by Clever Together were provided which highlighted the areas of improvement from the previous year together with the areas that showed deterioration. More detailed analysis was to be undertaken once the data had been verified with the key themes and trends to be determined and fed back to the Divisions in order to develop appropriate action plans.

Business Section

Chief Executive’s Report

4. The progress with the merger was largely on track with the Patient Benefit Case close to completion and due to be submitted to the Competitions & Markets Authority in January 2019. Work was also progressing on the Full Business Case and a series of roadshows would be undertaken in February 2019.

5. The balance of risk had changed on the Electronic Patient Records (EPR) programme as confidence levels had increased on the design and build element of the system. The focus was now on the sequencing and implementation of the system into the hospitals. The EPR Board was to review the various options proposed during December 2018 as well as the overarching governance arrangements. The Board of Aintree and the Royal Liverpool would be meeting in January 2019 to discuss the risks and mitigations.

Gastroenterology

6. Feedback from the Joint Accreditation Group (JAG) had been positive in terms of the quality of clinical services being provided but there was recognition that there was a capacity and demand issue. The JAG had given the Trust 6 months to improve the position. The Task & Finish Group
had met to prioritise the backlog and follow-up cases and the engagement with the third party provider was back on track and so green shoots of recovery should be seen in the near future.

Social Media and Media Update

7. A presentation was provided which highlighted the Trust’s social media strategy and its plans going forward. This included its engagement on Facebook and Twitter and how the Trust prioritises its involvement in evolving stories. An overview was also provided on the media landscape and how this had evolved to being more internet driven. The Trust’s media plans were outlined and some examples of outcomes were shared.

Winter Plan 2018/19

8. Of the 24 actions identified for delivery in November, 21 had been completed with two actions relating to the Hot Clinics expected to be completed in early December 2018 and the one on direct conveyancing of patients to assessment not progressed due to external limitations with NWAS. Progress would continue to be monitored through the Winter Planning Group and reported to the Operations & Performance ELG.

Equality & Diversity

9. The mandated self-assessment questionnaire had been completed and was to be presented to the CCGs and Healthwatch in January 2019 following which actions would be developed based on the barriers identified and then published on the Trust’s website. An update report would be provided to HMB in February 2019.

Divisional Updates

10. A&E performance had deteriorated in November. Work was being undertaken with NWAS with a view to improving ambulance handover times. There was also a focus on the non-admitted patients through see and treat as well as a rapid improvement event on the pit stop assessment area. The opening hours for MAB/FAB assessment had been increased.

11. A deep dive was to be undertaken with the CCGs on the sleep service. The stroke pathway was affecting performance but improvement was expected as a result of the review at Divisional level. The Trust had achieved five of the eight cancer standards.

12. Radiology was also challenged particularly in MR/CT scanning but a recovery plan was in place. One of the scanners was being replaced which meant that there was a backlog but other scanners were working 24/7 to alleviate the pressure.

Patient-Led Assessments of the Care Environment (PLACE) Inspection Report 2017/18

13. Changes had been made to the monitoring and scoring which had impacted on the Trust’s performance against the indicators. The Trust scores had deteriorated in all domains which had been disappointing and contrary to the feedback that had been provided during the inspections. Work was being undertaken to develop action plans that would improve performance and address the issues raised.

Decisions Made

N/A

Recommendation

14. The Board is asked to note the summary report.
**Agenda Item (Ref)** B18-19/124  
**Date of Meeting:** 30 January 2019

**Report to** Board of Directors  
**Report Title** Board Assurance Framework Q3 2018-19 – Update  
**Executive Lead** Steve Warburton, Chief Executive  
**Lead Officer** Caroline Keating, Director of Corporate Governance  
**Action Required** To review & agree any actions

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<th>Acceptable assurance</th>
<th>Partial assurance</th>
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<td>High level of confidence in delivery of existing mechanisms / objectives</td>
<td>General confidence in delivery of existing mechanisms/ objectives</td>
<td>Some confidence in delivery of existing mechanisms / objectives</td>
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**Key Messages of this Report**

- Due to the risk review being undertaken and proposed changes to the BAF, the report highlights any increasing or new risks and the actions being taken.
- At its January Development Session, discussions will focus on an overview of the current risk management workstreams, their inter-relationship and key outputs to ensure Board focus is on the right areas of risk both in the short and longer-term

**Impact**

- Quality
- Finance
- Workforce
- Equality
- Risk
- Compliance
- Legal

**Equality Impact Assessment** - not applicable

- Strategy
- Policy
- Service Change

**Strategic Objective(s)**

- Deliver outstanding care
- Achieve best patient outcomes
- Promote research and education
- Deliver sustainable healthcare to meet people’s needs
- Provide strong system leadership
- Be a well-governed and clinically-led organisation

**Governance**

- Statutory requirement
- Annual Business Plan Priority
- Key Risk
- Service Change
- Other

  *rationale for Board submission required: Good governance*

**Next Steps**

The outcome of the discussions at the Board Development Session will inform future reporting
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<td>Board of Directors</td>
<td>B18-19/…</td>
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The Board Assurance Framework (BAF)

• Executive Directors have been consulted individually and collectively on the content and the risk scoring. The scoring remains unchanged from the last quarter. Executive Directors are informed through discussions at Executive-Led Groups and Hospital Management Board.

• Due to the Risk Review being undertaken with RSM, the quarterly report this month highlights any increasing or new risks and the actions being taken. The Board will discuss the outcomes of the Risk Review in its Development Session in January 2019. This will include an overview of the current risk management workstreams, their inter-relationship and the key outputs that will be delivered to ensure that the Board is focussed on the right areas of risk both in the short and longer-term.

Board Required Action

• The Board is asked to note the latest position regarding the Single Quality Item Surveillance Group. The Clinical Quality & Performance Group, chaired by South Sefton CCG, reviewed the evidence relating to the reduction of the risk of further Never Events and the Trust’s ability to demonstrate evidence of learning/improvement from serious incidents. The Group confirmed de-escalation to routine surveillance of three of the four areas (Safeguarding, Leadership and Clinical Pathways) but, due to the reporting of another Never Event and a further SI within Theatres, the Trust will remain on enhanced surveillance for this single item (for the time being).
Strategic Risks January 2019

Key matters arising:

- **Surveillance of patient pathways** – work underway internally to identify the scope of a review and the surveillance requirements by end January 2019.

- **Gastroenterology** – supplementary exec level support provided to management team; also provides additional oversight to in-year support investment made by the Board. Risk score remains unchanged at 20 but, with a significant number of actions in motion, it is anticipated the risk score could reduce to a 16 over the next 2 months as interventions come on line.

- A **Never Event** was declared in November 2018 following use of a different cement to that intended for a hip operation. An investigation was commissioned and is due to conclude by 27 February 2019. The patient did not suffer any harm.

Summary Overview:

Review of risks to AUH of the merger discussed by the Board November 2018. Further discussions held with Executive leads December 2018 & January 2019 to better understand the mitigations in place. Report to be submitted to Board Jan 2019.

In parallel, work has been undertaken with RSM to understand AUH’s aggregate risks. The report will be discussed by the Board January 2019.

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<tr>
<th>Strategic Risks</th>
<th>Likelihood</th>
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<tr>
<td>1 Failure to ensure that the care provided for all patients is high quality, safe and compassionate</td>
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<td>2 Failure to provide high quality effective treatment that achieves best possible patient outcomes</td>
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<td>3 Failure to deliver the benefits of education, research and innovation for our patients and staff</td>
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<td>4 Failure to deliver efficient, cost effective and sustainable services</td>
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<tr>
<td>5 Failure to provide sufficient strategic focus and leadership to support seamless pathways across health and social care systems</td>
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<td>6 Failure to be a well-governed and clinically-led organisation to enable our people to achieve the Trust’s common purpose</td>
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### Key Messages of this Report

- End of Life Strategy finalised and requires approval from the Board prior to publication.
- The strategy sets a clear direction for improving end of life care to realise our strategic vision ‘to be a leading provider of the highest quality health care’.
- Launch of the strategy is scheduled for February 2019
- The delivery of the work programme will be monitored through the executive led groups and HMB.
- Strategy reviewed by the Quality Committee with full support for approval

### Impact

- Quality
- Finance
- Workforce
- Equality
- Risk
- Compliance
- Legal

### Equality Impact Assessment

- Strategy
- Policy
- Service Change

### Strategic Objective(s)

- Deliver outstanding care
- Achieve best patient outcomes
- Promote research and education
- Deliver sustainable healthcare to meet people’s needs
- Provide strong system leadership
- Be a well-governed and clinically-led organisation

### Governance

- Statutory requirement
- Annual Business Plan Priority
- Key Risk
- Service Change
- Other

### Next Steps

Once approved by the Board of Directors the project mandates will be for Trust-wide publication. Progression of work stream objectives and report on progress for next EOL strategy group meeting in February 2019
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<td>QC18-19/121</td>
<td>End of Life Update</td>
<td>October 2018</td>
<td>Noted</td>
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<td>HMB (Virtual Meeting)</td>
<td>HMB18-19/177</td>
<td>End of Life Strategy</td>
<td>January 2019</td>
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<td>Quality Committee</td>
<td>QC18-19/157</td>
<td>End of Life Strategy</td>
<td>January 2019</td>
<td>Agreed to recommend approval to the Board</td>
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End of Life Strategy and Improvement Plan

Summary

1. This report provides a summary of the development of the End of Life strategy and work streams to enable the Trust to enhance the current service to provide a person-centered, individualised approach to delivering fully resourced End of Life services across all clinical settings as highlighted within the CQC Inspection and the Quality Risk Profile (QRP) / Single Item Quality Surveillance Group.

2. The End of Life Strategy will direct and inform the priorities for the coming two years. It is intended that a joint Royal Liverpool Broadgreen University Hospital Trust and Aintree University Hospital Strategy will be produced thereafter.

Assurance and Governance

3. Oversight of the End of Life Strategy and associated actions is provided by the End of Life and Bereavement Care Strategic group chaired by the Chief Nurse which meets on a quarterly basis, the purpose of the group being:

- To agree the strategic direction of work to be progressed to meet national, regional and local guidance for end of life and bereavement care
- To develop, implement and monitor progress towards achieving the Trust End of Life Strategy and policy
- To provide effective leadership, resources and education to Trust staff to maintain direction in End of Life and Bereavement care
- To engage with other professionals to implement evidence based end of life and bereavement care throughout the Trust
- To pursue and invest funding opportunities in relation to End of Life and bereavement initiatives, to progress achievement towards the Trust End of Life Strategy
- To ensure any work undertaken links with Clinical Governance and corporate objectives of the Trust
- Identify and engage with relevant members of staff to progress implementation of relevant work streams
- To provide relevant reports during and on completion of projects to executive leads and other relevant parties
- To ensure a patient focus is central in all developments
- Maintenance of all end of life and bereavement guidance and literature within the Trust
4. Agreed reporting arrangements for the End of Life and Bereavement Care Group are as follows:

**Work Programme**

5. To deliver the End of Life strategy, 6 work streams have been established. The work streams will report into the End of Life and Bereavement Group on a quarterly basis.

- Discharge
- Treatment Escalation Decisions
- Patient experience
- Outcomes
- End of Life Care Tools
- Workforce and training

6. Each work stream is underpinned by a key principle and has a set of objectives which form a two year action plan, with outlined measures for reporting against. These work stream objectives form the basis of the Trust End of Life Strategy, encompass all key aspects of end of life and bereavement care, and incorporate the ongoing areas for action highlighted in the CQC action plan.
7. A quarterly report summarising progress will be submitted to the Clinical Effectiveness and Patient Experience Executive Led Groups for review.

8. The work programme is being delivered as Trust-wide transformation, using a formal programme of management methodology, supported by a cohesive staff engagement, training and development plan.

Key achievements to date

9. Key achievements during the development of the strategy have been:
   - the launch of the Frangipani model of end of life care across the Trust in May 2018, to underpin the strategy and provides a unified theme for palliative and end of life services. The model incorporates 4 key aspects:
     - An individualised model of care incorporating the end of life tools for the last year of life
     - A Trust symbol for palliative and end of life care
     - Resources to support patients, carers and staff
     - A staff accreditation system for palliative and end of life training
   - The publication of a trust wide training needs analysis across all staff groups
   - Full data submission for the 2018 National Audit for Care at the End of Life (NACEL)
   - The placement of end of life notice boards and resource folders across all wards and departments.
   - Supply of bereavement bags incorporating the frangipani blossom to promote dignity and improve recognition of bereaved relatives.

Implications and Impact

10. It is expected that the implementation of the End of Life strategy 2018-20 and its associated delivery plan will support the continuation of substantial improvements in End of Life care throughout the Trust.

11. A strong programme of education will ensure staff have the right skills and knowledge to deliver the highest quality care.

Next 4 weeks

12. The main objectives for the next four weeks are as follows:
   - Development of a communications strategy for the launch of the strategy, public engagement events for Dying Matters week in May 2019 and promotion of end of life care and services across the trust.
   - Development of an education strategy to increase the delivery of tier 1 and tier 2 end of life education across the Trust
   - Provide an update on the action tracker for the strategy objectives to the End of Life and Bereavement Care Strategy Group
   - Produce and submit a monthly end of life dashboard for review at divisional assurance groups
Recommendation

13. The Board of Directors is asked to approve the End of Life Strategy 2018-20.

References and further reading

CQC Inspection Reports – Aintree University Hospital NHS Foundation Trust – March 2018
http://www.cqc.org.uk/provider/REM

NICE End of Life Guidelines
End of Life
https://www.nice.org.uk/guidance/QS13
Care of dying adults in the last days of life
https://www.nice.org.uk/guidance/ng31

Author: Julie Raj
Date: 02 January 2019
2020 Strategy for End of Life and Bereavement Care
“When a patient is at the end of their life, we have one chance to get it right.”
I am very proud to launch our vision and strategy for end of life and bereavement care.

Providing outstanding end of life and bereavement care is everybody’s business and every staff member carries a personal responsibility to support patients and those close to them as they approach the final months, weeks and days of their life.

This strategy demonstrates our commitment to improving patient experience across the trust and sets out how we will achieve the specific components required in order to deliver high quality, individualised, patient-centred end of life care.

We strive to ensure patients and those close to them receive the practical, emotional and spiritual support they require, and to provide high quality facilities, information and resources to support them at the end of their life. End of life care is a key priority in our hospital, and we have one opportunity to get it right.

We will ensure relevant staff receive appropriate training in order to provide outstanding end of life care in the hospital setting, or can access the necessary resources to facilitate a safe discharge for end of life care in accordance with patients’ wishes.

We will seek out patient and carer feedback on their experiences and use this essential information to highlight examples of good practice to share, and areas for further development to ensure equitable provision of exemplary care across the Trust.

This strategy was developed in response to a wide-ranging consultation with staff, patients and their carers, and I would like to thank them for sharing their experiences, both good and bad, which has helped to identify our key priorities for the next two years. As we develop our end of life services into the future in the planned merger of the acute trusts within Liverpool, we will ensure our key objectives continue to be prioritised to meet the needs of our locality. The delivery of this strategy will be a tribute to all the patients we have had the highest privilege of caring for at Aintree in the final days and hours of their lives.

Dianne Brown, Chief Nurse
Statements from our Directors

“If we are going to deliver truly outstanding end of life care we need to make it everyone’s business. This strategy sets out how we intend to achieve this and how we offer people choice and control over things that are important to them at this point of vulnerability”

Steve Warburton – CEO

“Talking about dying is hard, but understanding how a person thinks helps us tailor our care in the most supportive way. Having practiced as a nurse and from my background in patient experience, I want every member of staff to think ‘it’s my business’ and feel supported and empowered to provide personal and individualised care at a time of great need.”

Mandy Wearne – Non-Executive Director for End of Life Care

“Supporting and caring for people at the end of their lives is a core aspect of the clinical care that we provide at Aintree Hospital, and we have a duty to support our patients and their families to talk openly and plan their care to ensure we meet their needs and wishes wherever possible.”

Tristan Cope – Medical Director
The Frangipani Model for end of life care

A compassionate, collaborative approach to providing individualised, patient-centred care at the end of life.

A person-centred, individualised approach to delivering responsive End of Life services across all clinical settings, by a work force who are:

C - Compassionate
A - Able
R - Responsive
E - Engaged

End of Life Discharges
End of Life Projects
Workforce Training
DNACPR
Outcomes

Julie Raj, Clinical Director for Palliative and End of Life Care Services
Paula Parr, Team Leader, Palliative and End of Life Care Services
Tina Willis, Palliative and End of Life project Lead
Patient Experience

Commitment Statement

WE WILL: Ensure patients and those important to them are engaged and involved in the development and delivery of the highest quality, individualised end of life and bereavement services across the Trust.
To achieve this we will:

- Proactively involve patients and those important to them in service development and seek regular feedback about our existing end of life and bereavement care services.
- Actively seek to learn from end of life incidents and complaints, sharing best practice and lessons learned both internally and externally with the wider healthcare economy.
- Provide high quality resources and facilities for patients and those important to them throughout their end of life care and into bereavement.
- Provide timely and relevant written and online end of life information to support patients and those important to them throughout their end of life care and into bereavement.
- Ensure staff have ready access to information and resources to support the delivery of the highest quality end of life care to patients and those important to them.
- Extend the End of Life Volunteer Companionship Service to increase support to ward staff in the delivery of care for patients and those important to them.
- Ensure the end of life and bereavement care provided by the Trust meets the cultural, spiritual and religious needs of patients and those important to them.
- Ensure end of life and bereavement services are developed in line with best national, regional and local guidance.
- Improve the identification and documentation of the individual needs of carers and those important to the dying patient.

We will monitor and measure our achievements through:

- Patient and carer service evaluations and feedback
- Bereaved relatives surveys
- Benchmarking services against national and regional end of life and bereavement specifications
- Thematic analysis of complaints, incidents and feedback
- Annual report of the Volunteer Companionship service
- Annual staff survey on end of life and bereavement care
- Ward compliance with standard 7 (end of life) of the Aintree Assessment and Accreditation Framework
- Participation in the national and local audits of care at the end of life
- Development of Trust online resources for end of life and bereavement services
End of Life Tools

Commitment Statement 2

WE WILL: Ensure all end of life tools and resources are embedded fully across all wards and departments within the Trust, to support staff to deliver the highest quality end of life care.
To achieve this we will:

- Embed the Frangipani model of individualised care that supports patients and those important to them for the last year of life and into bereavement, incorporating the Trust End of Life tools: Advance Care Planning, the AMBER Care Bundle, SAFE TRANSFER; unified DNACPR and the End of Life Care Plan.
- Embed the Frangipani blossom across all wards and departments as the Trust symbol for palliative, end of life and bereavement care.
- Deliver comprehensive training to ward staff to support them to recognise when and how to appropriately utilise the Trust end of life tools, and where to access them.
- Ensure adequate supplies of the Trust end of life tools are readily available on each ward and department.
- Support the delivery of targeted ward education and action plans in response to any identified concerns related to end of life care.
- Ensure all end of life decisions and treatment plans are communicated effectively and safely between teams and departments and with external partners where necessary.
- Ensure Trust end of life tools continue to meet national specifications, and work collaboratively with local and regional partners to ensure they are transferable across care settings.
- Develop electronic end of life tools which will operate effectively within the new electronic patient record.
- Provide patients and those important to them with appropriate information on the use of end of life tools to support aspects of their care.
- Ensure all Trust end of life tools and resources align with key Trust guidelines and policies including the Adult Safeguarding, Mental Capacity and Deprivation of Liberty Policies.

We will monitor and measure our achievements through:

- Audits of uptake and compliance with end of life tools
- Participation in national and local audits of care at the end of life
- Oversight of the Trust end of life dashboard
- Thematic analysis of complaints, incidents and feedback
- Annual staff survey on end of life and bereavement care
- Bereaved relatives surveys
- Incorporation of electronic end of life resources and tools in the electronic patient record
- Annual education report
Workforce Training

Commitment Statement 3

WE WILL: Develop a competent and confident work force to deliver safe, individualised palliative and end of life care.
To achieve this we will:

• Complete a training needs analysis of staff across the Trust to identify the staff groups that require specific education relating to palliative and end of life care.

• Develop an education strategy that meets the needs of staff groups across the Trust and promotes equitable provision of education.

• Ensure palliative and end of life care training is of the highest quality and meets the identified needs of staff.

• Embed processes to provide clinical supervision and support to staff involved in caring for end of life patients and those important to them.

• Work in partnership with the Learning and Development Department to develop a workforce training dashboard for palliative and end of life care education that links to the electronic staff record.

• Implement the Frangipani accreditation scheme relating to educational achievements in palliative and end of life care, specific to individual roles/staff groups; ensuring all staff achieve a minimum level specific to their role.

• Deliver a comprehensive integrated palliative and end of life care education programme in collaboration with external partners from Woodlands Hospice, the Walton Centre, Community Specialist Palliative Care Services, St Joseph’s Hospice and local care homes and secure settings.

• Ensure all ward/clinical areas in the Trust have a nominated Palliative Care Champion who has completed appropriate training for the role and is supported to deliver cascade training in their own clinical area.

• Establish online training modules for palliative and end of life care.

• Ensure all relevant staff receive training on the safe use of syringe drivers and incorporate competency records into the workforce training dashboard.

• Ensure staff have appropriate educational resources available to them in their ward/clinical areas, including well maintained, up to date noticeboards and resource files.

• Support the delivery of targeted training and education action plans in response to areas of concern identified by complaints, incidents, inspections and feedback.

We will monitor and measure our achievements through:

• Oversight of the workforce training dashboard for the Frangipani accreditation scheme in palliative and end of life care.

• Evaluations of training delivered.

• Annual education report.

• Attendance at champions training.

• Annual review of syringe driver competencies.

• Compliance with mandatory training.

• Compliance with Section 7 of the AAA.

