



Aintree University Hospital
NHS Foundation Trust



ANNUAL REPORT & ACCOUNTS

2018/19



Getting it **right**
for **every** patient
every time

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NHS Foundation Trust

Annual Report and Accounts
2018/19

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Paragraph 25 (4) (a) of the National Health Service Act 2006

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Chairman's Foreword

The last year has been the strongest performance by Aintree in my time as Chairman, which places it in an excellent position for the future.

This is my last commentary on Aintree University Hospital before it merges with The Royal Liverpool Hospital later this year to create a new regional University Trust. Aintree has made considerable progress in its quality improvement journey and in overall performance, for example in Accident & Emergency, despite considerable increases in patient numbers.

Every month the Board hears a patient, staff or volunteer story to remind us that there is a patient at the heart of all we do. Hearing their stories helps us understand the experience of being a patient – they can have the power to inspire and humanise us, to compel action and to challenge our assumptions. We have built on this approach and put the development of a patient safety culture – Safety First – at the centre of our quality improvement journey. We have worked with our clinicians to understand what patient safety means to them and introduced improvements.

The pressure on the Trust, in terms of patient activity, remains unabated in common with most of the NHS. Aintree continues to explore new ways of delivering services with the constant challenge of a tough financial climate. We have collaborated with our NHS and other partners in working towards transforming the delivery of a sustainable, city-wide healthcare service, and we continue to work with The Royal Liverpool & Broadgreen University Hospitals NHS Trust preparing for merger later this year.

We have made significant effort, working with our staff and with external partners to make improvements in the flow of patients through the Hospital and across the

wider health and social care system. A good example of improvement is in our A&E performance, which has been recognised as the most improved service in the country.¹ This was achieved through a number of initiatives, including investment in additional beds, better planning and strengthening the service at weekends. We have continued our investment programme in the coming year to strengthen frontline services and increase capacity to meet the rising demand for our services.

Our staff know they can and should speak up about safety concerns but we recognise this is not always easy so, as part of the safety culture programme, our Freedom to Speak Up Guardian is working to promote the support available to staff to speak up within a safe environment. Furthermore, we launched a series of online conversations with all staff so that they can have their say in what the Trust needs to start doing, stop doing or do differently to make Aintree the 'Best Place to Work.' We have also designed a leadership and management development approach to support the Trust's leadership teams and staff in the year ahead.

Although our staff, whether working on the frontline or behind the scenes, ensure that the Trust functions every single day to provide the highest quality care and deliver the best possible experience for those that need it, there are times when we do not get it right. When that happens we try to do something about those concerns so that we can learn from the experience for the benefit of all patients.

¹ January 2017 to January 2019 comparison on Type 1 performance

The Council of Governors continues to engage with the Trust's members to represent their views and provides constructive challenge to the Board in line with its statutory duties. We also welcome the support provided to the Trust by our partners including MPs, NHS commissioners, local authorities, universities and the third sector, plus other NHS organisations and employers to ensure that we are actively involved in the life of the communities we serve and further afield. Our considerable army of volunteers also play an important part within Aintree and I am proud to acknowledge their unfailing support to our patients and staff.

We were sad to say goodbye to one of our Non-Executive Directors at the end of this financial year. Joanne Clague was also the Chair of the Finance & Performance Committee and a member of Audit Committee and made a significant contribution to the Board and these Committees. We wish her well.

Finally, the Board remains grateful to all those who are involved with Aintree and whose commitment to our Trust helps us deliver the highest quality healthcare to our patients. As we approach the merger, I am confident that Aintree will go from strength to strength in the years ahead.

Dr Neil Goodwin CBE
Chairman
22 May 2019



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Performance Report

Overview

This section provides summary information about Aintree University Hospital NHS Foundation Trust, our purpose, the key risks to the achievement of our objectives and how the Trust has performed during the year.

Aintree University Hospital NHS Foundation Trust is a large teaching hospital in Liverpool serving a population of around 330,000 in North Liverpool, South Sefton and Kirkby. Our vision is: **to be a leading provider of the highest quality healthcare.**

We became a NHS foundation trust on 1 August 2006 established as a public benefit corporation authorised under the National Health Service Act 2006. Aintree University Hospital NHS Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission. Being a foundation trust means that we have more control of how we manage our budgets and shape the services we provide to reflect the needs and priorities of our patients and local community. Our Council of Governors ensures that we listen to the views of our patients and those living locally, our staff and other interested parties so that we can make improvements to our services and the information about these services.

Our common purpose of “getting it right for every patient every time” is central to the quality of the services we deliver and is wholeheartedly supported by our staff.

The local population served by Aintree includes some of the most socially deprived communities in the country, with significantly lower than the England average life expectancy and high levels of morbidity. The population profile is also ageing rapidly with some neighbourhoods having a projected growth of around 45% expected in the over 75s. These factors combine to create significant demand for hospital-based care.