• Thematic analysis of complaints, incidents and feedback.
End of Life Discharge

Commitment Statement 4

WE WILL: Develop a safe and effective discharge process for palliative and end of life patients that is responsive to the needs of the individual regardless of discharge destination.
To achieve this we will:

- Engage with appropriate staff groups who are involved in the discharge processes for palliative and end of life patients to establish current practice.
- Develop and implement a safe discharge process that is clear, timely and effective for palliative patients who are likely in the last months and weeks of life.
- Develop and implement a safe discharge process that is clear, timely and effective for dying patients who are likely in the last days of life.
- Develop a palliative and end of life discharge dashboard to monitor the effectiveness and responsiveness of the agreed discharge processes.
- Implement and embed in practice the SAFE TRANSFER palliative discharge tool within the hospital and work collaboratively with primary care partners to ensure a cohesive cross-boundary process.
- Adapt the SAFE TRANSFER palliative discharge tool to support the transfer of patients who are being discharged to a Hospice, to ensure the correct transfer of information and appropriate use of resources.
- Ensure staff are adequately educated on the discharge processes for palliative and end of life patients, and have the necessary resources available to be able to support such discharges for patients in their care.
- Support the delivery of targeted action plans in response to areas of concern relating to palliative and end of life discharges identified by complaints, incidents, inspections and feedback.

We will monitor and measure our achievements through:

- Oversight of the palliative and end of life discharge dashboard
- Annual audit of uptake and compliance with the SAFE TRANSFER discharge tool
- Annual audit of discharge outcomes
- Quarterly review of the utilisation and returns of McKinley T34 syringe drivers
- Annual audit of compliance with SAFE TRANSFER hospice discharge tool
- Annual education report
- Thematic analysis of complaints, incidents and feedback
Treatment Escalation Decisions

Commitment Statement 5

WE WILL: Develop a positive culture for timely treatment escalation decisions and end of life treatment recommendations that involves the patient and those important to them.
To achieve this we will:

- Develop an e-learning module to ensure all staff are fully informed of the process of DNACPR and treatment escalation decision making, appropriate to their role.
- Deliver face to face education to support staff to have complex conversations around treatment escalation decisions.
- Ensure that documentation regarding DNACPR and end of life treatment recommendations is completed correctly.
- Encourage discussions regarding DNACPR and treatment recommendations to be undertaken in a proactive and timely manner, by the clinical team with overall responsibility for the patient.
- Ensure staff on the ward are aware of those patients with a DNACPR or treatment escalation decision in place.
- Ensure treatment recommendations and DNACPR decisions are communicated effectively to primary care at the point of discharge.
- Update the Trust-wide policy regarding DNACPR and end of life treatment recommendations in line with national and local recommendations.

We will monitor and measure our achievements through:

- Quarterly divisional audits of DNACPR documentation and awareness
- Annual audit of appropriate DNACPR decision making and communication to primary care
- Uptake of e-learning and face to face training
- Analysis of complaints and incidents around DNACPR and end of life treatment recommendations
Outcomes

**Commitment Statement**

WE WILL: Ensure there are clear, measurable outcomes to demonstrate ongoing improvement in the end of life and bereavement care we provide.
To achieve this we will:

- Develop a Trust dashboard for end of life care which monitors activity, uptake and compliance of key end of life services, tools and resources.
- Ensure all current and proposed end of life tools and resources are developed and maintained in line with up to date national, regional and local guidance.
- Ensure all end of life and bereavement services meet the requirements of official regulatory bodies.
- Participate in data collection for identified national or local minimum or clinical data sets
- Work collaboratively with external partners to develop integrated electronic documentation, tools and resources to support palliative and end of life patients.
- Participate in local, regional and national audits to benchmark practice and produce appropriate action plans in response to areas of need identified.
- Participate in national, regional and local research studies to support the development of evidence based practice in palliative and end of life care.
- Incorporate an assessment of the quality of end of life care provision into the Trust mortality review process.
- Incorporate measurable end of life outcomes into the Aintree Assessment and Accreditation Framework
- Oversee the implementation of action plans to address any areas of concern identified through audit, complaints, incidents, feedback or inspections.

We will monitor and measure our achievements through:

- Oversight of the Trust end of life dashboard
- Oversight and maintenance of the Palliative and End of life audit forward plan
- Monitoring and review of action plans from national, regional and local audit
- Monitoring and review of action plans from the thematic analysis of complaints, incidents and feedback
- Monitoring of results and action plans from AAA ward assessments
- Oversight of Annual staff survey on end of life and bereavement care
- Bereaved relatives surveys
- Incorporation of electronic end of life resources and tools in the electronic patient record
- Annual education report
- Quarterly audit of end of life mortality reviews
Implementation and monitoring

The implementation of the Strategy for End of Life and Bereavement Care will be led by a nominated work stream lead with support from the divisional teams and the wider End of Life and Bereavement Care Group. Achievement against the key objectives will be monitored by the Quality Committee who will provide bi-annual updates to the Board of Directors.

Target delivery dates against each commitment are laid out below:

<table>
<thead>
<tr>
<th>Commitment 1 – Patient Experience</th>
<th>Year 1</th>
<th>Year 1-2</th>
<th>Year 2</th>
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<tbody>
<tr>
<td>Proactively involve patients and those important to them in service development and seek regular feedback about our existing end of life and bereavement care services.</td>
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<tr>
<td>Actively seek to learn from end of life incidents and complaints, sharing best practice and lessons learned both internally and externally with the wider healthcare economy.</td>
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<td>Provide high quality resources and facilities for patients and those important to them throughout their end of life care and into bereavement.</td>
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<td>Provide timely and relevant written and online end of life information to support patients and those important to them throughout their end of life care and into bereavement.</td>
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<tr>
<td>Ensure staff have ready access to information and resources to support the delivery of the highest quality end of life care to patients and those important to them.</td>
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<tr>
<td>Extend the End of Life Volunteer Companionship Service to increase support to ward staff in the delivery of care for patients and those important to them.</td>
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<td>Ensure the end of life and bereavement care provided by the Trust meets the cultural, spiritual and religious needs of patients and those important to them.</td>
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<td>Ensure end of life and bereavement services are developed in line with best national, regional and local guidance.</td>
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<td>Improve the identification and documentation of the individual needs of carers and those important to the dying patient.</td>
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<tr>
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<td>Embed the Frangipani model of individualised care that supports patients and those important to them for the last year of life and into bereavement, incorporating the Trust End of Life tools: Advance Care Planning, the AMBER Care Bundle, SAFE TRANSFER, unified DNACPR and the End of Life Care Plan.</td>
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<td>Embed the Frangipani blossom across all wards and departments as the Trust symbol for palliative, end of life and bereavement care.</td>
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<td>Deliver comprehensive training to ward staff to support them to recognise when and how to appropriately utilise the Trust end of life tools, and where to access them.</td>
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<td>Ensure adequate supplies of the Trust end of life tools are readily available on each ward and department.</td>
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<td>Support the delivery of targeted ward education and action plans in response to any identified concerns related to end of life care.</td>
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<td>Ensure all end of life decisions and treatment plans are communicated effectively and safely between teams and departments and with external partners where necessary.</td>
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<td>Ensure Trust end of life tools continue to meet national specifications, and work collaboratively with local and regional partners to ensure they are transferable across care settings.</td>
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<td>Develop electronic end of life tools which will operate effectively within the new electronic patient record.</td>
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<td>Provide patients and those important to them with appropriate information on the use of end of life tools to support aspects of their care.</td>
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<td>Ensure all Trust end of life tools and resources align with key Trust guidelines and policies including the Adult Safeguarding, Mental Capacity and Deprivation of Liberty Policies.</td>
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### Commitment 3 – Workforce Training

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<tr>
<td>Complete a training needs analysis of staff across the Trust to identify the staff groups that require specific education relating to palliative and end of life care.</td>
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<td>Develop an education strategy that meets the needs of staff groups across the Trust and promotes equitable provision of education.</td>
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<td>Ensure palliative and end of life care training is of the highest quality and meets the identified needs of staff.</td>
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<td>Embed processes to provide clinical supervision and support to staff involved in caring for end of life patients and those important to them.</td>
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<td>Work in partnership with the Learning and Development Department to develop a workforce training dashboard for palliative and end of life care education that links to the electronic staff record.</td>
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<td>Implement the Frangipani accreditation scheme relating to educational achievements in palliative and end of life care, specific to individual roles/staff groups; ensuring all staff achieve a minimum level specific to their role.</td>
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<td>Deliver a comprehensive integrated palliative and end of life care education programme in collaboration with external partners from Woodlands Hospice, the Walton Centre, Community Specialist Palliative Care Services, St Joseph’s Hospice and local care homes and secure settings.</td>
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<td>Ensure all ward/clinical areas in the Trust have a nominated Palliative Care Champion who has completed appropriate training for the role and is supported to deliver cascade training in their own clinical area.</td>
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<td>Establish on line training modules for palliative and end of life care.</td>
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<td>Ensure all relevant staff receive training on the safe use of syringe drivers and incorporate competency records into the workforce training dashboard.</td>
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<td>Ensure staff have appropriate educational resources available to them in their ward/clinical areas, including well maintained, up to date noticeboards and resource files.</td>
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<td>Support the delivery of targeted training and education action plans in response to areas of concern identified by complaints, incidents, inspections and feedback.</td>
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### Commitment 4 – End of Life Discharges

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<tr>
<td>Engage with appropriate staff groups who are involved in the discharge processes for palliative and end of life patients to establish current practice.</td>
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<td>Develop and implement a safe discharge process that is clear, timely and effective for palliative patients who are likely in the last months and weeks of life.</td>
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<td>Develop a palliative and end of life discharge dashboard to monitor the effectiveness and responsiveness of the agreed discharge processes.</td>
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<td>Implement and embed in practice the SAFE TRANSFER palliative discharge tool within the hospital and work collaboratively with primary care partners to ensure a cohesive cross-boundary process.</td>
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<td>Adapt the SAFE TRANSFER palliative discharge tool to support the transfer of patients who are being discharged to a Hospice, to ensure the correct transfer of information and appropriate use of resources.</td>
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<td>Ensure staff are adequately educated on the discharge processes for palliative and end of life patients, and have the necessary resources available to be able to support such discharges for patients in their care.</td>
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<td>Support the delivery of targeted action plans in response to areas of concern relating to palliative and end of life discharges identified by complaints, incidents, inspections and feedback.</td>
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### Commitment 5 – Treatment Escalation Decisions

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<td>Develop an e-learning module to ensure all staff are fully informed of the process of DNACPR and treatment escalation decision making, appropriate to their role.</td>
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<td>Deliver face to face education to support staff to have complex conversations around treatment escalation decisions.</td>
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<td>Encourage discussions regarding DNACPR and treatment recommendations to be undertaken in a proactive and timely manner, by the clinical team with overall responsibility for the patient.</td>
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<td>Ensure staff on the ward are aware of those patients with a DNACPR or treatment escalation decision in place.</td>
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<td>Ensure treatment recommendations and DNACPR decisions are communicated effectively to primary care at the point of discharge.</td>
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<tr>
<td>Update the Trust-wide policy regarding DNACPR and end of life treatment recommendations in line with national and local recommendations.</td>
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### Commitment 6 – End of Life Outcomes

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<td>Ensure all current and proposed end of life tools and resources are developed and maintained in line with up to date national, regional and local guidance.</td>
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<td>Ensure all end of life and bereavement services meet the requirements of official regulatory bodies.</td>
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<td>Participate in data collection for identified national or local minimum or clinical data sets.</td>
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<td>Work collaboratively with external partners to develop integrated electronic documentation, tools and resources to support palliative and end of life patients.</td>
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<td>Participate in local, regional and national audits to benchmark practice and produce appropriate action plans in response to areas of need identified.</td>
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<td>Participate in national, regional and local research studies to support the development of evidence based practice in palliative and end of life care.</td>
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<td>Incorporate an assessment of the quality of end of life care provision into the Trust mortality review process.</td>
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<tr>
<td>Incorporate measurable end of life outcomes into the Aintree Assessment and Accreditation Framework.</td>
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<tr>
<td>Oversee the implementation of action plans to address any areas of concern identified through audit, complaints, incidents, feedback or inspect.</td>
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Thank you to all our staff, patients, families and carers who contributed to the development of our 2020 Vision for End of Life and Bereavement care.

This brochure is available in large print, Braille, easy read, on audio tape and in other languages on request.

For an alternative version, please contact: 0151 529 2906 or InterpretationAndTranslation@aintree.nhs.uk

www.aintreehospital.nhs.uk

Contact info required...
### Equality Impact Analysis

<table>
<thead>
<tr>
<th>Title</th>
<th>End of Life Strategy 2018-2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy/Policy/Standard Operating Procedure</td>
<td>End of Life Strategy 2018-2020</td>
</tr>
<tr>
<td>Service change (Inc. organisational change/QEP/Business case/Project)</td>
<td></td>
</tr>
<tr>
<td>Completed by</td>
<td>Julie Raj - Clinical Director Palliative Care and Acute Oncology</td>
</tr>
<tr>
<td>Date Completed</td>
<td>20 September 2018</td>
</tr>
</tbody>
</table>

### Description

This EOL Strategy incorporates the enhancements to the current service to provide a person-centered, individualised approach to delivering fully resourced End of Life services across all clinical settings.

### Who will be affected

Staff, patients, visitors and wider community

---

The Equality Analysis template should be completed in the following circumstances:

- Considering developing a new policy, strategy, function/service or project (Inc. organisational change/Business case/QEP Scheme);
- Reviewing or changing an existing policy, strategy, function/service or project (Inc. organisational change/Business case/QEP Scheme):
  - If no or minor changes are made to any of the above and an EIA has already been completed then a further EIA is not required and the EIA review date should be set at the date for the next policy review;
  - If no or minor changes are made to any of the above and an EIA has NOT previously been completed then a new EIA is required;
  - Where significant changes have been made that do affect the implementation or process then a new EIA is required.

Please note the results of this Equality Analysis will be published on the Trust website in accordance with the Equality Act 2010 duties for public sector organisations.

Section 1 should be completed to analyse whether any aspect of your paper/policy has any impact (positive, negative or neutral) on groups from any of the protected characteristics listed below.

### Section 1 – Initial analysis

<table>
<thead>
<tr>
<th>Equality Group</th>
<th>Any potential impact?</th>
<th>Evidence</th>
</tr>
</thead>
</table>

---

Getting it right for every patient every time
If you have identified any **positive** or **neutral** impact then no further action is required, you should submit this document with your paper/policy in accordance with the governance structure.

You should also send a copy of this document to [EqualityImpactAssessment@aintree.nhs.uk](mailto:EqualityImpactAssessment@aintree.nhs.uk)

If you have identified any **negative** impact you should consider whether you can make any changes immediately to minimise any risk. This should be clearly documented on your paper cover sheet/Project Initiation Documents/Business case/policy document detailing what the negative impact is and what changes have been or can be made.

If you have identified any **negative** impact that has a high risk of adversely affecting any groups defined as having a protected characteristic then please continue to section 2.

<table>
<thead>
<tr>
<th><strong>Age</strong></th>
<th>Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The EOL Strategy provides a high level overview of the Trust's vision and strategic objectives for providing individualised, high quality End of Life care and bereavement care. The strategy consists of 6 work streams which are underpinned by a key principle and has a set of objectives which form a two year action plan. The delivery of the Strategy should have a positive impact on all the Trust’s patients, carers, staff, commissioners and other providers.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Disability</strong></th>
<th>Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender Reassignment</strong></td>
<td>Positive</td>
</tr>
<tr>
<td><strong>Marriage &amp; Civil Partnership</strong></td>
<td>Positive</td>
</tr>
<tr>
<td><strong>Pregnancy &amp; Maternity</strong></td>
<td>Positive</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td>Positive</td>
</tr>
<tr>
<td><strong>Religion or belief</strong></td>
<td>Positive</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td>Positive</td>
</tr>
<tr>
<td><strong>Sexual Orientation</strong></td>
<td>Positive</td>
</tr>
</tbody>
</table>
Report to Board of Directors

Date 30 January 2019

Committee Name Quality Committee

Date of Committee Meeting 21 January 2019

Chair’s Name & Title Mandy Wearne, Non-Executive Director (Chair)

Executive Lead Dianne Brown, Chief Nurse

Summary

The Quality Committee continues to receive reports and provide assurance to the Board of Directors against its work programme via a summary report submitted to the Board after each meeting.

Key Issues

Newton Europe - Update

- The Out of Hospital programme was being monitored by a Steering Group, supported by three working groups (Decision Making, Placement and Home Care). The Trust was leading on Decision Making and steady progress was being made with Mersey Care
- Action plans were required for the Placement and Home Care Groups led by Liverpool and Sefton Local Authorities respectively and the Steering Group had escalated its concerns on delivery to the A&E Delivery Board and NHS Improvement with a view to system partners providing action plans and assurance on delivery.

Corporate Performance Summary Report (CPR) (Month 8) and HMB Agendas – December 2018 and January 2019 Partial Assurance

- Deterioration in the DM01 standard for Gastroenterology in December 2018 mainly due to staff sickness, patient choice and seasonality but January 2019 was showing improvement. A full service review was to be undertaken and adverts had been posted for additional nursing staff
- Clinical Effectiveness ELG was to review the process for reporting risk assessments against NICE guidance
- Close down report on the progress made on Results to Action to be submitted to the Committee next month
- Plans being taken forward to develop a Quality dashboard that aligns with the Royal Liverpool Hospital for comparative purposes leading up to merger but Aintree’s performance would be assessed against its quality metrics and key performance indicators
- Increase in pressure ulcer cases remains a concern but detailed improvement plan in place. Update report to be provided next month
- Slight improvements against Cancer standards but challenged by the increased referrals and capacity to deal with the growth
- Improvements in Friends & Family Test results in A&E. Plans were in place to review a broader set of performance indicators

CQC Improvement Plan Acceptable Assurance

- All deferred actions, as agreed with CQC, were being progressed and were expected to be completed by the end of Q4. An update report was to be provided in March 2019
**Never Events Update**  **Acceptable Assurance**

- Review undertaken against national and regional context of reported never events. The Trust was not an outlier compared with acute trusts in Cheshire & Merseyside in terms of pure numbers but it remained vigilant following a further never event reported in November 2018 which was currently being investigated.
- Detailed theatre audit schedule put in place and Divisions would provide a full response including a gap analysis and progress update.
- Report from Royal College of Surgeons received and was broadly positive, acknowledging the significant work on improving safety in theatres.
- Further update report to be provided in March 2019.

**Implementing 7-Day Service Standards: New Requirements**  **Partial Assurance**

- Changes in reporting requirements to move to twice yearly reporting to Board, via the Committee, on self-assessment submissions from April 2019.
- Overview provided of the Trust’s current position against the four priority clinical standards and the key areas where performance needed to improve.

**End of Life Strategy**  **Acceptable Assurance**

- Presentation given on the development of the strategy following the CQC inspection together with an overview of the work streams established to deliver the strategy, how it would be implemented and monitored and the next steps.
- An overview of the assurance and governance arrangements put in place including the merger of the End of Life and Bereavement Groups into one.
- Local engagement to be undertaken to raise awareness and educate staff on the use of the tools and documentation available to support end of life care and safe discharges.
- Committee agreed to recommend the approval of the Strategy to the Board of Directors.

**Decisions Made**

- Agreed to recommend approval of the End of Life Strategy to the Board

**Recommendation**

The Board is asked to note the report.
Board Committee Assurance Report

<table>
<thead>
<tr>
<th>Report to</th>
<th>Board of Directors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>30 January 2019</td>
</tr>
<tr>
<td>Committee Name</td>
<td>Finance &amp; Performance Committee</td>
</tr>
<tr>
<td>Date of Committee Meeting</td>
<td>17 December 2018</td>
</tr>
<tr>
<td>Chair’s Name &amp; Title</td>
<td>Joanne Clague, Non-Executive Director (Chair)</td>
</tr>
<tr>
<td>Executive Lead</td>
<td>Ian Jones, Director of Finance &amp; Business Services</td>
</tr>
</tbody>
</table>

Summary

The Finance & Performance Committee continues to receive reports and provide assurance to the Board of Directors against its work programme via a summary report submitted to the Board after each meeting. Full minutes and enclosures are made available on request.

Key Issues

Summary Corporate Performance Report (CPR) (Month 8) - Partial Assurance

Note: All performance targets in the summary report for November 2018 require validation

- Deterioration in A&E performance for November 2018 at 84.7%
- Referral to Treatment performance improved to 90%
- Stroke performance had surpassed the target for November 2018 at 85%
- Cancer performance had achieved three of the eight standards for November 2018
- Continued pressures on capacity and demand hampered performance in diagnostics but additional support provided should see an improved position in December 2018
- Report on review of appraisal rates to be provided to the Workforce ELG in January 2019
- Initial analysis received from the Staff Survey results with the response rate slightly lower than the previous year

Referral to Treatment Performance Acceptable Assurance

- Non-compliance against the national standard in eight specialties
- Growth in demand across a number of specialties linked to two-week wait urgent referrals. This was being investigated by the Commissioning Groups
- Waiting lists to be reduced by March 2019
- Detailed capacity & demand modelling to be completed in December 2018

Finance Report (Month 8) Acceptable Assurance

- Underlying financial deficit position slightly below plan and being supported by non-recurrent measures
- Spend on agency staffing above plan but decreasing trend in agency nursing as vacancies reduced. Additional open beds also contributing to expenditure pressures
- Medical Division ahead of plan by £0.7m but Surgery underperforming by -£5.2m for the year to date
- First draw down of financial support for cash balances took place in December 2018
- Confirmation awaited on the capital loan application with the programme at risk if funds not received in good time
- Financial outturn not expected to be materially away from plan but there were risks to the full delivery of the Quality Efficiency and Productivity (QEP) programme
Electronic Patient Records **Partial Assurance**
- Concerns remain over the risks to implementation and go live date
- Trust Board to review the Risk Heat Map for oversight and assurance purposes

Transformation Programme Update (Month 8) **Partial Assurance**
- Co-ordination of medical staff Bank through the Patchwork Locum Tap to be launched in January 2019
- Phase 2 of the digitisation of correspondence early in the New Year should realise savings from mail costs. Work to commence on the digitisation of patient information leaflets
- Two major schemes for next year on the use of a productivity tool and development of voice recognition and artificial intelligence for dictation
- Once capacity and demand work completed, presentation to be given by the DMD and DDO for Surgery in February 2019

Management of Employee Attendance
- Sickness absence levels above Trust target of 4% for both short and long term absence
- Variation in practices on the application of the policies for attendance and leave
- Stress, anxiety, depression and mental health the main areas for sickness absence
- Revisions to be made to the management of sickness absence; development of a Health and Wellbeing Improvement Plan linked to Safety Culture and Best Place to Work
- Project plan to be presented in March 2019

**Decisions Made**

N/A

**Recommendation**

The Board is asked to note the report.
Board Committee Assurance Report

Report to: Board of Directors  
Date: 30 January 2019  
Committee Name: Finance & Performance Committee  
Date of Committee Meeting: 28 January 2019  
Chair’s Name & Title: Joanne Clague, Non-Executive Director (Chair)  
Executive Lead: Ian Jones, Director of Finance & Business Services

Summary

The Finance & Performance Committee continues to receive reports and provide assurance to the Board of Directors against its work programme via a summary report submitted to the Board after each meeting. Full minutes and enclosures are made available on request.

Key Issues

Medical Staffing in Emergency Department
- Initial investment put in place in 2018 for recruitment and realignment of rosters. Further review undertaken as rosters had not been able to be realigned and therefore there remained gaps in rosters particularly at weekends impacting on performance.
- Review highlighted that further investment was required to ensure sufficient experienced doctors available at weekends; increase percentage of patients seen within 60 minutes; achieve improvement in performance against KPIs at weekends.
- Case of Need to be discussed by Hospital Management Board with recommendations being put to the Board in due course.

Corporate Performance Report (CPR) (Month 9) - Partial Assurance
- Strong A&E performance for December 2018 to 86.9% and continuing into January 2019; worked closely with Mersey Care to maintain flow and Daycase reinstated last week.
- Stroke performance achieved the standard for the second month running.
- Referral to Treatment maintained its performance at 89.6%.
- The DM01 performance deteriorated, primarily due to Gastroenterology with staff sickness, patient choice and seasonal variation the main reasons. This deterioration also impacted on diagnostic performance.
- Cancer performance continued to be challenged with four of the eight standards achieved in December 2018. Presentation to be provided next month to include benchmark data.
- Average length of stay above expected rates. Information on main reasons to be provided next month.
- Deteriorating trend in dementia and malnutrition. Quality Committee to be requested to review these areas at its next meeting.
- Appraisal rates show slight improvement. Mandatory training compliance improved and sustained.
- Attendance rates remained on a downward trajectory.
- Agency spend continued to show a downward trend but the high level of agency shifts above cap remained a concern.
finance report (month 9) acceptable assurance

- Remained on target to achieve year-end planned deficit position
- Additional open beds coupled with medic and nursing agency spend continue to be the main expenditure pressures
- Activity was down in December 2018 against plan
- Financial support to support cash balances now in place and set to continue to year-end
- No decision on capital bid, but unlikely to be approved this year. AUHFT have informed NHSI that funds could no longer be spent in 18/19, but the programme needs to be a key priority for next year against emergency capital allocations held centrally.

draft operational plan 2019/20

- Work continues internally on budget setting and externally on Commissioner contract negotiations
- Broad agreement on methodology with Commissioners and Acting as One contract to remain in place providing activity plan is paid for in full and the terms / conditions of the agreement are more robust and balanced.
- Control total for 2018/19 received and has, ‘in the round’, taken account of the underlying deficit position. Acceptance and delivery of the control total a key priority in assessing the 2019/20 plan
- Draft submission to NHS Improvement on 12 February 2019 with final version 14 April 2019.

Transformation programme update (Month 9) partial assurance

- Portfolio value is £5.7m against a target of £6.6m and was on track to deliver
- Patchwork medical staff bank went live in January 2019 with harmonisation of pay rates agreed with Whiston and Royal Liverpool hospitals
- Outline QEP plans, using where appropriate benchmarking assessments are, in place for savings schemes for 2019/20. Positive engagement across Divisions so far. Next step is to form operational delivery plans to support and manage/implement programme completion. Presentation next month on improvement work for elective surgery for next 12 months
- Review of Gastroenterology service undertaken. Task & Finish Group established to develop framework for future working and using third party provider to support rapid and mid-term improvements. Further update to be provided next month.

Electronic Patient Records partial assurance

- Discussed at Board to Board with the Royal Liverpool. Planned to go live at Aintree in October 2019 with the Royal Liverpool and Liverpool Women’s following in early 2020
- The majority of the system build had been completed and associated risk significantly reduced. Arrangements being made for testing in a controlled environment prior to go live.

Pay Progression acceptable assurance

- NHS Terms & Conditions refreshed to take account of link between pay progression and appraisal no longer automatic. New system to be implemented for new starters by 1 April 2019
- Work commenced on developing robust infrastructure to support staff and managers and embed a culture where full compliance with mandatory training and appraisals becomes the norm
- Further update to be provided in March 2019.

Decisions Made

N/A

Recommendation

The Board is asked to note the report.
Key Messages of this Report

- 5 SIIs in month, 7 grade 2 pressure ulcers and 0 grade 3 pressure ulcer. Moderate and more severe harms remain above last year's run-rate.
- No never events, WHO checklist compliance improving.
- 0 cases of C-Diff in December. Run-rate for the first 7 months better than national target.
- Friends and family 'scores' are positive with the exception of inpatient satisfaction which remains below local and national benchmarking.
- Mortality metrics remain positive.
- Diagnostics standard missed.
- 4 of the 8 cancer standards missed (5 last month) including Cancer 62-day which continues to show a declining trend.
- RTT target missed at 89.6%, with a slight decline on November. Waiting list numbers are reducing overall and tracking down to March 2018 position.
- AED performance recovered from November to 86.9% (M8: 84.7%).
- Bed pressures continue, RFDs remain high, ALoS higher than expected levels, AED attendances and urgent care admissions up.

Impact (is there an impact arising from the report on the following?)

- Quality
- Finance
- Workforce
- Equality
- Risk
- Compliance
- Legal

Equality Impact Assessment (if there is an impact on E&D, an Equality Impact Assessment must accompany the report)

- Strategy
- Policy
- Service Change
Strategic Objective(s)

- Deliver outstanding care
- Achieve best patient outcomes
- Promote research and education

- Deliver sustainable healthcare to meet people's needs
- Provide strong system leadership
- Be a well-governed and clinically-led organisation

Governance (is the report a……?)

- Statutory requirement
- Annual Business Plan Priority
- Key Risk
- Service Change

- Other

rationale for Board submission required:

Next Steps (actions following agreement by Board/Committee of recommendation/s)

REPORT HISTORY

<table>
<thead>
<tr>
<th>Committee / Group Name</th>
<th>Agenda Ref</th>
<th>Report Title</th>
<th>Date of submission</th>
<th>Brief summary of key issues raised and actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finance &amp; Performance Committee</td>
<td></td>
<td>Corporate Performance Report</td>
<td>Monthly</td>
<td></td>
</tr>
<tr>
<td>Board of Directors</td>
<td></td>
<td>Corporate Performance Report</td>
<td>Monthly</td>
<td></td>
</tr>
</tbody>
</table>
Integrated Corporate Performance Report
December 2018

Contents

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Caring 7-9
Effective 10-11
Responsive 12-19
Well led 20-25

Exception reports:
AED 26
Diagnostics 27 & 28
RTT 29
Cancer 30

Further reading
Safe Staffing

Exec Lead:
Appendix 1
Board Assurance metrics
December 2018

**Level 1 - Moderate harm**
5 SIs in December 2018, cumulative 37
Missed follow up for a Grade 3 pressure ulcer.
Failure to act of acute hypoxia. Delay in NIV appointment. Multiple liver cancer surveillance delays & suboptimal management of acute kidney injury.

**Level 2 - Severe harm or death to patient.**

**Description**
5 SI’s in December 2018, cumulative 37

**Current position/comments**
Missed follow up for a Grade 3 pressure ulcer. Failure to act of acute hypoxia. Delay in NIV appointment. Multiple liver cancer surveillance delays & suboptimal management of acute kidney injury.

**Trend**
Reduction in number of SIs

**Target**

---

**Level 1 - Moderate harm**
Total incidents: 5452 (5006 last year)
Total Harms: 1926 (1908 last year)
Level 1 harms: 98 reported (96 last year)
Level 2 harms: 22 reported (21 last year)

**Description**
Total incidents: 5452 (5006 last year)
Total Harms: 1926 (1908 last year)
Level 1 harms: 98 reported (96 last year)
Level 2 harms: 22 reported (21 last year)

**Current position/comments**
Total incidents: 5452 (5006 last year)
Total Harms: 1926 (1908 last year)
Level 1 harms: 98 reported (96 last year)
Level 2 harms: 22 reported (21 last year)

**Trend**
Improvement on previous years incidents with level 1 harm or above

**Target**

---

**Inpatient Falls with Harm**
95 falls in December.
No harm - 51
Low harm - 44
Severe harm - 0
Death - 0

**Description**
95 falls in December.
No harm - 51
Low harm - 44
Severe harm - 0
Death - 0

**Current position/comments**
95 falls in December.
No harm - 51
Low harm - 44
Severe harm - 0
Death - 0

**Trend**
5% improvement on falls with harm compared to last year

**Target**

---

**Pressure Ulcers**
Number of hospital acquired pressure ulcers
There were 7 grade 2 pressure ulcers in December, against an in month target of <6.
There was 0 grade 3/4 pressure ulcers in month, 8 to date for year (7 in total for 2017/18).

**Description**
Number of hospital acquired pressure ulcers
There were 7 grade 2 pressure ulcers in December, against an in month target of <6.
There was 0 grade 3/4 pressure ulcers in month, 8 to date for year (7 in total for 2017/18).

**Current position/comments**
There were 7 grade 2 pressure ulcers in December, against an in month target of <6.
There was 0 grade 3/4 pressure ulcers in month, 8 to date for year (7 in total for 2017/18).

**Trend**
No more than 70 grade 2 pressure ulcers

**Target**

---
**Board Assurance metrics December 2018**

**BAF ref: SR1**

<table>
<thead>
<tr>
<th>Description</th>
<th>Current position/comments</th>
<th>Trend</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Committee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never Events</td>
<td>There were zero Never Events in December 2018. 1 Never Event for year to date</td>
<td></td>
<td>No never events.</td>
</tr>
<tr>
<td>WHO Checklist</td>
<td>Compliance with the WHO Checklist audits rose from 95.0% to 98.0% in the month. NATSSIPS training has been completed for the division with WHO safer champions introduced from May 2018 on every theatre list.</td>
<td></td>
<td>Zero tolerance. Full compliance with WHO checklist</td>
</tr>
<tr>
<td>Safety Thermometer</td>
<td>Tool to survey a snapshot of harm free patient care. Includes pressure ulcers, falls, catheters, UTIs and VTE.</td>
<td></td>
<td>Compare to National Median +/- 0.5%</td>
</tr>
<tr>
<td>Readmissions</td>
<td>Number of emergency readmissions within 28 days of discharge</td>
<td></td>
<td>Better than DFI. Positive is worse than DFI, i.e. higher readmissions than expected.</td>
</tr>
</tbody>
</table>

| Patients harm free                                                                                     |                                                                                                                     |                                                                                             | Better than DFI. Positive is worse than DFI, i.e. higher readmissions than expected.       |

| Variance from DFI                                                                                    |                                                                                                                     |                                                                                             | Better than DFI. Positive is worse than DFI, i.e. higher readmissions than expected.       |

**Description**

- Never Events: Never events are serious largely preventable patient safety incidents.

- WHO Checklist: Completion of WHO checklist for all procedures. Compliance with the WHO Checklist audits rose from 95.0% to 98.0% in the month. NATSSIPS training has been completed for the division with WHO safer champions introduced from May 2018 on every theatre list. The WHO checklist and associated ‘measurement’ currently under review.

- Safety Thermometer: Tool to survey a snapshot of harm free patient care. Includes pressure ulcers, falls, catheters, UTIs and VTE. December 93.47%, below the national median performance of 97.93%.

- Readmissions: Number of emergency readmissions within 28 days of discharge. DFI observed readmission rate: 11.47%. DFI expected readmission rate: 10.45%.
Number of cases of hospital acquired MRSA bacteraemia

0 x cases of MRSA were reported in December. 2 x avoidable cases reported this year.

Zero avoidable cases for the year

Number of beds closed due to infection

A total of 128 bed days have been lost to the Trust due to infection in current financial reporting year (0.5%).

These all occurred in December 2018 due to the onset of the Norovirus outbreak.

17% improvement on the 23 cases reported cumulatively to Nov 2016/17

External requirement of no more than 46 cases.

Internal stretch target of a 50% improvement

Are we safe?

BAF ref: SR1

Lead Committee

Quality Committee

CDIFF

Number of cases of CDiff

There have been 0 Trust attributable cases of C-Diff in month when compared to the monthly trajectory of 3.8 cases.

Year-to-date the Trust has had 18 cases (32 in 17/18 in same period). This reflects 6 appeals successfully upheld to date.

External requirement of no more than 46 cases.

Internal stretch target of a 50% improvement

MSSA

Number of cases of hospital acquired MSSA bacteraemia

3 cases of MSSA was reported in month.

Cumulatively this takes the total to 17 cases against target of 22.8.

17% improvement on the 23 cases reported cumulatively to Nov 2016/17

No of patients

CDIFF

MSSA

MRSA

Description

Current position/comments

Trend

Target

Quality Committee

B18-19/128 - Corporate Performance Report (December 2018)
There were five patient safety alerts issued in December that required action.

During the month zero alerts closed within timescale and zero outside.

Cumulatively 13 alerts remain open within timescale and 4 open outside of timescale.

Bed occupancy % measured at midnight:

- December occupancy levels were 91.1% which is slightly lower than November's performance and lower than the long term trend.
- Occupancy levels remain high despite the trust having 140 additional beds open above baseline capacity (+105 since Nov/Dec). Without these extra beds, bed occupancy would be 100%.

Actual staffing compared to planned for registered nurses/ midwives and care staff:

- 1 ward rated as red - Ward 25.
- See detailed staff report included in Board Papers.

The Trust has seen a decrease in CHPPD since April 2018, however there has been a slight increase for October 2018. This is reflective of escalation wards that were open for the winter period and beyond. These escalation areas have now been funded recurrently and recruitment into these posts is underway.

The Trust is in the process of validating data used to compile CHPPD submission as Aintree is reporting in lowest 25% quartile which does not reflect operationally the workforce data. This is being reviewed with Health Roster and the BI Team.

There were five patient safety alerts issued in December that required action.
<table>
<thead>
<tr>
<th>Description</th>
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<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Committee</td>
<td>% delivery against target compliance</td>
<td>Performance 86.48% increase in performance from the previous month of 0.68%. Performance, Estates and Facilities 88%; DSS 91%; Corporate 87%; Medicine 87%; Surgery 83% and Ops Management 81%.</td>
<td>&gt;85%</td>
</tr>
</tbody>
</table>
### Board Assurance metrics
#### December 2018

**Description**

**Friends & Family Inpatients**
Would patients recommend service to friends & family. Introduced in 2013 for Inpatients

**Friends & Family AED**
Would patients recommend service to friends & family. Introduced in 2013 for AED

**Friends & Family Outpatients**
Would patients recommend service to friends & family. Introduced in 2013 for Outpatients

**Compliments**
No. of compliments received by the Trust

**BAF ref: SR1**

<table>
<thead>
<tr>
<th>Description</th>
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<th>Trend</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Friends &amp; Family Inpatients</strong></td>
<td>December: 92.82% of patients would recommend Aintree, a marginal decrease on November’s performance. November performance of 94.46% was below both the NHSE average of 95.66% and local benchmarking for Merseyside Trusts of 95.0%.</td>
<td><img src="image1" alt="Graph" /></td>
<td>&gt; national average</td>
</tr>
<tr>
<td><strong>Friends &amp; Family AED</strong></td>
<td>December: 90.86% of patients would recommend AED, an increase on November’s performance. November performance of 85.97% was below the NHSE average of 86.64% but above local benchmarking for Merseyside Trusts of 83.96% for the same month.</td>
<td><img src="image2" alt="Graph" /></td>
<td>&gt; national average</td>
</tr>
<tr>
<td><strong>Friends &amp; Family Outpatients</strong></td>
<td>December: 94.48% of patients would recommend outpatient services, a slight decrease on last month’s performance. November performance of 95.31% was above both the NHSE average of 93.90% and local benchmarking for Merseyside Trusts of 94.15%.</td>
<td><img src="image3" alt="Graph" /></td>
<td>&gt; national average</td>
</tr>
<tr>
<td><strong>Compliments</strong></td>
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<td><img src="image4" alt="Graph" /></td>
<td>No target</td>
</tr>
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**Quality Committee**

**Friends & Family Inpatients**
Would patients recommend service to friends & family. Introduced in 2013 for Inpatients

**Friends & Family AED**
Would patients recommend service to friends & family. Introduced in 2013 for AED

**Friends & Family Outpatients**
Would patients recommend service to friends & family. Introduced in 2013 for Outpatients

**Compliments**
No. of compliments received by the Trust

**Description**

**Current position/comments**

**Trend**

**Target**

<table>
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<td><strong>Friends &amp; Family Inpatients</strong></td>
<td>December: 92.82% of patients would recommend Aintree, a marginal decrease on November’s performance. November performance of 94.46% was below both the NHSE average of 95.66% and local benchmarking for Merseyside Trusts of 95.0%.</td>
<td><img src="image1" alt="Graph" /></td>
<td>&gt; national average</td>
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<td><strong>Friends &amp; Family AED</strong></td>
<td>December: 90.86% of patients would recommend AED, an increase on November’s performance. November performance of 85.97% was below the NHSE average of 86.64% but above local benchmarking for Merseyside Trusts of 83.96% for the same month.</td>
<td><img src="image2" alt="Graph" /></td>
<td>&gt; national average</td>
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<tr>
<td><strong>Friends &amp; Family Outpatients</strong></td>
<td>December: 94.48% of patients would recommend outpatient services, a slight decrease on last month’s performance. November performance of 95.31% was above both the NHSE average of 93.90% and local benchmarking for Merseyside Trusts of 94.15%.</td>
<td><img src="image3" alt="Graph" /></td>
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**Complaints**

**Monthly Trust complaints**

The Trust received 26 new complaints in December 2018 which are being dealt with by the Patient Advice and Complaints Team. There was 4 re-opened complaint in the month. 157 complaints in 18/19 (to Dec) vs 245 last year.

**Trend**

- **Target**: 5% improvement on last year

**Response rate decreased to 33%**.

- November: 15 new complaints received, 5 responded to within 25 working days (33%) and 4 had been closed (27%), 6 complaints received in November are still open.
- December: 0 new investigations opened by PHSO, 2 cases have been confirmed closed during the month (11 on going).

**Number of complaints responded to within 25 days and 60 days**

- 75% of complaints received responded to within 25 days
- No complaints responded to after 60 days

**Trust Response Rates per month**

- As at end of December 2018 there had been 1 complaint which have been closed within the month after being open over 60 days.
- This complaint was within the Medical Directorate and was a 2nd complaint raised following the initial response.

**Complaint Response Clearance Distribution**

**Trust Response Rates from December 2016 to December 2018**

- **Zero cases of unjustified breaches per month**
- **Number of unjustified breaches to the mixed sex accommodation standard**

- Zero cases in December.
- 1 breaches of MSA reported for the year
**Dementia FAIR**

- **Description:** Total number of patients admitted as emergency >75yrs old screened for Dementia
- **Current position/comments:** Performance in month was 52.9% against the 90% target, performance was below last month.
- **Target:** >=90%

**MUST**

- **Description:** % of patients at risk of Malnutrition screened with appropriate tool
- **Current position/comments:** Performance for Q3 2018/19 was below plan at 66.0%.
- **Target:** >=85%

**VTE Screening**

- **Description:** Number of patients screened for Venous Thromboembolism
- **Current position/comments:** VTE screening performance in December was 89.1% against the 95% target. Further targeted work is ongoing to improve performance, data quality and completion of proformas in a timely fashion.
- **Target:** >=95%
**Board Assurance metrics**
**Description**

**Risk adjusted mortality ratio based on number of expected deaths. National published figure from HSCIC.**

**Target**

Target SHMI for the period July 17 - June 18 (latest available from DfI) 102.18 which is higher than previous SHMI value but within tolerance levels.

**Quality Committee**

**Mortality**

**SHMI**

Ratio is the number of observed deaths divided by predicted deaths. SHMI looks at diagnoses which most commonly result in death.

SHMI has decreased slightly to 98.04. Position remains better than expected.

**Target**

SHMI performance - blue

Above expected - Red

Below expected - Green

**Mortality**

**HSMR**

Ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

HSMR has decreased slightly to 96.04. Position remains better than expected.

**Target**

HSMR performance - blue

As expected - Red

**Mortality Rate**

Number of deaths as a proportion of admissions.

December crude mortality: 2.28%, (2017/18 av. 2.86%).

Mortality is considered and discussed as part of mortality report to Quality and Safety Committee.

**Target**

Improved trajectory

**Description**

Current position/comments

Trend

**Mortality**

**SHMI**

**Target**

SHMI performance - blue

Above expected - Red

Below expected - Green

**Mortality**

**HSMR**

**Target**

HSMR performance - blue

As expected - Red

**Mortality Rate**

**Target**

Improved trajectory
**Board Assurance metrics**

**December 2018**

**BAF ref: SR2/SR3**

### Improving Staff Health and Wellbeing

**National CQUIN**

- Year round plan of implementation of the Health and Wellbeing CQUINS have been developed. Delivery against the plan was above target for 2017/18.
- Flu vaccination programme for 2018/19 has commenced and 82.4% of frontline staff have been vaccinated as at end of December.