The Trust is a teaching hospital of both the University of Liverpool and Edge Hill University. We provide high quality elective and emergency care services to meet the day-to-day needs of our local community. In addition, we also provide high quality specialist services including major trauma, hyper-acute stroke, complex obesity, regional head and neck surgery, upper GI cancer, hepatobiliary and liver and specialist endocrine services.



We also work with our partners to provide a range of services in community settings including diabetes, rheumatology, ophthalmology and alcohol services. Other tertiary services provided by the Trust to a much wider population of around 1.5 million in Merseyside, Cheshire, South Lancashire and North Wales include respiratory medicine, rheumatology, maxillofacial and liver surgery. We are proud of our close partnerships with other NHS organisations and Local Authorities.

What we do

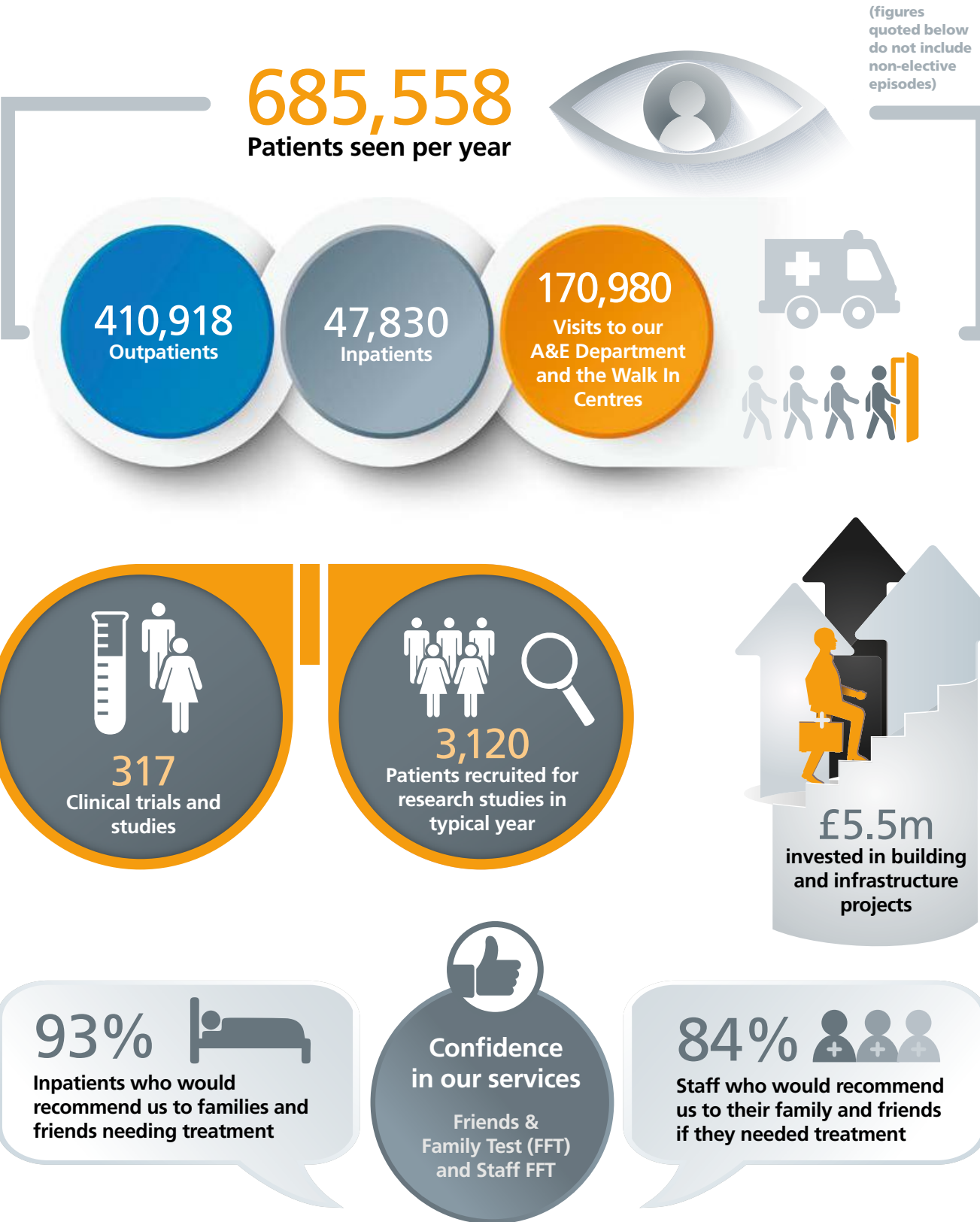
On average we see over 410,000 outpatients, 170,000 A&E / Walk In Centre attendances and admit over 103,000 patients each year.