### Reducing the Impact of Serious Infections (2a-c)

**National CQUIN**

- **Q2- Eligible patient data:**
  - 97.92% screened for sepsis;
  - 79.49% got antibiotics <1 hr of diagnosis;
  - 80.53% had an antibiotic review <72 hrs.
- **Improvement actions:** Sepsis training modules established, new sepsis screening tool, guidance and clerking pro-forma developed, approved and launched. Sepsis boxes being used on wards.

### Reducing the Impact of Serious Infections (2d)

**National CQUIN**

- **Q2 2018/19:**
  - Antibiotic prescribing <1.0%;
  - Carbapenem prescribing >35.0%;
  - Tazobactam: This has now been replaced with Access Indicator.
  - Increase the proportion of antibiotic usage within the Access group of the AWaRe* category >55% - 49.2%, 5.8% below target but above national average.
  - (Latest available data)

### Average Length of Stay (ALoS)

**DFI expected LoS: 5.53**

**DFI observed LoS: 7.13 days**

(Oct. 2017 most recent DFI data)

The Trust LoS continues to be consistently above expected rates.

---

**Trend**

By Qtr. 4
- 5% improvement in 2 of 3 staff survey questions
- Healthy food initiatives: to document + provide evidence to Board meeting
- 70% uptake of flu vaccinations

**Target**

AED - 90% eligible patients screened and receive antibiotics <1 hour

**Inpatient - 90% eligible patients screened and received antibiotics <1 hour**

---

**Description**

**Current position/comments**

**Improving Staff Health and Wellbeing**

National CQUIN

Year round plan of implementation of the Health and Wellbeing CQUINS have been developed. Delivery against the plan was above target for 2017/18.

Flu vaccination programme for 2018/19 has commenced and 82.4% of frontline staff have been vaccinated as at end of December.

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**Average Length of Stay (ALoS)**

**DFI expected LoS: 5.53**

**DFI observed LoS: 7.13 days**

(Oct. 2017 most recent DFI data)

The Trust LoS continues to be consistently above expected rates.
AED breaches analysed between admitted, non-admitted and patients requiring admission to other hospitals (e.g. mental health) / to social service provision / GP or AUH clinics.

The increase in non-admitted breaches correlates closely to reported AED Performance.

There is no obvious correlation between breaches and the number of attendances. The mix of majors/minors is relatively stable over the period.

December performance 86.90% this is above the November performance of 84.73%.

In month there were 1125 breaches and zero 12 hour trolley wait. This compares to the November position of 1401 breaches, a decrease of 19.7%. Nationally the average is 2042 for month of December 2018.

There is no obvious correlation between breaches and the number of attendances. The mix of majors/minors is relatively stable over the period.

Exception Report is included at page 26

In December patients saw a senior decision making clinician within 81 mins on average against a planned threshold of 60 minutes.

This remains the same as 81 minutes in November 2018 and 77 minutes at the same point in December 2017.

Maximum wait time of 4 hours in A&E from arrival to admission, transfer or discharge. Target of 95%.

In December performance 86.90% this is above the November performance of 84.73%.

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In December patients saw a senior decision making clinician within 81 mins on average against a planned threshold of 60 minutes.

This remains the same as 81 minutes in November 2018 and 77 minutes at the same point in December 2017.

Maximum wait time of 4 hours in A&E from arrival to admission, transfer or discharge. Target of 95%.
### AED - patients in department > 12 hrs

**Description:** Time spent in AED department from arrival

140 patients spent 12 hours or more in AED during December, a decrease on the 258 patients reported in the previous month. This was decrease on number of patients within department for >12hrs in comparison to December 2017 (288).

**Trend:** Improvement on last year

### Diagnostics

**Description:** Diagnostic tests to be carried out within 6 weeks of request being received. This is measured on the National DM01 return.

December performance: 5.25% an increase on the performance reported in November. Pressure still noted in MRI, CT, Colonoscopy and Gastroenterology.

**Trend:** <1%

### Stroke

**Description:** All Stroke patients who spend at least 80% of their time in hospital on a stroke unit.

Reporting updated in line with SINAP guidance. December performance: 85.7%.

Work continues to address pressures within Stroke, including review of ongoing bed requirements.

**Trend:** >80%
Number of patients on the waiting list

The volume of patients currently waiting on the RTT incomplete list as at December was 17,148. This has reduced gradually since August and is on track to be at or below the position expected via Planning guidance 18/19 of no higher than March 2018 (17,374).

Challenges still exist at a specialty level but individual actions plans exist to reduce these levels.

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Finance & Performance

Percentage of incomplete pathways for English patients within 18 weeks. The threshold is 92%.

Overall December performance: 89.6% with 1788 patients waiting over 18 weeks for treatment. Trends have been made to reduce the overall size of the Incomplete RTT waiting List - December it stood at 17,148.

Sectory level target not met by: General Surgery, Urology, Trauma & Ortho, Ophthalmology, MFU, Cardiotoracic Surgery, Gastroenterology and Thoracic Medicine.

Exception report on page 29

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Finance & Performance

Shape of the RTT wait previous quarter vs 1st April

No patients are waiting over 52 weeks. The trend shows a slight deterioration in the profile between 0 and 20 weeks, consistent with the downward trend in RTT incomplete pathway performance.

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Finance & Performance

Number of patients waiting between 40 and 52 weeks and current TCI status

20 patients currently waiting between 40-52 wks, compared to 39 patients on the 1st April.

Gastroenterology accounts for the majority of the increase.

Of the 20 patients, 9 have since had their RTT clock stopped, 7 have an OP appointment and 4 have been offered TCI dates within the 52 weeks.

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Finance & Performance

Waiting list size

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Challenges still exist at a specialty level but individual actions plans exist to reduce these levels.

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Finance & Performance

No increase on last year (Mar 18 position)
First treatment for cancer within 62 days of urgent referral through GP 2 week referral route. 85% threshold. November performance: 63.9% (validated)
This is below 85% target
Exception Report for all cancer performances not meeting target is on Page 30

Patients referred from GP with suspected cancer should have their first appointment within 14 calendar days. November performance: 89.5%, (validated)
This below the national standard of 93%.

Patients receiving first definitive treatment within 1 month of cancer diagnosis. November performance: 98.2% (validated)
This is above the national standard of 96%.

A maximum 62-day wait from referral from an NHS cancer screening service to the first definitive treatment. November performance: 53.8% (validated)
This is below the national standard of 90%.
### Finance & Performance

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<td><strong>Cancer 31-day Drugs</strong></td>
<td>a maximum 31-day wait for subsequent treatment where the treatment is an anti-cancer drug regimen. November performance: 100% (validated) This is above the national standard of 98%.</td>
<td><img src="image" alt="Compliance Graph" /></td>
<td>&gt;98%</td>
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<td><strong>Cancer 31-day Surgery</strong></td>
<td>a maximum 31-day wait for subsequent treatment where the treatment is surgery. November performance: 100%, (validated) This is above the national standard of 94%.</td>
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<tr>
<td><strong>Cancer Breast Symptomatic</strong></td>
<td>Maximum 2-wk wait to for investigation of breast symptoms, even if cancer is not initially suspected. November performance: 93.2% (validated) This is above the national standard of 93%.</td>
<td><img src="image" alt="Compliance Graph" /></td>
<td>&gt;93%</td>
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<tr>
<td><strong>Cancer Consultant Upgrades</strong></td>
<td>Maximum 62-day wait for the first definitive treatment following a consultant’s decision to upgrade cancers. November performance: 76.2% (validated) This is below the national standard of 85%.</td>
<td><img src="image" alt="Compliance Graph" /></td>
<td>&gt;85%</td>
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### Description

#### Operations Cancelled

Number of operations cancelled for non-clinical reasons.

- **Standard was not achieved in month with 0.96%.**
- **31 operations were cancelled**
- **All patients were readmitted and had their operation within 28 days.**

#### Outpatients Cancelled

Number of outpatient appointments cancelled for non-clinical reasons.

- **In December 6.2% of outpatient appointments were cancelled meaning the Trust's internal standard of <5% was missed in month.**

#### Outpatient DNA First Attendance

Number of patients not attending their outpatient appointment as a proportion of total attendances.

- **OPFA DNA rate was 11.95%.**
- **This continues to be monitored via the Outpatient Improvement Group.**

#### Outpatient DNA Follow-up Attendance

Number of patients not attending their outpatient appointment as a proportion of total attendances.

- **OPFU DNA rates were 11.45% against a target level of 10.0%.**
- **This continues to be monitored via the Outpatient Improvement Group.**

---

**Finance & Performance**

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<td>&lt;0.8%</td>
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**Board Assurance metrics**

**December 2018**

**BAF ref: SR4**

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**Finance & Performance**

1. **DTOCs**
   - % of beds lost due to patients delayed in hospital meeting the criteria for DTOC
   - DTOCs increased in month to 3.91% with 997 bed days lost. (last year 3.52% and 829 bed days lost).
   - The Trust is part of a system discharge project to aim to ensure minimal delays to discharge and to improve patient experience.

2. **RFDs**
   - Average number of patients each month in acute beds that are medically optimised and are ready for discharge
   - In December the Trust had on average 122 medically optimised patients in beds. This is above the target level of less than 100 patients.
   - *Note the reporting of the Ready for Discharge numbers here has been amended to reflect both non acute (Aintree 2 Home and Ward 34) as well as acute patient delays.

3. **Theatre Utilisation**
   - Requirement to run 95% of sessions planned and utilise 90% of the in-session time.
   - Combined target of 85.5%
   - Overall Utilisation has decreased from 66.2% to 55.3% against a target of 85.5%
   - Sessions held versus those timetabled decreased from 87.0% to 74.1% and remains below the 97% target. This is based on the current reporting method made via ATMIS and is currently being reviewed by the Transformation Team.

4. **Daycase Ratio**
   - Number procedures undertaken as a daycase instead of an inpatient compared against expected levels as per DFI
   - DFI observed day case rate: 84.40%; DFI expected day case rate: 84.77%.
   - Performance was marginally above expected levels in September (latest available DFI data)

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<td></td>
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<tr>
<td><strong>DTOCs</strong></td>
<td>% of unavailable beds</td>
<td></td>
<td>&lt;3.5% national</td>
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<tr>
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<td>Average number of patients in beds</td>
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<td></td>
<td>Better than DFI</td>
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</tbody>
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Page 18

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Page 99 of 159
Sustainably reduce by 20% the number of attendances to A&E for a selected cohort of frequent attenders who would benefit from mental health and psychosocial interventions. Q2 milestones to be achieved.

Currently 85.4% of GP referrals are supported by A&G services.

Outstanding services: Dermatology currently closed to new referrals. Urology and Gastroenterology not currently ready. Plan to be devised for rollout in early 2019. (No available data for April and May 2018.)
Capital spend against planned programme

The capital programme is funded through Internally Generated Resources (£3.1m), STF from 2017/18 (£1.7m) and an anticipated capital loan (£3.2m), plus £860k PDC for Winter Capacity. A total of £8.9m.

Spend to date is £1.526m against a budget of £2.732m (excluding loan moneys). Plans are currently being developed regarding the capital programme and medical equipment to ensure capital slippage is kept to a minimum.

Reported operating deficit in month is marginally below plan. Reported deficit £2.697m, against a planned deficit of £2.707m. Cumulatively at the end of December the Trust is £593k above its cumulative planned deficit. (an improvement of -£10k in month)

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Cash on deposit

Cash balances totalled £3.3m against a plan of £1.3m. From December 2018, in line with the annual plan, the Trust has been drawing revenue support cash each month to support its cash obligations. Up to 31 December 2018, £7.3m of a annual forecast of £24.2m has been drawn.

Use of Resources

NHSIs (independent regulator) measure of financial risk

Capital Service Cover: a rating of 4
Liquidity: a rating of 4
I&E %: a rating of 4
I&E % variance from Control Total: a rating of 1
Agency: a rating of 4

Overall, the risk rating is a ’3’, in line with the plan.

Capital

Use of Resources

NHSIs (independent regulator) measure of financial risk

Capital Service Cover: a rating of 4
Liquidity: a rating of 4
I&E %: a rating of 4
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Reported Surplus / (Deficit)

I&E performance against the control total

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Are we well led?

Lead Committee

BAF ref: SR5/SR6

Description | Current position/comments | Trend | Target
---|---|---|---
Capital spend against planned programme | | | NHSI rating of 3 or plan

Finance & Performance

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Are we well led?

Lead Committee

BAF ref: SR5/SR6

Description | Current position/comments | Trend | Target
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Capital spend against planned programme | | | NHSI rating of 3 or plan

Finance & Performance

Cash on deposit

Cash balances totalled £3.3m against a plan of £1.3m. From December 2018, in line with the annual plan, the Trust has been drawing revenue support cash each month to support its cash obligations. Up to 31 December 2018, £7.3m of a annual forecast of £24.2m has been drawn.

Reported Surplus / (Deficit)

I&E performance against the control total

Reported operating deficit in month is marginally below plan. Reported deficit £2.697m, against a planned deficit of £2.707m. Cumulatively at the end of December the Trust is £593k above its cumulative planned deficit. (an improvement of -£10k in month)

Are we well led?

Lead Committee

BAF ref: SR5/SR6

Description | Current position/comments | Trend | Target
---|---|---|---
Capital spend against planned programme | | | NHSI rating of 3 or plan

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---|---|---|---
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The trust delivered £621k savings in month against a target of £623k. All of the £621k is non-recurrent savings. This included slippage from a continued review of the reserves, savings on drugs, and non-recurrent staffing vacancies. Cumulatively at 31st December, the Trust is £379k behind on its savings plan.

Income is at planned levels in M9 due to Acting as One.

Operational Expenditure remains above plan in month. Pay pressures in urgent care/escalation beds continue. Agency medics & nursing continues to decrease slowly. Spend on WLI continues as the specialities look to meet RTT and Two week waiters. Theatre spend is also high this month. Offset in part by underspends in other areas and slippage on reserves.
**Board Assurance metrics**

**December 2018**

**Finance & Performance**

**AED attendances and non-elective admissions**

**Description**

**Daycase and elective inpatient activity**

Activity was below plan in Month 9 by -98 attendances (~39 Daycases, ~59 Inpatients, and cumulatively 634 above Daycases, -1144 below Inpatients)

**Trend**

Month on month actual delivery

**Target**

Activity is below plan by 1543 attendances in month however up cumulatively by 405 at Month 9.

**Finance & Performance**

**Outpatient FU Activity**

Activity undertaken in an outpatient setting

Activity is below plan in month by 2832 attendances and above plan cumulatively by 1858 attendances in Month 9.

**Finance & Performance**

**Elective Activity**

Daycase and elective inpatient activity

Activity was below plan in Month 9 by -98 attendances (~39 Daycases, ~59 Inpatients, and cumulatively 634 above Daycases, -1144 below Inpatients)

**Finance & Performance**

**AED & Urgent Care**

AED attendances and non-elective admissions

AED and Urgent care admissions are above plan in Month 9 (740 and 771 respectively, cumulatively 4763 and 5447)
Variation between funded establishment and actuals in post (all staff groups)

(Finance figures)
Est 5071 Actuals 4720 Variance 351
Vacancy Rate: 6.92%
Turnover: 12.15%
Total Live vacancies: 340

ESR Pipeline Data - Includes Escalation Area's
All registered Nursing Vacancies band 5 to band 7 and Pre Reg, - 84.89 FTE inclusive of 3.00 FTE Pre Registration Nurse's.
Live Registered Nursing Vacancies 89.14 FTE a further 49.12 FTE at offer stage; 10.00 FTE RNs (inc NQNs) due to start in next 3 months and 3.00 FTE in the next 3 - 6 months.

Variation between RN funded establishment and actuals in post

RN Demand up by 17.23% when compared to Dec 17 (up from 3122 to 3660)
RN Demand up by 9.68% when compared to Nov 18 (up from 3337 to 3660)
RN Supply is up by 7.29% when compared to Dec 17 (up from 2168 to 2326)
RN Supply is down by 3.61% when compared to Nov 18 (down from 2413 to 2326)

HCA Demand down by 25.62% when compared to Dec 17 (down from 5848 to 4350)
HCA Demand down by 1.65% when compared to Nov 18 (down from 4423 to 4350)
HCA Supply down by 33.77% when compared to Dec 17 (down from 5002 to 3313)
HCA Supply down by 11.54% when compared to Nov 18 (down from 3745 to 3313)

Agency shifts to minimal levels.
Overall reduction in shift requests

Vacancy Rate: 6.92%
Turnover: 12.15%
Total Live vacancies: 340
Total Core & Non-Core Pay Spend

Combined spend on "Non-Core" i.e. above substantive/contracted hours

- Total Pay Spend: £19,058,814 (2017/18, £18,124,977)
- Core Pay Spend Total: £16,832,641
- Non Core Spend Total: £2,226,173
- Bank: £936,457 (2017/18, £815,796)
- Agency: £930,649 (2017/18, £1,222,893)
- WLI: £212,991 (2017/18, £50,769)
- OT: £146,076 (2017/18, £188,096)

Amount spent on Agency shifts in total for all staff groups

Performance: £930,649 (2017/18, £1,222,893)
- Medical: £318,740 (Dec 17 - £449,408)
- Nursing: £396,541 (Dec 17 - £622,691)
- AHP/PAT: £94,766 (Dec 17 - £37,081)
- Support Staff & Maintenance: £46,320 (Dec 17 - £59,736)
- Admin: £21,965 (Dec 17 - £42,035)
- Senior Managers: £50,297 (Dec 17 - £622,691)

Spend to date compared to 17/18: £10,648,377: 18/19: £10,515,541 (+£132,836)

Agency Shifts Over Cap

Shifts approved over NHSI capped rates

- Target < 5% of total agency shifts filled (Overides / Total Agency Shifts = %)
- Target < 5% of total agency shifts filled (Overides / Total Agency Shifts = %)

Attendance Rates

Graph shows the rolling average attendance rate, which remains below the target of 96%.
- Performance: 94.77%
- Long term absence (greater than 28 days) accounts for 23.49% of FTE for absences.
- Absence rates (ESR Bl)
  - Medicine: 5.11%; Surgery 6.26%; DSS: 3.65%; Corporate: 3.36%; E&F: 6.81%; Ops Mngt: 0.00%.
**Board Assurance metrics**  
**December 2018**

<table>
<thead>
<tr>
<th>Description</th>
<th>Current position/comments</th>
<th>Trend</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance</td>
<td>74.18%</td>
<td></td>
<td>&gt;85%</td>
</tr>
<tr>
<td>Increase in performance from the previous month of 2.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estates and Facilities 88%; Ops Mngt 32.43%; Corporate 53.54%; Medicine 81.07%; Surgery 64.60%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training and appraisal compliance is scrutinised via the Divisional Workforce and Education groups</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Finance & Performance**

**Are we well led?**

**BAF ref: SR5/SR6**

**Appraisals**

% delivery against target compliance

- Dec-17: Performance 74.18%
- Jan-18: Performance 75.5%
- Feb-18: Performance 76.2%
- Mar-18: Performance 76.9%
- Apr-18: Performance 77.6%
- May-18: Performance 78.3%
- Jun-18: Performance 79.0%
- Jul-18: Performance 79.7%
- Aug-18: Performance 80.4%
- Sep-18: Performance 81.1%
- Oct-18: Performance 81.8%
- Nov-18: Performance 82.5%
- Dec-18: Performance 83.2%
EXCEPTION REPORT

Indicator: Accident and Emergency Department December 2018

The performance against the 4 hour care standard has improved from 84.86% in November to 85.75% in December (T1 and T3) in spite of attendances of 7617, representing an increase of +0.89%. Despite a rise in ambulance arrivals (1.6%) we continue to see improvement in ambulance handover with a decrease in the number of delays in excess of both 30 (-91) and 60 (-34) minutes. The average time from notification to handover also saw a decrease from 11.32 mins in November to 10.10 mins in December. The median time to see 1st clinician was 71 minutes (-1) against the 60 minute clinical quality indicator. The % of patients seen from registration within 15 minutes has slightly increased to 82.67% in December from 80.67% in November (+2%).

The clinical quality indicators for the number of patients who leave the department before being seen has slightly decreased from 4.12% in November to 3.90% in December (-0.22%). Patients re-attending in December has also slightly increased to 8.17% from 7.99% (+0.2%).

Proposed actions:

<table>
<thead>
<tr>
<th>Action</th>
<th>Owner</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement all actions from the 4 day Rapid Process Improvement Workshop that will improve the patient experience cut out waste and increase the throughput through See and Treat in turn increasing productivity of medical workforce. The next 3 day kaizen event will focus on improving the pit stop process in majors and has been scheduled for the 22nd to 24th January 2019. This event will also incorporate improving the turnarounds times for ambulance handover, improving the safety and speed of handover releasing ambulance crews promptly from the department.</td>
<td>LW/CP/MH</td>
<td>End of January 2019</td>
</tr>
<tr>
<td>Following the review of PCS, implement more effective staffing model incorporating the GPs already working in the department and review referral criteria to increase the numbers of patients to go to PCS. Contractual discussions are being progressed with the relevant doctors and the department is aiming to have concluded these in January 2019 so that the revised service provision can commence in February.</td>
<td>MH/VJ/LW</td>
<td>End of January 2019</td>
</tr>
<tr>
<td>A review of medical staff rosters has confirmed there is limited scope for increasing the medical staff cover at weekends within the existing resource related to remaining roster compliant (weekend frequency and educational requirements for junior doctors). Options for achieving this include an expansion of the service, a decrease in the number of sessions per F1s to achieve a sustainable roster at weekends, there may however still remain a deficit in the number of doctors required. Further consideration about how to increase the required number will be needed through the relevant Trust committees. The aim is to increase to 12 FY3’s against a current number of 5. This paper has been submitted to P&amp;P in addition to being included in the Divisions Cases of Need.</td>
<td>MH/LW</td>
<td>Jan-19</td>
</tr>
<tr>
<td>Complete Non Elective Flow (NEF) dashboard to enable reliable data to be used to drive decision making. Dashboard has been developed for ED, AEC and assessment areas - development for site team KPIs in progress to support flow from the department once decision is made to admit. ED quality &amp; performance metrics will be displayed in ED to share regularly with staff during huddles. A first draft of the ED quality dashboard will be complete in early January and may require a significant amount of manual data collection initially.</td>
<td>VL/MH</td>
<td>Jan-19</td>
</tr>
<tr>
<td>As well as incorporating an ambulance turnaround process into the Rapid Process Improvement Workshop on 22nd -24th January 2019, the department has taken part in a number of live tests for the newly developed Ambulance Handover protocol; test results so far have shown that up to 70% of patients were safe enough to be left by the crew so they can be released to respond to emergency calls. Further tests take place in early January to refine the model andAccepted by the Super Six Trusts as part of the 90 day improvement project.</td>
<td>MH</td>
<td>End of January 2019</td>
</tr>
</tbody>
</table>

Executive Lead: V. Jackson
B. Weston
**Issue: DMO1 overall position - 5.2% against <1% Standard**

During December 2018, the Endoscopy DMO1 position reported 245 patients waiting over 6 weeks for a diagnostic appointment resulting in a position of 23.8% against the <1% standard. This is a significant in month deterioration compared to the previous month. The three factors that contributed towards this position are: a reduction in Endoscopy capacity due to 2 Nurse Endoscopists on long term sickness resulting in the loss of 608 patient appointments in December in addition to a Nurse Endoscopist being on Maternity Leave. A Consultant remains on long term sick, the service has 9 Registered Nurse vacancies and high sickness absence resulting in a 50% reduction in the nursing workforce to cover endoscopy lists / WLIs throughout December. Patient choice was also a factor of the deterioration in performance with patients choosing not to attend appointments during the 2 week Christmas period as reflected in the graph opposite. Medinet endoscopy activity commenced in December with activity scheduled over 1 weekend (233 patients booked and 183 attended with a DNA rate of 21%). All efforts have been made to ensure Cancer 2ww referrals have been scheduled within the required timescales unless the patient has declined an appointment.

**Forecast for improvement:**
- Q1
- Q2
- Q3
- Q4

**PROPOSED ACTIONS:**

<table>
<thead>
<tr>
<th>Action</th>
<th>Owner</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional in house WLI activity continues along with a new partnership with Medinet to cover the Consultant vacancy and shortfall in capacity. RLBUH staff have been given honorary contracts to undertake WLIs at AUH.</td>
<td>Jeni Carden-Jones</td>
<td>Q4</td>
</tr>
<tr>
<td>Weekly capacity meetings continue with operational and clinical teams to maximise the utilisation of capacity.</td>
<td>Jeni Carden-Jones</td>
<td>Q4</td>
</tr>
<tr>
<td>Additional bank administration support are providing telephone reminders 3 days in advance of appointments to reduce DNA rates. This has resulted in a reduction of 5% in DNA’s inline with the national average. To further reduce DNA’s “go live” for the Trust’s new DrDoctor text reminder service for Endoscopy commenced in January 2019.</td>
<td>Jeni Carden-Jones</td>
<td>Q4</td>
</tr>
<tr>
<td>The Cancer Alliance provided the Trust with a revised productivity tool in November 18. Due to staff sickness and consequential list reductions, the tool implementation has been delayed until Feb 2019. Following the review of the results produced by the tool, AQuA will support the CBU with a P&amp;E work stream to improve the utilisation of capacity. Meetings have taken place with AQuA in preparation for this workstream.</td>
<td>Jo Eccles/Jeni Carden-Jones</td>
<td>Q4</td>
</tr>
<tr>
<td>Case of Need to support investment in the Gastro service has been agreed by the Executive Team with a maximum investment of £722k. A weekly Task &amp; Finish Group is chaired by Johnathan Lofthouse to oversee the implementation of the Case of Need.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A capacity &amp; demand model is under development by the transformation team using the NHXI model. The first draft will be available in January 2019.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Lead:** Joanne Eccles - DDO Surgery  
**Executive Lead:** Beth Weston - COO
Issue:
Radiology continues to experience a sustained increase in demand for Imaging (CT Cardiac, MR Cardiac, MR MSK) Demand is in excess of funded capacity. With additional capacity put into place during December, performance against this standard for Radiology is 1.4%, which is a significant improvement compared to previous months.
Additional unfunded Inpatient activity continues to have an impact, reducing Outpatient capacity for CT and MR.
WLI’s have been agreed for additional sessions for CT and MR Cardiac Imaging, in addition to the continued use of Mobile Scanners.
There is also now a capacity issue with imaging (CT) colonos due to increased demand.

Proposed actions:

<table>
<thead>
<tr>
<th>Action</th>
<th>Owner</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly capacity meetings with operational and clinical teams to monitor performance and maximise capacity ongoing.</td>
<td>Steve McDonald</td>
<td>Q4</td>
</tr>
<tr>
<td>Replacement of 2 CT scanners underway. Relocatable mobile on site for 5 weeks, 4th CT scanner in use Mon - Fri to maintain waiting times.</td>
<td>Karen Irwin</td>
<td>Q4</td>
</tr>
<tr>
<td>Mobile MR van on site 1 week in B. Continue to engage Locum Radiographers. Recruitment to Radiographer vacant posts completed, start dates mid January 2019</td>
<td>Karen Irwin</td>
<td>Q4</td>
</tr>
<tr>
<td>Cardiology Demand is being managed via in-depth scheduling meetings held between Cardiology &amp; Radiology, led by the Divisional Directors</td>
<td>Divisional Directors</td>
<td>Q4</td>
</tr>
</tbody>
</table>

Forecast for improvement:

<table>
<thead>
<tr>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
</table>

Table 1: 31st Oct 2018

<table>
<thead>
<tr>
<th>Diagnostic type</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13+</th>
<th>Total</th>
<th>6 wks &amp; Over</th>
<th>% 6 wks &amp; Over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computed Tomography</td>
<td>26</td>
<td>10</td>
<td>7</td>
<td>5</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>109</td>
<td>50</td>
<td>4.1%</td>
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<tr>
<td>Magnetic Resonance Imaging</td>
<td>10</td>
<td>17</td>
<td>6</td>
<td>9</td>
<td>11</td>
<td>5</td>
<td>6</td>
<td>2</td>
<td>861</td>
<td>66</td>
<td>7.7%</td>
</tr>
<tr>
<td>Non-obstetric ultrasound</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1782</td>
<td>0</td>
<td>0.0%</td>
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<tr>
<td>Dexa</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>410</td>
<td>0</td>
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<tr>
<td><strong>Total</strong></td>
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<td>27</td>
<td>14</td>
<td>13</td>
<td>6</td>
<td>2</td>
<td></td>
<td></td>
<td>4262</td>
<td>116</td>
<td>2.7%</td>
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</table>

Table 2: 3rd Dec 2018

<table>
<thead>
<tr>
<th>Diagnostic type</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13+</th>
<th>Total</th>
<th>6 wks &amp; Over</th>
<th>% 6 wks &amp; Over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computed Tomography</td>
<td>15</td>
<td>5</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>987</td>
<td>26</td>
<td>2.6%</td>
</tr>
<tr>
<td>Magnetic Resonance Imaging</td>
<td>19</td>
<td>12</td>
<td>6</td>
<td>2</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>885</td>
<td>46</td>
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<tr>
<td>Non-obstetric ultrasound</td>
<td>17</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1605</td>
<td>17</td>
<td>1.1%</td>
</tr>
<tr>
<td>Dexa</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>362</td>
<td>0</td>
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<tr>
<td><strong>Total</strong></td>
<td>51</td>
<td>17</td>
<td>9</td>
<td>5</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>3839</td>
<td>89</td>
<td>2.3%</td>
</tr>
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</table>

Table 3: 31st Dec 2018

<table>
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<tr>
<th>Diagnostic type</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13+</th>
<th>Total</th>
<th>6 wks &amp; Over</th>
<th>% 6 wks &amp; Over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computed Tomography</td>
<td>21</td>
<td>11</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1063</td>
<td>35</td>
<td>3.3%</td>
</tr>
<tr>
<td>Magnetic Resonance Imaging</td>
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<td>4</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>1010</td>
<td>15</td>
<td>1.5%</td>
</tr>
<tr>
<td>Non-obstetric ultrasound</td>
<td>8</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1706</td>
<td>9</td>
<td>0.5%</td>
</tr>
<tr>
<td>Dexa</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>355</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>32</td>
<td>16</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>4134</td>
<td>59</td>
<td>1.43%</td>
</tr>
</tbody>
</table>

Forecast for improvement:
Exception Report

Issue:

Performance against the national standard of 92% of pathways to start treatment within 18 weeks from referral was below target in December at 89.6%. The total number of patients on an incomplete pathway as at December was 17,148 which was a 1.7% reduction on November's position and places the Trust in a good position to achieve an incomplete waiting list size in March 2019 that is no bigger than that delivered in March 2018 (as per NHSE planning guidance 2018/19).

The Trust was impacted by significant non-elective pressure during winter last year which led to a reduction in elective throughput. This pressure continued with an increase in demand for urgent consultation under the two week rule throughout the year (+1428 a 16% increase) has required the Trust to add significant extra capacity delivered through waiting list initiatives to keep pace with this demand. The continued increase in non-elective demand is being managed effectively and the Trust is monitoring the situation to ensure elective activity and patient experience is not negatively impacted.

From October 1st the Trust went live with e-RS and also offered a larger range of services to advice and guidance which has contributed to a reduction in referrals from general practice for routine consultations. However, as above, the volume of two-week waits urgent requests continues to add pressure into the system. Performance and the waiting list size are further impacted by patients attending AED and subsequently being added to the elective waiting list which also adds further pressure on demand for follow-up capacity.

Cancellation and DNA rates continue to be monitored in conjunction with the patient access policy and issues are highlighted at internal performance meetings. The Trust is monitoring its capacity with patients being booked into all available clinic capacity as well as additional waiting list sessions although this is adding to the overall waiting time.

Proposed actions:

<table>
<thead>
<tr>
<th>Action</th>
<th>Owner</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve theatre utilisation at specialty level.</td>
<td>DDO Surgery</td>
<td>Q4</td>
</tr>
<tr>
<td>Regularly review all long waiting patients within the clinical business units to address capacity issues and undertake WLI’s where available in conjunction with weekly performance meetings with Planning and performance / Business Intelligence leads.</td>
<td>CBMs</td>
<td>Q4</td>
</tr>
<tr>
<td>Continue to support the reduction in Endoscopy waits by supporting WLI scope lists using dropped sessions in the week and additional sessions at weekends along with measuring extra capacity.</td>
<td>Jeni Carden-Jones</td>
<td>Feb-19</td>
</tr>
<tr>
<td>Continued weekly monitoring of diagnostics waiting times to ensure delivery of the 6 week standard as a milestone measure for RTT performance. This to include horizon scanning and capacity / demand planning with Head of Planning and performance.</td>
<td>Steve McDonald / Jeni Carden-Jones</td>
<td>Q4</td>
</tr>
<tr>
<td>Continue to meet with AEHs on a weekly basis to focus on data quality, capacity &amp; demand and pathway validation.</td>
<td>Ian Stewart</td>
<td>Q4</td>
</tr>
<tr>
<td>Continue to support the CBMs with their RTT validation processes and Standard Operating procedures with a special focus on inter-Provider Transfers and data recording / Entry.</td>
<td>Ian Stewart</td>
<td>Q4</td>
</tr>
<tr>
<td>Conduct a review of current processes, operating procedures and training material all business units lead to ensure compliance with best practice and national guidance.</td>
<td>Ian Stewart</td>
<td>Q4</td>
</tr>
</tbody>
</table>
The Cancer Trust is required to achieve a range of performance targets for Cancer diagnosis and treatments. The final validated position for October/November and provisional position for December and Q3 are summarised in the table opposite. The Trust reported a validated November 18 position with compliance against 4 of the 8 standards with 17.5 breaches of the 62-day standard.

The unvalidated December position reflects compliance against 4 standards. 62-day performance significantly improved in December at 75.3% (63.9% in November). Despite a low number of treatments due to patient choice, this is the strongest position reported since August 18. HPB and Skin had no treatments reported for December. In December the Breast Service experienced a 17% increase in referrals compared to December 2017 (an additional 74 patients). As reflected in the 2ww table opposite, increased demand and a reduction in clinical capacity due to a lack of availability to cover WLI’s has had a significant impact on Breast Symptomatic and 2ww performance with non-compliance reported against both standards. Breast clinic capacity has now been resolved due to 2 Associate Specialists being upgraded to Locum Consultants. They will have additional clinic capacity in their job plans in 2019, reducing the reliance on WLI’s.

**Proposed actions:**

1. Reinforce leadership and workforce capacity within the Cancer Team. A full time Cancer Manager will be in post on the Aintree site from April 2019. An Interim Head of Performance commenced in post 19th Nov 18. The Deputy Cancer Manager returns from Maternity Leave in February 2019.

   **Owner:** Jo Eccles  
   **Deadline:** Q4

2. Establish RCA Review Group led by DDO Surgery and DRM Support services to validate RCAs and identify improvements that can be made to reduce delays for patients.

   **Owner:** Jo Eccles  
   **Deadline:** Q4

3. SoP to be finalised for escalation of delays for access to diagnostic services and reporting to DDOs.

   **Owner:** Jo Eccles  
   **Deadline:** Jan-19

4. Work ongoing with the Cancer Alliance to review specific pathways and to highlight reasons for late referrals from other Trusts for areas such as Head and Neck. Funding has been received from Macmillan to introduce new posts to assist with the pre diagnosis phase of the patient pathways. Funding is now secured for a project manager for Colorectal pathway (£150k) and host employer for a region wide review of the H&N pathway (£150k). Recruitment to posts December 18 and PIDs under development.

   **Owner:** Jo Eccles  
   **Deadline:** Q4

5. £94k awarded by NHSE to schedule additional diagnostic activity to improve 62-day performance November 18 - March 19. This will be used to support the urology and colorectal pathways and to fund additional MRI capacity. Activity underway, MRI capacity planned 4-15 January 2019. To date we have scheduled £72.5 of activity.

   **Owner:** Jo Eccles / Phil Downey  
   **Activity ongoing Nov 18 - Mar 19**

**Forecast for improvement:**

<table>
<thead>
<tr>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
<td>R</td>
<td>R</td>
<td>A</td>
</tr>
<tr>
<td>Agenda Item (Ref)</td>
<td>B18-19/129</td>
<td>Date of Meeting: 30 January 2019</td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>------------</td>
<td>-------------------------------</td>
<td></td>
</tr>
<tr>
<td>Report to</td>
<td>Board of Directors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Report Title</td>
<td>Finance Report, M9 2018-19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Lead</td>
<td>Ian Jones, Director of Finance &amp; Business Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead Officer</td>
<td>Paul Brannelly, Deputy Director of Finance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action Required</td>
<td>To review &amp; agree actions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Substantial assurance</th>
<th>Acceptable assurance</th>
<th>Partial assurance</th>
<th>No assurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>High level of confidence in delivery of existing mechanisms / objectives</td>
<td>General confidence in delivery of existing mechanisms / objectives</td>
<td>Some confidence in delivery of existing mechanisms / objectives</td>
<td>No confidence in delivery</td>
</tr>
</tbody>
</table>

Key Messages of this Report (2/3 headlines only)

- The Trust’s deficit was £11k lower than its planned deficit position for the month, reducing the cumulative shortfall to £593k against plan. Forecast that plan will be met by year end.
- Activity is below plan across outpatient activity, elective inpatient and day case admissions. AED attendances and urgent care admissions are up in month.
- Expenditure pressures have continued in both Medical and Nurse staffing, CIP is behind plan.
- The Trust is now in receipt of revenue cash support.

Impact (is there an impact arising from the report on the following?)
- Quality
- Finance
- Workforce
- Equality

Equality Impact Assessment (if there is an impact on E&D, an Equality Impact Assessment must accompany the report)
- Strategy
- Policy
- Service Change

Strategic Objective(s)
- Deliver outstanding care
- Achieve best patient outcomes
- Promote research and education
- Deliver sustainable healthcare to meet people’s needs
- Provide strong system leadership
- Be a well-governed and clinically-led organisation

Governance (is the report a….?)
- Statutory requirement
- Annual Business Plan Priority
- Key Risk
- Service Change

Next Steps (actions following agreement by Board/Committee of recommendation/s)

Finance Report (Month 9): Board of Directors 30 January 2019
## REPORT HISTORY

<table>
<thead>
<tr>
<th>Committee / Group Name</th>
<th>Agenda Ref</th>
<th>Report Title</th>
<th>Date of submission</th>
<th>Brief summary of key issues raised and actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finance &amp; Performance Committee</td>
<td></td>
<td>Finance Report</td>
<td>Monthly</td>
<td></td>
</tr>
<tr>
<td>Board of Directors</td>
<td></td>
<td>Finance Report</td>
<td>Monthly</td>
<td></td>
</tr>
</tbody>
</table>
Board of Directors – Update

Finance Report, M9 2018-19

Key Messages of this Report

- Financially the Trust is -£0.593M worse than the planned Deficit of -£20.716M, of which £0.200m relates to the shortfall in the pay award.

Background

1. This paper presents the activity and financial performance data for December 2018 (Month 9) against NHSI’s contracts and internal standards.

Key Issues

2. Main issues for December 2018:

- The Trust reported a cumulative operating deficit of -£21.309M against a planned deficit of -£20.716M.

- Planned care performed below plan, with elective activity below plan in month by 59 spells (Medicine +116, Surgery -219, +4 Clinical Support). Outpatient workload was down by 4,375 attendances in month, AED attendances were up in month, NE admissions were above the contract plan by +771 spells.

Figure 1: Activity Performance

<table>
<thead>
<tr>
<th>Year</th>
<th>Activity - Plan</th>
<th>Activity - Actual</th>
<th>Activity - Variance</th>
<th>Cumulative Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018/19</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accident and Emergency</td>
<td>13,148</td>
<td>13,888</td>
<td>740</td>
<td>5.6%</td>
</tr>
<tr>
<td>Day case</td>
<td>2,702</td>
<td>2,663</td>
<td>(39)</td>
<td>-1.5%</td>
</tr>
<tr>
<td>Elective Admission</td>
<td>506</td>
<td>507</td>
<td>(59)</td>
<td>-10.4%</td>
</tr>
<tr>
<td>Emergency Admission</td>
<td>4,121</td>
<td>4,892</td>
<td>771</td>
<td>18.7%</td>
</tr>
<tr>
<td>Outpatient First Attendance</td>
<td>8,452</td>
<td>7,034</td>
<td>(1,418)</td>
<td>-16.8%</td>
</tr>
<tr>
<td>Outpatient Follow Up</td>
<td>18,473</td>
<td>15,749</td>
<td>(2,724)</td>
<td>-14.7%</td>
</tr>
<tr>
<td>Outpatient Procedures</td>
<td>4,820</td>
<td>4,495</td>
<td>(325)</td>
<td>-6.7%</td>
</tr>
<tr>
<td>ARMD</td>
<td>409</td>
<td>502</td>
<td>93</td>
<td>22.6%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>52,692</td>
<td>49,730</td>
<td>(2,962)</td>
<td>22.6%</td>
</tr>
</tbody>
</table>
• Medical Divisions position was above plan in month by £0.187m, cumulatively above plan by £0.919m to date a variance of 4.72%.
• Surgery’s position was behind plan in month by -£0.892m and -£6.125m to date a variance of -26.18%.
• Clinical Support Services performed below plan and Corporate functions performed better than budget.
• Spend on agency against the Trust plan and the agency cap is higher than planned by £3.659m, but is showing a declining trend as nurse vacancies reduce and the control measures put in place take hold. The Trust continues to experience record levels of demand through AED, with the subsequent impact on admissions leading to the continuation of c52 escalation beds open above the revised bed base for 18/19. A further 42 beds are being opened as part of the winter escalation plans which will further increase the usage of temporary staffing support in order to ensure the trust continues to operate to safe staffing levels. This pressure is a significant factor in the level of agency spend being incurred.
• The non-recurrent nature of this additional capacity is fueling agency spend, with an estimated impact of c£3.3m to-date (primarily medics/nursing). Excluding this estimated cost, agency spend would have been close to our planned run-rate for the period.
• Based on the current level of agency spend, the Trust has a rating of 4 against its ‘Use of Resources Rating’, where performance against the agency cap is a key measure.

Figure 2: Agency Spend Vs Cap

<table>
<thead>
<tr>
<th>Period</th>
<th>Q1 (£m)</th>
<th>Q2 (£m)</th>
<th>Q3 (£m)</th>
<th>Q4 (£m)</th>
<th>Total ( £m)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Plan</td>
<td>(2.652)</td>
<td>(2.235)</td>
<td>(1.959)</td>
<td></td>
<td>(6.856)</td>
</tr>
<tr>
<td>Actual Agency Spend</td>
<td>(4.354)</td>
<td>(3.332)</td>
<td>(2.829)</td>
<td></td>
<td>(10.515)</td>
</tr>
<tr>
<td>Spend above Plan</td>
<td>(1.692)</td>
<td>(1.057)</td>
<td>(0.870)</td>
<td>0.000</td>
<td>(3.659)</td>
</tr>
<tr>
<td>Agency Ceiling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(7.627)</td>
</tr>
</tbody>
</table>

• Productivity and efficiency delivery was slightly below target in month and largely achieved through the consolidation of annual non recurrent corporate service savings.
• Financial Sustainability Risk Rating, (FSRR) of 3.
• In line with the annual plan, the Trust will require revenue support cash of approximately £24.2m during 2018/19. The first drawdown of £7.3m was approved by NHSI and DHSC and was paid to the trust in mid-December 2018.
• The Trust has an annual planned deficit of £29.1m. It is essential that in achieving the annual plan targets that all budget holders must manage and control spend within their annual budgets and QEP programmes are delivered.
3. Director of Finance & Business Services Commentary

The Trust has reported an operating deficit of -£21.309m, against a planned deficit of -£20.716m for the month.

The Acting as One (AaO) contractual arrangements remain in place and fixes the income values paid by the trusts main commissioners, (with the exception of pass through payments e.g. High cost drugs which will continue to be recompensed at cost). Under a pure PbR contract income would have been £5.3M above plan, albeit this would have been offset by potential contract sanctions of c£4.2M.

Overall activity was below plan, with the upward trend in AED attendances and medical urgent care admissions continuing. Elective activity was below plan, both daycases and elective inpatients. Outpatients were below plan in month.

For planned care (day cases and inpatients) the cumulative position which would suggest a deviation of -510 spells, however at a more granular level the over performances in cardiology +1,102 and haematology +352 masks a general under delivery in other areas, particularly within surgery.

T&O are some -555 below plan, ENT -200, Ophthalmology -358, MFU -46, General Surgery -226 and Gastroenterology -829. This continues to be a concern with no perceivable increase despite theatres being back to full capacity. This shortfall in elective throughput is a factor in the RTT performance and theatre productivity remains sub-optimal.

Movement in operational pay lines shows an increase in the overspend of £0.180m in month. The principle areas continue to be nursing, over plan in month -£0.085m cumulatively -£1.407m, and medical staffing costs (agency Pods WLIs) showing -£0.161m over plan in month no cumulatively -£2.611m. A significant proportion of this is directly associated with the additional capacity and associated agency spend. This is in part offset by pay underspends across corporate service and clinical support services.
3. Director of Finance & Business Services Commentary (cont’d)

- Productivity and efficiency delivered in December totalled £0.621m against a target of £0.623m. The contributions in-month were delivered primarily from the consolidation of medicines management gain share arrangements with CCGs\ procurement benefits across all areas £0.261m, non recurrent slippage from reserves\balance sheet £0.472m.

FORECAST

- Operational pressures continue to drive spend above plan as additional capacity is put in place, both within AED and the wider bed base. This will continue through the remainder of the year, with a further step increase in capacity during winter. These associated costs will outstrip the £1.8m set aside in the operating plan to cover winter 18/19.
- Elective demand remains up, albeit this has fallen back in the last few months and RTT performance has deteriorated. The waiting list initially grew over the first 7 months of the year, but this has now reduced back to close to March levels, as required. The Trust has had to pull together an action plan to mitigate the growth in the waiting list. The detail of this is currently being worked up, but will form an added pressure going forward. AUHFT has requested financial support from local CCGs towards these costs but has been refused support.
- Other access targets around cancer (significant increase in 2-wk referrals) and diagnostics are also under pressure as a result of the increase in demand.
- Pay award funding is some £0.2m short of the actual cost and the trust is currently working through scenarios of possible costs for the medical pay award.
- QEP delivery is £4.33m to-date, with a further £1.4m anticipated over the last 3 months of the year. At this stage it is not anticipated that the £0.9m gap will be covered through additional projects in 18/19.
- These pressure are in-part being mitigated through reserve slippage and release from balance sheet provisions, these continue to be under constant review.
- Based on current projections and full delivery of the QEP programme in the latter part of the year, the financial outturn is not expected to be materially away from plan.
4. Key Variances

Figure 5 – Key Variance Analysis

<table>
<thead>
<tr>
<th>Subjective</th>
<th>Position @ MS Budget</th>
<th>Variance</th>
<th>Explanation</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elective and Day Case Admissions</td>
<td>37,368</td>
<td>-2,833</td>
<td>Activity across Elective and Day Case areas are significantly below plan cumulatively.</td>
<td></td>
</tr>
<tr>
<td>Medical Staffing</td>
<td>-43,837</td>
<td>-1,751</td>
<td>The level of overspend in month is £1K, was lower than the average of 2017/18 £250K. The key areas ytd are Medicine Pressures Ward -£333K, Acute Medicine -£65K, Elderly Medicine -£365K, Emergency Medicine -£533K.</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>-5,367</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Finance Report (Month 9): Board of Directors 30 January 2019
5. QEP Overview

M9 Savings Position

- The Trust has achieved a M9 CIP saving of £621k against a target of £623k, resulting in a YTD cumulative shortfall position of - (£379k).
- The Trust CIP portfolio value at M9 has slightly increased slightly to £5.7m, from £5.5m at M8.
- Of the project plan, £4.33M has been delivered, with a further £1.40M RAG rated green.
- Efforts are being made to strengthen assurance on amber and red rated schemes, move forward on implementation of the £1.4M of green rated projects, whilst also working to identify new schemes to address the £0.9M shortfall.
- The Trust has been asked to report progress on CIP on a fortnightly basis as part of NHSI risk stratification on delivery of the financial plan. To month 9 this has been relatively light touch as overall the Trust is roughly at plan. Progress and the issues impacting on the Trust financial position and/or delivery of QEP are also picked up through monthly Oversight and Scrutiny Meetings with NHSI.
6. Medicine Divisional Position

Figure 6 - Year to date variance against plan

<table>
<thead>
<tr>
<th></th>
<th>M8</th>
<th>M9</th>
<th>M8</th>
<th>M9</th>
<th>M8</th>
<th>M9</th>
<th>M8</th>
<th>M9</th>
<th>M8</th>
<th>M9</th>
<th>M8</th>
<th>M9</th>
<th>M8</th>
<th>M9</th>
<th>M8</th>
<th>M9</th>
<th>M8</th>
<th>M9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income activity</td>
<td>104,606</td>
<td>5,212</td>
<td>4,601</td>
<td>2,203</td>
<td>1,767</td>
<td>1,074</td>
<td>1,000</td>
<td>428</td>
<td>80</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Expenditure</td>
<td>(86,868)</td>
<td>(3,345)</td>
<td>(2,536)</td>
<td>(2,203)</td>
<td>(1,887)</td>
<td>(1,532)</td>
<td>(1,203)</td>
<td>(867)</td>
<td>(315)</td>
<td></td>
<td></td>
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<tr>
<td>Operational variance</td>
<td>17,829</td>
<td>1,867</td>
<td>1,564</td>
<td>1,470</td>
<td>31</td>
<td>(131)</td>
<td>(459)</td>
<td>(203)</td>
<td>(439)</td>
<td>(355)</td>
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<tr>
<td>Income CIP</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>Expenditure CIP</td>
<td>1,849</td>
<td>(948)</td>
<td>(831)</td>
<td>(726)</td>
<td>(546)</td>
<td>(400)</td>
<td>(289)</td>
<td>(165)</td>
<td>(106)</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contribution</td>
<td>19,478</td>
<td>919</td>
<td>732</td>
<td>744</td>
<td>(514)</td>
<td>(530)</td>
<td>(727)</td>
<td>(356)</td>
<td>(545)</td>
<td>(365)</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Current Position

Medicine is £0.919m ahead of its planned contribution of £19.478m, 4.72%, as at month 9, a deterioration of £0.187m

The divisional income position overperformed in month, up by £0.611m with emergency care admissions above plan +732 spells. Elective care activity is up by +116 spells primarily from heart failure activity in Cardiology. Outpatient areas are down by -2,807 attendances in month.

Expenditure budgets overspent by -£0.307m in month. Pay overruns cover most of the position, Nurse staffing costs over plan -£0.093m in month, -£0.832m to date and medical staffing costs are over plan by -£0.170m in month, -£2.354m to date.

Productivity and efficiency delivered in month amounted to £0.121m, medicines management gain share arrangement with commissioners, procurement and savings from therapies vacancies. The division are -£0.948m behind plan.
6. Medicine Divisional Position (cont’d)

**Activity**

Figures 7 through 9 show the divisional activity throughput against plan for the period.

The movement of therapy service from the clinical support division into the medical division is now reflected in the activity summaries in month and retrospectively to ensure consistency in the reporting of the activity trend.

Elective activity was above plan in month +116 spells primarily associated with the Heart Failure pathways changes.

Non-elective admissions overperformed in month up by 732 spells.

Outpatient activity as shown in figure 9 shows an underperformance against plan of -2,807 attendances with first attendance down by -946, follow-up down by -1,822 and procedures up by -40.
### 7. Surgical Divisional Position

**Figure 10 – Year to date variance against plan**

<table>
<thead>
<tr>
<th></th>
<th>M9 £000</th>
<th>M9 £000</th>
<th>M8 £000</th>
<th>M7 £000</th>
<th>M6 £000</th>
<th>M5 £000</th>
<th>M4 £000</th>
<th>M3 £000</th>
<th>M2 £000</th>
<th>M1 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income activity</td>
<td>104,805</td>
<td>(3,982)</td>
<td>(3,536)</td>
<td>(3,457)</td>
<td>(2,682)</td>
<td>(2,096)</td>
<td>(2,005)</td>
<td>(696)</td>
<td>(361)</td>
<td>(318)</td>
</tr>
<tr>
<td>Expenditure</td>
<td>(83,182)</td>
<td>(1,036)</td>
<td>(745)</td>
<td>(266)</td>
<td>(308)</td>
<td>(282)</td>
<td>(305)</td>
<td>(686)</td>
<td>(361)</td>
<td>(221)</td>
</tr>
<tr>
<td>Contract penalties</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Operational variance</strong></td>
<td>21,683</td>
<td>(5,016)</td>
<td>(4,281)</td>
<td>(3,744)</td>
<td>(2,968)</td>
<td>(2,376)</td>
<td>(2,310)</td>
<td>(1,412)</td>
<td>(757)</td>
<td>(530)</td>
</tr>
<tr>
<td>Income CIP</td>
<td>1,717</td>
<td>(1,106)</td>
<td>(952)</td>
<td>(800)</td>
<td>(660)</td>
<td>(485)</td>
<td>(35)</td>
<td>(232)</td>
<td>(152)</td>
<td>0</td>
</tr>
<tr>
<td>Expenditure CIP</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Contribution</strong></td>
<td>23,400</td>
<td>(6,125)</td>
<td>(5,233)</td>
<td>(4,544)</td>
<td>(3,629)</td>
<td>(2,862)</td>
<td>(2,695)</td>
<td>(1,663)</td>
<td>(908)</td>
<td>(530)</td>
</tr>
</tbody>
</table>

**Current Position**

Surgery is -£6.125m behind its planned contribution of £23.400m -26.18%.

Planned admitted care activity was below plan by -219 spells in December. Outpatient areas are below plan in month by -1,501 attendances. Non-Elective was above plan in month by -42 spells.

Expenditure budgets were below plan by -£0.291m in month. The use of premium rates continues to feature with a further -£0.149m in December, to date £1.228m after nine months ( £1.012m 17/18) higher than planned spend by £0.541m. Whilst it is understood premium rates would be needed in 2018/19 to meet plan (before implementation of improved productivity measures) as they had been required in previous years, this does not triangulate with actual activity delivery. Theatre capacity is back up to full compliment, yet premium rate sessions continue to be relatively at the same levels. The demand/capacity exercise currently being undertaken by the Director of Improvement is due for completion and will identify whether there is a demand/capacity imbalance contributing to this, or whether there is an underlying productivity issue.

Key Pay overruns continue and relate to nurse staffing -£0.011m, -£0.635m to date and Medical Staffing below plan in month by -£0.042m, -£0.548m to date.

A QEP contribution of £0.073m was achieved in month primarily from the medicines management gain share and procurement savings the division are £1.1m behind plan.
7. Surgical Divisional Position (cont’d)

**Activity**

Figures 11 through 13 show the divisional activity throughput against plan for the period.

Elective activity performance is down in month showing an underperformance of -219 spells (day cases -175, inpatients -44), Orthopaedics -17 spells, -555 to date, General Surgery -20 spells, -226 to date, Ophthalmology -20 spells, -358 to date; Gastroenterology -224, -829 to date. Elective inpatient admissions have failed to pick up despite theatres being back up to full capacity.

Non-elective admissions are up in month by 42 spells.

Outpatient activity as shown in figure 13 shows the division are below plan, -1,501 attendances in month recording underperformance for first attendances -464, follow ups -888, procedures -242 and ARMD +93.

For planned care (day cases and inpatients) there is a concern of the continued deterioration in under delivery, despite significant use of premium rate sessions. This continues to be a concern with no perceivable increase despite theatres being back to full capacity. This shortfall in elective throughput is a factor in the RTT performance and theatre productivity remains sub-optimal.
8. Clinical Support Services Position

Figure 14 – Year to date variance against plan

<table>
<thead>
<tr>
<th></th>
<th>Clinical Support Services</th>
<th>Variance against Plan</th>
<th>M8</th>
<th>M7</th>
<th>M6</th>
<th>M5</th>
<th>M4</th>
<th>M3</th>
<th>M2</th>
<th>M1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income activity</td>
<td>6,665</td>
<td>92</td>
<td>108</td>
<td>74</td>
<td>62</td>
<td>42</td>
<td>42</td>
<td>106</td>
<td>55</td>
<td>10</td>
</tr>
<tr>
<td>Expenditure</td>
<td>(18,934)</td>
<td>332</td>
<td>299</td>
<td>278</td>
<td>282</td>
<td>244</td>
<td>234</td>
<td>186</td>
<td>74</td>
<td>35</td>
</tr>
<tr>
<td>Contract penalties</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Operational variance</td>
<td>(13,289)</td>
<td>424</td>
<td>467</td>
<td>354</td>
<td>354</td>
<td>275</td>
<td>227</td>
<td>180</td>
<td>90</td>
<td>54</td>
</tr>
<tr>
<td>Income CIP</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Expenditure CIP</td>
<td>569 (347)</td>
<td>(293)</td>
<td>(239)</td>
<td>(189)</td>
<td>(181)</td>
<td>(132)</td>
<td>(85)</td>
<td>(49)</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Contribution</td>
<td>(12,700)</td>
<td>77</td>
<td>114</td>
<td>115</td>
<td>164</td>
<td>95</td>
<td>95</td>
<td>94</td>
<td>41</td>
<td>54</td>
</tr>
</tbody>
</table>

Current Position and Forecast

For December the Division is reporting a worsened position primarily from non delivery of QEP. Income and activity plans were underperforming down by +£0.016m, with expenditure under plan during the month £0.033m. with effect from the 1st October the Therapies Department has been transferred to the Medicine Division and the impact will be reflected from the M7 position onwards.

Productivity and Efficiency Delivery

The division delivered no QEP contribution in month and are £0.347m behind plan.

9. LcL

RLBUH continue to report a significant deficit on LCL trading activities. The make up of this deficit is unclear and work continues to identify the drivers that have generated this overspend. AUH, at this stage, does not accept shared liability for the reported position other than the an overspend of £0.899m associated with prior year unachieved CIP, which is retained in AUH budgets and a share of legitimate costs that can be tracked to proven increases in activity/demand.
10. Corporate Services Position

Figure 15 – Year to date variance against plan

<table>
<thead>
<tr>
<th></th>
<th>Budget £000</th>
<th>Ops Variance £000</th>
<th>Drugs Variance £000</th>
<th>CIP Shortfall £000</th>
<th>Total Variance £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information</td>
<td>3,365</td>
<td>101</td>
<td>0</td>
<td>0</td>
<td>101</td>
</tr>
<tr>
<td>HR</td>
<td>6,008</td>
<td>-42</td>
<td>0</td>
<td>32</td>
<td>-10</td>
</tr>
<tr>
<td>Finance</td>
<td>4,928</td>
<td>221</td>
<td>0</td>
<td>33</td>
<td>254</td>
</tr>
<tr>
<td>N&amp;Q</td>
<td>7,963</td>
<td>-128</td>
<td>0</td>
<td>-63</td>
<td>-181</td>
</tr>
<tr>
<td>Med Support</td>
<td>707</td>
<td>15</td>
<td>0</td>
<td>6</td>
<td>21</td>
</tr>
<tr>
<td>General Services</td>
<td>3,762</td>
<td>44</td>
<td>0</td>
<td>133</td>
<td>177</td>
</tr>
<tr>
<td>Facilities</td>
<td>16,784</td>
<td>6</td>
<td>0</td>
<td>30</td>
<td>36</td>
</tr>
<tr>
<td>R&amp;D</td>
<td>754</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Operating Income</td>
<td>-3,144</td>
<td>106</td>
<td>0</td>
<td>0</td>
<td>106</td>
</tr>
<tr>
<td>Operating Position</td>
<td>40,127</td>
<td>328</td>
<td>0</td>
<td>181</td>
<td>509</td>
</tr>
</tbody>
</table>

Current Position

Overall corporate services are underspent by £0.509m this has assisted in supporting the overall position in December. The Nursing and Quality directorate are showing an increasing overspend and will be required to put plans in place to recover the position over the remainder of the financial year.

Productivity and Efficiency Delivery

Corporate service areas have withdrawn productivity and efficiency savings of £0.690m to date.
11. Reserves

Figure 16 – Contingency and Reserve Balances

<table>
<thead>
<tr>
<th>Total Reserve</th>
<th>Release to CIP</th>
<th>Drawings</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>£000s</td>
<td>£000s</td>
<td>£000s</td>
<td>£000s</td>
</tr>
<tr>
<td>General reserves</td>
<td>13,152</td>
<td>(9,870)</td>
<td>3,482</td>
</tr>
<tr>
<td>Inflationary reserves</td>
<td>8,431</td>
<td>(8,812)</td>
<td>1,789</td>
</tr>
<tr>
<td>Income related reserves</td>
<td>12,202</td>
<td>(7,056)</td>
<td>5,147</td>
</tr>
<tr>
<td>Developments and pressures</td>
<td>10,870</td>
<td>(7,759)</td>
<td>3,111</td>
</tr>
<tr>
<td>Slippage \ Balance sheet Release</td>
<td>(1,490)</td>
<td>(2,494)</td>
<td>(3,984)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>44,054</td>
<td>(33,020)</td>
<td>9,545</td>
</tr>
</tbody>
</table>

- General, inflationary and development reserves are held centrally and allocated to Divisions/Departments when the costs are incurred.
- At the end of December, £35.1m (79%) of reserves has been drawn into budget.
- The Trust sets its budgets based on the recurrent costs of service delivery and therefore anticipates that an element of slippage will occur during the year. This can be used non-recurrently to support emerging pressures not anticipated, or used to support the CIP programme on a non-recurrent basis. An assessment of annual slippage has released £4.0m to date.
## 12. Balance Sheet

**Figure 17 – Statement of Financial Position**  
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST  
STATEMENT OF FINANCIAL POSITION  
MONTH 9  
31 December 2018

<table>
<thead>
<tr>
<th></th>
<th>December 18</th>
<th>November 18</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NON-CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intangible assets</td>
<td>864</td>
<td>888</td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>183,709</td>
<td>183,599</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total non-current assets</strong></td>
<td><strong>184,573</strong></td>
<td><strong>184,487</strong></td>
</tr>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventories</td>
<td>2,575</td>
<td>2,522</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>19,873</td>
<td>18,432</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>3,311</td>
<td>2,496</td>
</tr>
<tr>
<td>Other financial assets (investments)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td><strong>25,759</strong></td>
<td><strong>23,450</strong></td>
</tr>
<tr>
<td><strong>CURRENT LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>(45,184)</td>
<td>(45,229)</td>
</tr>
<tr>
<td>Borrowings</td>
<td>(2,927)</td>
<td>(2,655)</td>
</tr>
<tr>
<td>Provisions</td>
<td>(391)</td>
<td>(406)</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>(5,709)</td>
<td>(8,268)</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td><strong>(54,211)</strong></td>
<td><strong>(56,558)</strong></td>
</tr>
<tr>
<td><strong>TOTAL ASSETS LESS CURRENT LIABILITIES</strong></td>
<td><strong>156,121</strong></td>
<td><strong>151,379</strong></td>
</tr>
<tr>
<td><strong>NON-CURRENT LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Borrowings</td>
<td>(54,361)</td>
<td>(47,783)</td>
</tr>
<tr>
<td>Provisions</td>
<td>(528)</td>
<td>(528)</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>(264)</td>
<td>(264)</td>
</tr>
<tr>
<td><strong>Total non-current liabilities</strong></td>
<td><strong>(55,153)</strong></td>
<td><strong>(48,575)</strong></td>
</tr>
<tr>
<td><strong>TOTAL ASSETS EMPLOYED</strong></td>
<td><strong>100,968</strong></td>
<td><strong>102,804</strong></td>
</tr>
</tbody>
</table>

**FINANCED BY (TAXPAYERS’ EQUITY)**

<table>
<thead>
<tr>
<th></th>
<th>December 18</th>
<th>November 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Dividend Capital</td>
<td>115,951</td>
<td>115,091</td>
</tr>
<tr>
<td>Revaluation Reserve</td>
<td>37,238</td>
<td>37,238</td>
</tr>
<tr>
<td>Income and Expenditure Reserve</td>
<td>(52,221)</td>
<td>(49,525)</td>
</tr>
<tr>
<td><strong>TOTAL TAXPAYERS’ EQUITY</strong></td>
<td><strong>100,968</strong></td>
<td><strong>102,804</strong></td>
</tr>
</tbody>
</table>

**Commentary**

- In summary, fixed assets totalled £184.6m. This is £0.1m higher than the previous month due to depreciation being marginally lower than additions.

- Working capital (current assets less current liabilities) has stabilised in recent months (December was £-28.5m) due to a significant reduction in deferred income (Other Liabilities). The financial performance of the Trust remains the driving factor resulting in current asset diminishing over the year.

- Trade and other receivables increased in month by £1.4m.

- Trade and other payables remained stable during the month.

- Other liabilities (Deferred Income) reduced by £2.6m during the month which was predominantly related to the CCGs recovering the final element of cash support.

- Borrowings have increased by £6.6m which reflects the first drawdown of revenue support cash (£7.3m) less principal payments (on existing capital loans) in month.

- The overall reduction of £1.8m within the equity section of the balance sheet illustrates the net impact of the reported loss incurred by the Trust during the month.
13. Cash

Figure 18 – Rolling 12 mth cash flow forecast
13. Cash (con’t)

**Commentary**
- Cash balances totalled £3.3m against a planned cash resource of £1.9m.
- The improvement against plan predominantly relates to slippage in the capital programme (£1.2m excluding capital loan forecast). Cash received in July from CCGs relating to contract income paid in advance to cover the non-receipt of 2017-18 STF cash (also paid in July) has now been fully recovered.
- The 2018/19 Operational Annual Plan, as revised and resubmitted in June 2018, includes the following values that have a significant impact on cash resources:
  - Capital Spend of £8.0m (for which a loan of £3.2m will be required – an application for this loan is in the process of being completed). Should the loan not be successful, capital spend must be contained within internally generated resources (£4.8m – see below).
  - I&E Deficit of £29.1m (not within an agreed control total).
  - Revenue Distressed Cash Funding: £24.2m with the first drawdown now deferred from September to December 2018 (see below).
- The Internally Generated resource of £4.8m that will support the capital programme consists of £3.1m generated during 2018-19 plus £1.7m of the STF Bonus payment received in 2017-18. Using this STF Income to support the 2018-19 capital programme has been agreed as an appropriate use of the cash with NHSI and included in the revised plan submitted on 20 June 2018.
- The Trust is now in receipt of cash through a revenue cash support loan from DHSC. The application process started in July 2018 with an annual plan requirement of £24.2m. The first drawdown was deferred from September 2018 to December 2018 due to CCG cash being held in advance of contract payments. However, this cash was fully recovered in December 2018 and the Trust drew its first revenue support loan in the same month. The Trust submits monthly requests in line with guidelines issued by DHSC.
- The Trust are continuing to progress all avenues to ensure that all cash due is receipted as soon as possible and that all debts are pursued to ensure cash is received as timely as can be agreed. This includes revisiting cash agreements with local CCGs and routine cash payments covering monthly service contracts with local NHS Trusts.
- As part of the revenue loan conditions, ongoing cash balances will need to be maintained at levels in excess of £1.8m, this roughly equates to 2 days of operating expenditure.
## 14. Use of Resources Risk Rating

<table>
<thead>
<tr>
<th>Use of Resources Risk Rating</th>
<th>Plan YTD ending 31-October-18</th>
<th>Actual YTD ending 31-October-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital Service Cover</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capital service metric</td>
<td>(2.326)</td>
<td>(2.495)</td>
</tr>
<tr>
<td>Capital service rating</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Liquidity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liquidity metric</td>
<td>(30.659)</td>
<td>(33.992)</td>
</tr>
<tr>
<td>Liquidity rating</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>I&amp;E Margin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I&amp;E Margin metric</td>
<td>(8.20%)</td>
<td>(8.20%)</td>
</tr>
<tr>
<td>I&amp;E Margin rating</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>I&amp;E Variance From Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I&amp;E Variance from Plan metric</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>I&amp;E Variance from Plan rating</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Agency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency metric</td>
<td>29.10%</td>
<td>97.34%</td>
</tr>
<tr>
<td>Agency rating</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

### Commentary – FSRR Metric

- **Capital Service Cover**: A rating of 4 is in line with the annual plan. It is anticipated that this ratio will remain 4 to the end of the financial year.
- **Liquidity**: a rating of 4 (lowest score) is in line with the annual plan. It is anticipated that this rating will remain 4 to the end of the financial year.
- **I&E Margin**: A rating of 4 is in the annual plan. It is anticipated that this rating will remain 4 to the end of the financial year.
- **I&E Variance from Plan**: This rating is the best and is a result of maintaining the I&E plan.
- **Agency**: The planned agency spend is higher than plan rating (3) and higher than the ceiling.
- **In summary**, whilst the Agency Metric is worse than plan, the combined Overall Use of Resources Risk Rating is a ‘3’ which is in line with the annual plan submission.
### 15. Capital

#### Figure 20 – Capital

<table>
<thead>
<tr>
<th>Tranche 1: Internally Generated Resource</th>
<th>Annual Plan (£’000)</th>
<th>YTD Plan (£’000)</th>
<th>Current Commitment (£’000)</th>
<th>YTD Spend (£’000)</th>
<th>YTD Variance (£’000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Equipment</td>
<td>300</td>
<td>100</td>
<td>233</td>
<td>102</td>
<td>-2</td>
</tr>
<tr>
<td>IT</td>
<td>419</td>
<td>314</td>
<td>180</td>
<td>180</td>
<td>134</td>
</tr>
<tr>
<td>Building, Engineering &amp; Environment, Health &amp; Safety</td>
<td>820</td>
<td>600</td>
<td>454</td>
<td>307</td>
<td>293</td>
</tr>
<tr>
<td>Bed Lift (former Mat Block)</td>
<td>465</td>
<td>35</td>
<td>13</td>
<td>11</td>
<td>24</td>
</tr>
<tr>
<td>Car Park Equipment Install and Civs</td>
<td>520</td>
<td>450</td>
<td>491</td>
<td>131</td>
<td>319</td>
</tr>
<tr>
<td>Ward 1 &amp; 2</td>
<td>350</td>
<td>20</td>
<td>204</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>Orthopaedic Transformation</td>
<td>243</td>
<td>0</td>
<td>15</td>
<td>17</td>
<td>-17</td>
</tr>
<tr>
<td>Internally Generated Resource:</td>
<td>3,097</td>
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<td>748</td>
<td>771</td>
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<th>Tranche 2: Capital Loan</th>
<th>Annual Plan (£’000)</th>
<th>YTD Plan (£’000)</th>
<th>Current Commitment (£’000)</th>
<th>YTD Spend (£’000)</th>
<th>YTD Variance (£’000)</th>
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<td>3,200</td>
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<td>1,600</td>
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| Total                                  | 8,857               | 4,332            | 3,016                       | 1,527            | 2,805               |

#### Commentary

Capital spend at month 9 totalled £1.527m against a plan of £2.732m (excluding unapproved loan impact).

During the initial part of the fiscal year the capital programme will remain within its resourced £5.7m, funded by:

- Depreciation £3.1m, STF Bonus Monies £1.7m and centrally secured PDC monies £0.9m

The second phase of the programme will be released on the successful application of a capital loan submitted to the Department of Health (£3.2m).

Commentary on the material schemes is provided below:

- **General Capital Improvements** – To date we have spent £307k addressing various defects across the estate. These improvements include works such as new corridor flooring, enhanced fire safety within the Tower and Maternity blocks, as well as the fitting of new windows.

- **Car Park Equipment Installation** – Following on from last year’s purchase of the new car park equipment (£485k), attention now turns to the installation phase. This programme of works is estimated to cost in the region of £520k with a completion date of March 2019. This brings the total project to c£1m across the two financial years.

- **Tower Block Cladding** – Whilst funding isn’t secured, the unavoidable design costs had to extend into 2018-19 as we worked towards GMP. The project will now pause until appropriate funding is obtained, enabling the construction phase to commence.
16. The Board of Directors is asked to note the information contained within this report.

References and further reading

17. Transformation Programme Update (on agenda).
18. Cash Assurance Group (appendix 1)

<table>
<thead>
<tr>
<th>Author</th>
<th>Paul Brannelly, Deputy Director of Finance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner</td>
<td>Ian Jones, Director of Finance &amp; Business Services</td>
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<tr>
<td>Date</td>
<td>23/01/2018</td>
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<td>Agenda Item (Ref)</td>
<td>CAG 12.02</td>
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<td>Report to</td>
<td>Cash Assurance Group</td>
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<tr>
<td>Report Title</td>
<td>Cash Dashboard – including previous and projected 12 months</td>
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<tr>
<td>Executive Lead</td>
<td>Ian Jones, Director of Finance &amp; Business Services;</td>
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<tr>
<td>Lead Officer</td>
<td>Dawn Gerrard, Head of Corporate Finance</td>
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<tr>
<td>Action Required</td>
<td>To review position, projection &amp; agree any actions.</td>
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### Key Messages of this Report

- December cash position out turned at £3.3m
- Forecast outturn cash projection for January is £1.8m, NHSI plan = £1.8m
- Revenue Support loan drawdown facility in place, current / forecast drawdowns:
  - December 2018 - £7.3m – drawn
  - January 2019 - £3.7m – drawn
  - February 2019 - £2.6m – requested
  - March 2019 - £10.6m – planned
- Total for the year - £24.2m – as per annual plan.

### Impact (is there an impact arising from the report on the following?)

<table>
<thead>
<tr>
<th>Quality</th>
<th>Finance</th>
<th>Workforce</th>
<th>Equality</th>
<th>Risk</th>
<th>Compliance</th>
<th>Legal</th>
<th>Strategy</th>
<th>Policy</th>
<th>Service Change</th>
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</thead>
</table>

### Equality Impact Assessment (if there is an impact on E&D, an Equality Impact Assessment must accompany the report)

- Strategy
- Policy
- Service Change

### Strategic Objective(s)

- Deliver outstanding care
- Achieve best patient outcomes
- Promote research and education
- Deliver sustainable healthcare to meet people’s needs
- Provide strong system leadership
- Be a well-governed and clinically-led organisation
- Other

### Governance (is the report a……?)

<table>
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<tr>
<th>Statutory requirement</th>
<th>Annual Business Plan Priority</th>
<th>Key Risk</th>
<th>Service Change</th>
<th>Other</th>
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**rationale for Board submission required:**
Cash Management Process
Next Steps (actions following agreement by Board/Committee of recommendation/s)

REPORT HISTORY

<table>
<thead>
<tr>
<th>Committee / Group Name</th>
<th>Agenda Ref</th>
<th>Report Title</th>
<th>Date of submission</th>
<th>Brief summary of key issues raised and actions</th>
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Executive Summary

1. 2018/19 cash projections (as shown in the cash dashboard below) indicated that without Revenue Cash Support from NHSI, cash would drop below zero in December. Initial contact was made with NHSI in July 2018, informing them of the requirement to draw cash down in September to support the position. However having received the CCG advance of £5m, revised forecasts demonstrated that the drawdown could be postponed until December 2018.

2. Liverpool and South Sefton CCGs provided the Trust with a short term advance on contract income to help mitigate the cash pressures, this was mainly due to uncertainty around the receipt of the 2017-18 STF monies. However, soon after receiving cash from the CCGs the STF income was also receipted. This cash was fully recovered by 31 December 2018.

3. Since December 2018, the Trust has been in receipt of Revenue Support Cash from the Department of Health & Social Care.

4. As the Trust is now in receipt of revenue support, cash balances are not allowed to drop below £1.754m as instructed by NHSI. Therefore, the level of revenue support (as illustrated in Figure 1 / para 14) will be the balancing factor.

Short-term Cash Projection (< 3 Months)

5. Cash flow forecasts, using a combination of prior period trends and live financial projections, indicate we should be able to maintain cash stability as we progress through January. However, it must be noted, should agreement to settle any outstanding risk issues result in cash payments, this will have an adverse impact on the forecast cash position.

6. Cash balances will be reviewed daily as we progress through the next 3 months to ensure there is no risk of dropping below the NHSI prescribed minimum level of £1.754m. In the cash forecast included below, December is the first month in which we drew down revenue support from the DoH to the value of £7.3m.

7. Working capital balances will be used in order to maintain cash stability. It is also considered to be the correct tactic in term of external credibility, if we have to adopt such an approach, as it is not expected to attract a great deal of scrutiny by suppliers due to the delay being 7 days (maximum) at its worst case.

Medium / Long Term Cash Projection (> 3 Months)

8. Using the data from within the final 2018-19 annual plan, submitted to NHSI on 20 June, the forward 12 month projection highlights the following:
Aintree University Hospital NHS Foundation Trust

- The Trust will require a Revenue Support loan in the region of £24.2m in order to maintain cash stability through 2018-19.

- The point at which this loan will be required is currently forecast to start in December and continue throughout the financial year.

9. The following regular actions will be taken to ensure the safeguarding of the cash position to support continued operations.

- Daily cash flow reviews/projections.
- Periodic working capital balance reviews.
- Monthly sub group meetings.
- Working capital balance management.

10. As can be seen within the remaining 3 month cash forecast, cash balances from December are subject to monthly revenue support cash drawdowns.

Scenario Testing – Historical Creditor/Provision Settlements

11. Scenario 1 – Prior year non-routine creditors requiring settlement

Currently the forecasts are set on trend patterns reviewed over a 24 month period and applied to our 2018-19 I&E non-pay expenditure plan. Consequently, any ad-hoc requests for prior year non-routine creditor settlements would cause a stress upon the cash balance. For example if Vascular or other risk monies were to be called upon, this would have an adverse impact on our cash balance. Again this could be managed through working capital, however this loss of cash wouldn’t be a result of timings and could accelerate the need to draw down Revenue Support earlier than anticipated.

12. Scenario 2 – % Increase within I&E loss

If the forecast I&E position was to deteriorate by 10% by year end this would increase the cash pressure by £2.9m. In order to mitigate this and safeguard the integrity of the cash position in line with NHSI requirements and the current forecast cash position, we would look to delay the final week’s creditor payment from March into April 2019.

13. Ultimately the Trust finds itself in a position of having very little room to manoeuvre outside of our “routine business” cash cycle. Any minor stress placed upon our cash resource could only be managed through withholding supplier payments and at best this should only been seen as a short term solution.

2018-19 High Level Cash Reconciliation

14. The illustration below outlines the annual cash cycle by focusing attention directly to the drivers within the 2018-19 plans, both I&E and Capital Investment. It also indicated how prior years unsettled cash transactions impact our annual closing cash position.
Conclusions and Next Steps

15. Cash will continue to be monitored closely and actively managed in line with revised operating procedures. These revised procedures include an enhanced meeting structure and working capital balance regime that will enable a robust approach to cash management.
Aintree University Hospital NHS Foundation Trust

**Cash flow projections >12 months**

### PROJECTED MONTHLY CASH FLOW

**EXPLANATION OF**

**PRIOR 12 MONTHS CF**

**PROJECTED CASH**

**DASHBOARD**

Aintree University Hospital NHS Foundation Trust

January 23, 2019

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<td>(c) Creditor Payments</td>
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<td>(f) Capital Investment</td>
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Cash Position Excluding DoH Revenue Support

## Previous 12 months Cash Flow

### Aintree University Hospital NHS Foundation Trust

January 23, 2019

### PREVIOUS 12 MONTHS CASH FLOW

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<tr>
<td>[Beginning of month]</td>
<td>£9,329</td>
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<td>£10,028</td>
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<td>£11,193</td>
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<td>£11,826</td>
<td>£8,972</td>
<td>£8,860</td>
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2. **Cash Receipts**

   (a) **Contract Income**
   - £25,280
   - £25,787
   - £25,875
   - £31,374
   - £21,245
   - £25,931
   - £27,363
   - £26,246
   - £27,000
   - £25,311
   - £26,063
   - £25,022

   (b) **Other Income**
   - £4,762
   - £4,145
   - £6,438
   - £3,857
   - £3,527
   - £3,914
   - £3,701
   - £5,430
   - £3,702
   - £3,978
   - £3,725
   - £4,406

   (c) **Interest Receivable**
   - £6
   - £7
   - £7
   - £9
   - £6
   - £8
   - £14
   - £11
   - £11
   - £11
   - £11
   - £11

   (d) **DoH Capital Funding**
   - £378
   - £6,066
   - £107
   - £860

   (e) **DoH Revenue Support**
   - £7,300

   (F) **STF Funding**
   - £1,785
   - £11,535
   - £500
   - £1,500
   - £3,000

3. **Total Cash Receipts**
   - £30,426
   - £36,005
   - £34,212
   - £35,240
   - £24,779
   - £29,851
   - £42,604
   - £31,684
   - £30,716
   - £28,801
   - £28,299
   - £34,597

4. **Total Cash Available**
   - £39,755
   - £46,033
   - £51,685
   - £46,433
   - £38,193
   - £35,136
   - £43,874
   - £43,510
   - £39,688
   - £37,661
   - £33,777
   - £37,106

5. **Cash Paid Out**

   (a) **Salary**
   - £11,663
   - £11,594
   - £11,785
   - £11,800
   - £11,746
   - £11,783
   - £11,807
   - £11,800
   - £11,746
   - £11,783
   - £11,783
   - £11,783

   (b) **Tax, NI & Superannuation**
   - £6,678
   - £6,734
   - £6,654
   - £6,641
   - £6,979
   - £6,770
   - £6,721
   - £6,873
   - £7,460
   - £6,812
   - £7,295
   - £7,308

   (c) **Creditor Payments**
   - £11,199
   - £9,752
   - £15,618
   - £11,678
   - £13,583
   - £13,422
   - £12,010
   - £14,345
   - £9,179
   - £13,013
   - £11,300
   - £12,952

   **Operational Subtotal**
   - £29,540
   - £28,080
   - £34,057
   - £30,119
   - £32,308
   - £31,975
   - £30,538
   - £34,270
   - £28,773
   - £32,134
   - £31,268
   - £33,798

   (d) **Loan Principal Payment**
   - £490
   - £722
   - £116
   - £490
   - £722

   (e) **Interest Payable**
   - £363
   - £407
   - £52
   - £362
   - £399

   (f) **Capital Investment**
   - £187
   - £480
   - £3,599
   - £2,900
   - £600
   - £762
   - £1,510
   - £100
   - £68
   - £49
   - £191
   - £356

   (g) **PDC Dividend**
   - £1,983
   - £1,135

6. **Total Cash Paid Out**
   - £29,727
   - £28,560
   - £40,492
   - £33,019
   - £32,908
   - £33,866
   - £32,048
   - £34,538
   - £30,828
   - £32,183
   - £31,268
   - £33,798

7. **Cash Position**
   - £9,329
   - £10,028
   - £11,473
   - £11,193
   - £13,414
   - £5,285
   - £1,270
   - £11,826
   - £8,972
   - £8,860
   - £5,478
   - £2,509
   - £3,308
Agenda Item (Ref) | B18-19/131 | Date of Meeting: 30 January 2019
Report to | Board of Directors
Report Title | Leadership and Management Framework
Executive Lead | Ruth Hoyte, Director of Workforce & OD
Lead Officer | Fleur Flanagan, Assistant Director of Workforce and OD
Action Required | For information

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Key Messages of this Report (2/3 headlines only)
- Provides updated context to the current leadership and management development challenge
- Highlights existing approaches to leadership and management development
- Proposes a leadership framework
- Sets out timeline for next steps

Impact (is there an impact arising from the report on the following?)
- Quality
- Finance
- Workforce
- Equality
- Risk
- Compliance
- Legal

Equality Impact Assessment (if there is an impact on E&D, an Equality Impact Assessment must accompany the report)
- Strategy
- Policy
- Service Change

Strategic Objective(s)
- Deliver outstanding care
- Achieve best patient outcomes
- Promote research and education
- Deliver sustainable healthcare to meet people’s needs
- Provide strong system leadership
- Be a well-governed and clinically-led organisation

Governance (is the report a……?)
- Statutory requirement
- Annual Business Plan Priority
- Key Risk
- Service Change
- Other

rationale for Board submission required:

Next Steps (actions following agreement by Board/Committee of recommendation/s)
To develop and implement a leadership and management framework to inform future Leadership capability in the context of merger
## REPORT HISTORY

<table>
<thead>
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<th>Committee / Group Name</th>
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<td>Board</td>
<td>B18-19/081</td>
<td>Leadership and Management Proposal</td>
<td>26 Sept 2018</td>
<td>Plan proposed for development of Leadership and Management strategy and associated actions</td>
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Leadership and Management Development – Update

Executive Summary

1. This paper provides an update on Leadership and Management (L&M) development activity. It makes recommendations for a structured approach to developing leadership levels supported by programmes and interventions, as well as a competency framework. This is considered in the context of merger, and supports delivery of the Quality Improvement Plan and Best Place to Work project.

2. As part of the Best Place to Work project and cultural improvement, an online conversation with the workforce is planned for February to inform a new Trust behaviour framework. Once developed this will also feed the leadership competency framework, supporting the organisation up to and through merger. Joint working with RLUHT has begun to identify and utilise the best opportunities to develop L&M for all staff and will be a core enabler to deliver strategy for the merged organisation.

Key Issues

Current context – what does good leadership look like?

3. In recent months the Trust has undertaken a review of its current leadership and management offerings as well as a cultural diagnostic to understand the context for leadership development in light of the merger with RLUHT. In an online conversation hosted at the end of 2018, the workforce identified that being well led and well managed were essential in making Aintree the best place to work; these elements (and components of good leadership) are set out in Appendix 1.

4. In February 2019, the Trust will commence a further online conversation seeking workforce views on desired and best practice attitudes and behaviours that should be developed and embedded into the organisational culture. This will be supported by a draft Behaviour Framework proposed by the executive team following a development session in January 2019. These behaviours will be used to underpin all policy and process, as well as drive excellent leadership practice enabling Aintree’s ambition to be the Best place to Work.

5. Leadership style influences, and is a barometer of, an organisation’s culture. Clarity on the organisations expectations of its leaders and offering our leaders with opportunities to develop and learn leadership skills and behaviours is essential. To date Aintree has not had an agreed framework and therefore an agreed vision of what good leadership looks like at every level.

6. Over the last 12 months RLBUHT has introduced a leadership development programme with a competency framework for collective leadership. This framework is aimed at senior management level (Tier 2 in Fig 1).

7. Leadership capacity and capability is vital an organisations success. A clearly agreed model of leadership for the new organisation will be essential. It is important that this work is not delayed and that we continue to develop an evidence based competency framework which will help Aintree transition to merger in collaboration with RLBUHT.
8. Leadership capability will be developed through a blend of knowledge, skills, behaviours and experience through a process of continuous learning and feedback.

Finalising a Competency Framework

9. Models of leadership in use across the NHS advocate compassion, inclusiveness and continuous improvement as essential traits/knowledge to be developed. These approaches will also support us to achieve our Safety First ambitions. A combination of leadership models is proposed for use at Aintree: the Healthcare Leadership Model, Developing People - Improving Care model (Appendix 2) and RLUHT’s Leadership Competency Framework.

<table>
<thead>
<tr>
<th>Framework</th>
<th>Summary</th>
<th>Detail</th>
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<tr>
<td>Developing People – Improving Care (NHSi)</td>
<td>- 5 Conditions&lt;br&gt;- Focussed on continuous improvement&lt;br&gt;- System focussed&lt;br&gt;- Knowledge and behaviour based</td>
<td>Leaders equipped to develop high quality local healthcare systems in partnership&lt;br&gt;Compassionate &amp; inclusive&lt;br&gt;Knowledge of improvement methods&lt;br&gt;Continuous improvement in care and value for money&lt;br&gt;Enable aligned regulation and oversight&lt;br&gt;Support systems for learning at all levels</td>
</tr>
<tr>
<td>Healthcare Leadership Model (Leadership Academy)</td>
<td>- 9 Dimensions&lt;br&gt;- Behaviour focussed&lt;br&gt;- Primarily maps to compassionate &amp; inclusive leaders&lt;br&gt;- Supported by range of development programmes e.g. Mary Seacole</td>
<td>Inspiring shared purpose&lt;br&gt;Leading with care&lt;br&gt;Evaluating information&lt;br&gt;Connecting our service&lt;br&gt;Sharing the vision&lt;br&gt;Engaging the team&lt;br&gt;Holding to account&lt;br&gt;Developing capability&lt;br&gt;Influencing for results</td>
</tr>
<tr>
<td>RLBUHT Collective Leadership Framework</td>
<td>- 10 behaviours&lt;br&gt;- Levels of capability identified at four different tiers, with behaviours described for each&lt;br&gt;- Advocates leadership at every level</td>
<td>Vision and values&lt;br&gt;Goals and performance&lt;br&gt;Support and compassion&lt;br&gt;Learning &amp; Innovation&lt;br&gt;Team work</td>
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10. The ambition is to develop a leadership framework by mapping the above and using the outputs of the online conversation on Aintree behaviours as an interim proposal to support the development of an agreed framework for the new organisation as part of the OD plan for merger.

11. The principles of the framework will identify the knowledge, skills and behaviour required at each level of leadership to deliver the organisations objectives. It will be based on an agreed set of behaviours and will inform the organisations leadership development programme.
12. This will, in turn, support the development of skills, knowledge and behaviours expected at every level of leadership in the Trust.

**Clarifying Leadership Levels**

13. Recognising that leadership skills are essential for all staff, the following organisational structure supporting the competency framework and associated development programme is proposed in Figure 1 below:

![Figure 1](image)

14. Each tier will have both the Healthcare Leadership model and Developing People - Improving Care competencies mapped to them and programmes developed to support these.

**Appropriate Development Programmes**

15. Evidence suggests that developing successful leaders is most successful using in a 70/20/10 approach (Appendix 3).

- 70% in practice (on the job)
- 20% mentoring, coaching, feedback
- 10% classroom based

16. Completion of training needs analysis will be required to identify delivery options and resources required to support. There are opportunities to utilise external funding opportunities (including apprenticeships) as options to support development.

17. A range of programmes are in development, and in conjunction with RLUHT, resources can be pooled where possible to provide cross site learning and improve efficiency.

18. For example, a Tier 4 programme could be introduced upon starting employment with the organisation and link to on-boarding and induction. Its key focus would be values and behaviours, linking with an accountability and responsibility framework, networking and personal insight exercises.
19. A foundation/essential level development programme for Tier 3 staff could comprise the following elements:
- Core management skills modules
- Team Coaching (to embed the Affina model already in place following investment)
- Personal insight & resilience
- Cultural competency (behaviour focus)
- Improvement methodology
- Wellbeing (stress management)
- Quality/Coaching conversations
- Values-led and person-centred policy approach
- 360 feedback

20. Programmes would also link with external offerings provided by the NHS Leadership Academy and e.g. JMU where appropriate.

21. A further key element to support L&M development will be developing a community of leadership through a series of senior leadership masterclasses. This began with the Safety Culture Leadership workshop in October. The next masterclass will run in March on ‘Leading for Change’.

Enablers to embed leadership levels, a competency framework and development programmes

22. Leaders must be allocated protected time to develop their skill set, support other leaders and test skills in practical ways. There will also be an increased demand on resources that support the delivery, monitoring and evaluation of development activity, at least in the initial phases of the plan, whilst Aintree approaches merger and to embed a co-ordinated approach beyond this point.

23. External development programmes can also support a refreshed approach to talent and succession management. The Trust plans to further raise awareness and signpost teams and individuals to all available development opportunities, as well as give consideration to how these are articulated and positioned within a revised appraisal PDR framework and supporting conversations.

Proposed Timeline for Next Steps/Actions

24. The timeline for implementing the activities set out in this paper are included at Appendix 4.

Implications / Impact

25. The main implications are in terms of internal resource to plan and support such interventions, as well as the time taken for individuals to undertake development; this concern is identified in paragraph 7. There will be a financial impact which is difficult to scope at this stage, however external opportunities at low cost will be utilised as far as possible and working in collaboration and across the system will also help address resource issues.
Conclusion

26. The requirement for competent, reflexive and resilient leaders continues to be essential to support service development and delivery, as well as drive and enable transformational change which will be crucial as we move into a merged organisation.

27. This update identifies that whilst some work has taken place, further work will support the refinement of any models and associated action plans. The emphasis will be on responding to our cultural context and increasing collaborative working at every level as we approach merger.

Recommendation

28. The Board is requested to review the update and to approve the progression of the outlined development activities.

Author: Ruth Hoyte, Director of Workforce & OD
        Fleur Flanagan, Assistant Director of Workforce and OD

Date: 25 January 2019
<table>
<thead>
<tr>
<th><strong>I want to feel well-led</strong></th>
<th>“I want to feel well-led at work, by my immediate managers, by the top leaders and by those who lead the system, more broadly”</th>
</tr>
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<tbody>
<tr>
<td><strong>Voice</strong></td>
<td>I want to feel like my voice is listened to in shaping goals and targets, for my team and my Trust, I’d like to feel heard in the big choices being made in the region and even nationally</td>
</tr>
<tr>
<td><strong>Psychological Safety</strong></td>
<td>I want my immediate manager and the top bosses to make me feel psychologically safe - they strive to make sure I feel:  &lt;br&gt;(a) I have the right level of autonomy, (b) safe in my working relationships, (c) treated fairly, (d) respected and, (e) I have a sense of certainty about where we’re going as a team and organisation.</td>
</tr>
<tr>
<td><strong>Presence</strong></td>
<td>I want my immediate manager and the top bosses to make their presence felt – I want to see them around, to feel assured they know what’s going on and what it’s like where I work.</td>
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</tbody>
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<table>
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<tr>
<td><strong>Planning</strong></td>
<td>We want to feel we have good workforce planning – that we have the right people, in the right places at the right time, with no staff shortages and flexible working arrangements.</td>
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<tr>
<td><strong>Pay &amp; benefits</strong></td>
<td>We want to feel we have acceptable pay and staff benefits schemes with real incentives or perks.</td>
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<tr>
<td><strong>Well-being</strong></td>
<td>We want to feel that our health and well-being is looked after, this includes making our workplace safe from physical harm and abuse.</td>
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Diagram 3: Proposed actions – circular view

- Enabling, supportive and aligned regulation and oversight
- Continuous improvement for people, population health and value for money
- Knowledge of improvement methods and how to use them at all levels
- Support systems for learning at local, regional and national levels
- Leadership equipped to develop high quality local health and care systems in partnership
- Enable compassionate, inclusive and effective leaders at all levels

1. Support development of system leadership capability and capacity
2. Develop and implement strategies for leadership and talent development
3. Develop compassionate and inclusive leadership for all staff at every level
4. Embed culture in leadership development and talent management initiatives
5. Support organisations and systems to deliver effective talent management
6. Improve senior leadership and support across level-funded services
7. Embed improvement capability among patients, commissioners, partners and communities
8. Ensure easy access to improvement and leadership development resources
9. Support peer-to-peer learning and exchange of ideas
10. Create a consistent support regulation and oversight approach
11. Development People - Improving Care: A national framework for action on improvement and leadership development in NHS funded services
70/20/10 Development Approach

Allocating more time to experiential, applied learning yields better development and business outcomes.
Leadership and Management Update - Actions Timeline

**Feb – April 2019**
1. Analyse outputs from online conversation and develop behaviour framework; map to leadership levels and competency framework
2. Further embed and develop Team Coaching cohort
3. Develop joint programme, OD plan and ‘Model for Change’, linking in with RLUHT to identify priority activities and timescales that ‘wrap around’ L&M offer
4. Develop L&M Masterclass schedule

**April - August 2019**
1. Map impact of merged organisational structure on resource to deliver L&M offerings
2. Present revised TNA based on the above with recommendation for next steps

**August - October 2019**
1. Progress collaboration on OD planned activities
2. Embed potential joint L&M Development programme that is values and behaviour led on run up to merger
3. Fully evaluate all plans and processes in use to date
Board Committee Assurance Report

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<td>Audit Committee</td>
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<td>Date of Committee Meeting</td>
<td>18 January 2019</td>
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<td>Tim Johnston, Non-Executive Director</td>
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<tr>
<td>Executive Lead</td>
<td>Ian Jones, Director of Finance &amp; Business Services</td>
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Summary

The Audit Committee continues to receive reports and provide assurance to the Board of Directors against its work programme via a summary report submitted to the Board after each meeting. Full minutes and enclosures are made available on request.

Key Issues

Executive Assurances

Shared Services Governance – LCL Partial Assurance
- Both Aintree and Royal Liverpool hospitals had submitted financial evidence to NHS Improvement on the disputed deficit and subsequent liability
- Evidence to be reviewed by NHSI following which a formal response would be provided
- Director of Finance taking the matter forward and report back to Committee on the outcome prior to the next meeting.

Internal Audit (IA) Progress Report Q3 2018/19
The Committee received the update report from RSM with the following areas highlighted:

Estates & Facilities (Governance and Reporting with Third Parties) Partial Assurance
- Testing identified inadequate control framework over the provision of estates and facilities services to Liverpool Women’s (LWH) and Liverpool Heart & Chest (LHCH) hospitals
- Progress made to the extent that a Service level Agreement is in place with LWH with management actions included in the contract
- Honorary contracts being discussed by all three parties and outstanding contract with LHCH being progressed
- Level of assurance moved from ‘None’ to ‘Partial’.

Consultant Job Planning – Educational Supervision Partial Assurance
- Requirement to have Supporting Professional Activities (SPA) in contracts but sample testing highlighted areas of non-compliance on hours recorded and no formal monitoring in place on the delivery of SPAs
- Gaps identified for approval of study leave for trainees and the overall approval of requests
- Recommendations agreed by management for action.

Adult Safeguarding Policy Compliance Partial Assurance
- Overall review identified systems and controls in place to monitor progress of Adult safeguarding referrals and submission of Deprivation of Liberty safeguarding applications. Further focus on embedding of actions raised during previous audit
Areas of improvement in compliance with the policy were identified, some of which were similar in nature to those previously highlighted
Actions identified had been progressed and would be tracked through the 4Action system.

**Medicines Management Partial Assurance**
- Systems and controls in place for administering and recording of critical medicines and administration of IV fluids
- Systems in place for the recording of and reasons for omitted doses but instances found where the reasons for delay in administration of critical medicines was not being recorded or monitored. Instances also found of doses of critical medicine being omitted
- Medicine Safety Nurse now in post and the outcome of the Medicines Safety Review is to be discussed at the Quality Committee in February 2019
- Recommendations agreed by management for action.

**4Action**
- Committee remains concerned about the number of outstanding high level actions from previous years despite the positive trend of actions being closed off
- Implementation dates for certain actions to be updated and the Director of Finance is to raise the matter with Executive Directors in addition to completion of outstanding actions.

**Counter Fraud Service – Investigations Update**
- Investigation into submission of fraudulent timesheets for payment. Identified there was a lack of supporting documentation at ward level to corroborate the time claimed. Recognition that the current process needs to be reviewed and strengthened with consideration to be given to identifying an electronic solution
- Investigation into MRSA swab tests not being paid for by private clinic. No evidence found to support claim that authorisation had previously been given and so reimbursement of fees to the Trust would commence and the clinic had been informed that it would be charged for future swab tests.

**Losses and Compensation Report Q3 2018/19 Acceptable Assurance**
- The scale of clinical claims remains a concern
- Seven clinical negligence claims were settled during the quarter, four of which previously reported as an incident and two the subject of serious incident investigations
- Two claims were classed as ‘severe’ and related to falls with the lessons learnt from the subsequent investigations disseminated to the areas concerned.

**Cyber Security Deep Dive Acceptable Assurance**
- Comprehensive update provided on the trust’s progress in a number of areas to maintain and enhance cyber security systems and processes
- The Trust received £1m funding from the Department of Health and used it to purchase, install and implement several IT initiatives to strengthen security
- The Trust had completed its Cyber Essentials accreditation and made application for the next level of Cyber Essentials Plus but expected this to be more challenging to achieve
- There had been 98% uptake in patches for Windows 7 PCs
- NHS Digital audit undertaken and a number of vulnerability areas were highlighted with actions being progressed to improve the Trust’s position
- New Data Security and Protection toolkit in place and the mid-year submission showed areas of non-compliance although the majority of these were not required until the year-end submission
- A Phishing exercise was undertaken in the trust with over 320 staff attempting to provide their details. Awareness raising communications were issued to all staff.
Aintree University Hospital NHS Foundation Trust

- The serious incident reported relating to a database highlighted issues with the programme in terms of non-mandated fields which were being rectified. All other similar systems had been checked and no further issues were found.

**Serious Incident and Incident Reporting**

- Internal Audit report on serious and low harm incidents highlighted a well-designed framework in place with Reasonable Assurance assigned
- Supporting documentation for the deep dive provided in respect of health & Safety claims and Coroner cases. An enhanced walk through to test the process was to take place and the findings would be reported to the next meeting.

**Forward Plan 2019/20**

- Approved the Forward Plan with the caveat that other items may be identified in year that would need to be added to the plan.

**Decisions Made**

- Approved the Committee’s Forward Plan 2019/20

**Recommendation**

The Board is asked to note the summary report.
Board Committee Assurance Report

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Summary

The Charitable Funds Committee oversees all financial, legal and administrative issues relating to the Trust’s registered Charity. Full minutes are made available upon request.

Key Issues

General Fund

In response to falling revenues / cash flows (in line with market expectations), the Committee members will undertake a strategic review of the General Fund and cashflow at the next meeting. There may be an impact of the Charity’s ability to fund future social events.

Investment Portfolio

The Charity’s investment portfolio, and potential to generate additional income from it to supplement the Charity’s General Fund, was discussed with managers from Investec (the Charity’s investment manager). It was noted that the portfolio is performing reasonably well in a challenging market.

Main Decisions Made

- The Committee ratified the decision to approve a grant of £10,537 to the Renal Directorate to purchase Far Infrared Machines.

- A grant of £2,000 to support the Staff Bowling Night in April 2019 was approved.

Recommendation

The Board is asked to note the Assurance Report.
Agenda Item (Ref) | Consent | Date of Meeting: 30 January 2019
---|---|---
Report to | Board of Directors | 
Report Title | Key Issues Report – Council of Governors’ Meeting 11 December 2018 | 
Executive Lead | Neil Goodwin, Chairman | 
Lead Officer | Caroline Keating, Director of Corporate Governance/Trust Secretary | 
Action Required | To review | 

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Key Messages of this Report (2/3 headlines only)

- Governors continue to be kept informed of key strategic issues and top priorities for the Trust
- Presentations given by the Non-Executive Directors on the Trust’s top priorities provide Governors with an opportunity to seek further clarification on quality, safety, finance, and performance

Impact (is there an impact arising from the report on the following?)

- Quality
- Finance
- Workforce
- Equality
- Risk
- Compliance
- Legal

Equality Impact Assessment (if there is an impact on E&D, an Equality Impact Assessment must accompany the report)

- Strategy
- Policy
- Service Change

Strategic Objective(s)

- Deliver outstanding care
- Achieve best patient outcomes
- Promote research and education
- Deliver sustainable healthcare to meet people’s needs
- Provide strong system leadership
- Be a well-governed and clinically-led organisation

Governance (is the report a……?)

- Statutory requirement
- Annual Business Plan Priority
- Key Risk
- Service Change
- Other

rationale for Board submission required:

Good governance

Next Steps (actions following agreement by Board/Committee of recommendation/s)

Improvements to the information being provided to Governors will continue to be reviewed.
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Aintree University Hospital NHS Foundation Trust

Key Issues Report – Council of Governors’ Meeting 11 December 2018

Executive Summary

1. The revised practice for Non-Executive Directors to present on the Top Priorities of the Trust continued for this meeting.

2. Governors continue to be made aware of other items of interest and receive reports from the Lead Governor, Quality of Care Committee and Membership Committee.

3. The meetings are open to the public with minutes and papers made available on the Trust’s website.

Key Issues / Proposal

4. Strategic Update

   • National and Local Pressures – Aintree continues to perform well despite experiencing significant pressures which are also reflected nationally and reported widely in the media. The Board remained optimistic that the Trust would achieve its planned deficit target at the end of the financial year.

   • Aintree/Royal Liverpool Merger – the Transaction Programme Board had a positive meeting on progress and continued to be in contact regularly with NHS Improvement (NHSI) to ensure the merger process runs smoothly and within the timeframe. The Patient Benefit Case was being finalised as was the Final Business Case which would both be submitted to the Competition & Markets Authority and NHSI.

   • Electronic Patient Records – the Trust was continuing to work with the Royal Liverpool Hospital (RLBUHT) and Liverpool Women’s Hospital to ensure that the new system was fit for purpose across all three organisations.

   • Half Yearly Review - the review provided a useful summary of the underlying performance pressures as well as the Trust’s achievements and challenges during the first half of the year.

   • CQC Update – good progress had been made against the improvement plans with changes being embedded throughout the Trust. The mock inspections being undertaken internally together with the revised Aintree Assessment & Accreditation programme had provided excellent evidence of improved regulatory compliance. Both of these initiatives had been supported by Governors.

5. Nurse Recruitment and Retention

   • The Council received a presentation which provided details of the current safe staffing position and an overview of the outcome of the acuity and dependency study which gave assurance on safe staffing requirements; details of fill rates and care hours per patient day; an explanation of the current staffing vacancy and retention rates as benchmarked with peer and national organisations; details of the previous activities and forward plans for both recruitment and retention; an outline of the winter planning arrangements.

6. Lead Governor Report

   • The Council received the report which highlighted the wide range of activity both internally and externally being undertaken by Governors since October 2018. Specific reference was made to workshop session for Governors and the Board on the role of Governors in the culture at Aintree.
Aintree University Hospital NHS Foundation Trust

- Reference was made to the session provided by the Director of Finance on analysing and interpreting the corporate performance report as well as identifying key themes and trends
- The use of the membership stand during December 2018 and January 2019 to engage with existing members and promote membership.

Top Priorities

Quality

7. Mandy Wearne (Non-Executive Director), Chair of the Quality Committee, gave a presentation on the key areas of focus which included details of the main risks that were currently the subject of Board monitoring; the progress made by the Trust on the CQC Improvement Plan; the introduction of mock inspections; the continued roll-out of the Safety First programme and safety culture work; details of performance against the clinical indicators.

8. The key matters arising from the discussion were as follows:
   - External reviews had been undertaken following the series of never events reported last year with positive feedback received on the improvements undertaken by the Trust. Action plans were in place with a view to embedding the learning taken from these incidents
   - The involvement of the Freedom to Speak Up Guardian in the Safety First programme and Safety culture work and their accessibility to all staff should their issue not be capable of being explored within the management hierarchy
   - The introduction of a revised Aintree Assessment & Accreditation (AAA) framework which had adopted more stringent standards in line with CQC guidelines. Some Governors had been involved in the new inspection regime and there was general agreement that the new framework was both challenging and supportive of those wards requiring improvement
   - Internal mock CQC inspections had taken place in November 2018; overall these were proving to be a good indication of whether improvements had been embedded and what further focus was required. Governors had been involved in inspections and their support was appreciated.

Operations & Performance and Finance

9. Joanne Clague (Non-Executive Director), Chair of the Finance & Performance Committee, gave a presentation on the key areas of focus including the stress testing of the Trust's winter plan; the continued pressures within specialties to achieve referral to treatment standards as a result of increased demand; approval of the gastroenterology business case; improved performance within the stroke service; the financial position being close to the planned deficit; expenditure pressures in medical and nurse agency staffing; an overview of performance against the access targets and the financial position including the capital programme and efficiency targets.

10. The key matters arising from the discussion were as follows:
    - The challenges that would be faced by the Trust during winter as a result of the pressure in the system from external providers and community services. Whilst the Trust's winter plans were robust there was a reliance on external providers' plans complimenting and supporting the Trust on safe and timely discharges
    - There had been a reduction in the number of falls with harm year on year. All falls were reported and investigated regardless of the level of harm or if there is no harm with many unwitnessed or by patients with no risk of falling.
    - The cancer awareness campaign by Public Health England had resulted in increased demand for cancer services with a growth in referrals being experienced from GPs causing significant capacity issues and delays in referral to treatment
Aintree University Hospital NHS Foundation Trust

- An improvement plan for Stroke performance was in place, sponsored by the Chief Nurse and Chief Operating Officer, supported by the Quality Excellence Support Team (QuEST) programme.

**Governance**

**Governor Committees**

11. The Council received and noted the reports of the following:

- Membership Committee – 6 November 2018.
- Quality of Care Committee – 14 November 2018.

**Recommendation**

12. The Board is asked to note the report.

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