The Trust is one of the largest local employers with over 5,000 staff working at Aintree and also delivering services in the community. We are recognised for our support of our staff through training (including our award winning apprenticeship programme) and our engagement and staff development programmes.

Aintree is a recognised centre for multi-disciplinary health research and education, enjoying close collaboration with

the University of Liverpool, Edge Hill University, Liverpool John Moores University, the University of Chester and other NHS Trusts. The training and education of staff combined with our clinical research impacts positively on the care we provide for our patients by helping to attract the very best staff.

At the end of 2018/19, the Trust had non-current assets of over £191million and an annual expenditure of £375million. We contract with over 20 commissioning bodies, including those in North Wales and the Isle of Man.





Chief Executive's statement on Aintree's 2018/19 performance

The Trust has continued to face significant operational and financial pressures but we have put major improvements in place to ensure we remain focussed on delivering high quality and safe services whilst also working with our partners to transform delivery of our services.

Within the highly pressured environment we work in, we continually seek out ways of addressing the operational and financial challenges, both as a standalone Trust and in collaboration with our partners. We have looked at what is within our gift to do and made considerable investment in our staff and ensured that we remain focused on delivering high quality and safe services. We have also moved closer to realising our strategic aim, to transform the delivery of our services across the local health economy through increased collaborative working with partners, largely on developing the Full Business Case for the proposed merger between Aintree and The Royal Liverpool & Broadgreen University Hospitals NHS Trust.

We continued to improve on our A&E 4 hour access standard in 2018/19 and were recognised by NHS Improvement as being the highest performing Trust in Cheshire & Merseyside during the winter months of 2018/19. We also received national recognition as the most improved Trust nationally for Type 1 performance, achieving an improvement in the two years to January 2019, despite an increase in attendances of 13%. This demonstrated the effectiveness of the schemes introduced to support the delivery of sustainable improvement, and the collaborative work with our system partners across health and social care in supporting changes to improve patient flow.

We reviewed the impact of the Board's additional £8 million investment to strengthen the quality safety and delivery of services. The additional money was invested in thirteen schemes across emergency care, diagnostics, and medicine for the elderly, nurse staffing, inpatient capacity and the IV team. The majority of these schemes have been successfully implemented during 2018/19 and are delivering the intended improvements with the remainder incomplete only because of recruitment issues in some clinical specialties.

The challenges facing the organisation can be complex with clinical and non-clinical staff often faced with the



need to make difficult decisions in terms of balancing priorities and risk. In this environment, we recognise the importance of being clear about our guiding principles. With that in mind, the Board committed to Aintree's Safety First programme and the key message that safety is our number one priority and everybody's responsibility.

To develop this safety culture, we supported a 3 year system-wide cultural transformation programme. Consisting of eight work streams, from establishing weekly safety and governance meetings, developing knowledge and skills for safety, incorporating safety conversations to being a learning organisation incorporating psychological safety and introducing rapid improvement projects, this is an on-going process of continuous improvement.

We reviewed the impact of the Board's additional £8 million investment to strengthen the quality safety and delivery of services.

We also looked at our approach to Freedom to Speak Up and reinforced our vision and strategy but, more importantly, reviewed how the role was aligned within the Trust (FTSU). Our FTSU Guardian has worked with our staff to raise awareness of the role and supported the review of the Freedom to Speak Up policy. Aligned with this, is the significant amount of work undertaken on developing our safety culture and making it easy, expected and safe for staff to raise concerns.

The Trust continued to improve engagement with its staff, introducing crowd-sourcing technology to allow the opinions of harder to reach groups of staff to be heard. Through our Best Place to Work programme, we complemented traditional staff engagement mechanisms with face-to-face sessions, a cultural assessment and online conversations which nearly 2,500 staff members took part in. We used the outputs from those conversations and aligned them with the national Staff Survey data

to enable us to co-create with our staff a revised set of values and expected behaviours, and also to inform our organisational development plan, supporting us to prepare for merger. This work is being taken forward in 2019/20.

We have continued to invest in leadership and management development aimed at helping clinical and other teams to manage their day-to-day management and leadership challenges. This includes the development of a leadership competency framework within a team-based culture with appraisal and talent management a key component. External support will be commissioned in 2019/20 to reinforce this organisational development programme.

We held our annual Proud of Aintree Excellence Awards in November 2018 at St George's Hall in Liverpool. The awards are an opportunity to recognise and reward teams and individuals who have made an exceptional contribution to the life at Aintree throughout the year. The evening was a reminder of the myriad of ways both clinical and non-clinical staff contribute to delivering high quality healthcare to our patients. The Team of the Year award went to the Liverpool Diabetes Partnership which has improved diabetes services for patients across the city by providing individual care programmes to meet the needs of complex and hard to reach patients.

During 2018/19 we made further progress to develop our proposals for a Health and Well-being Campus on our existing site which provides an opportunity to greatly enhance health care facilities to better meet the needs of our local population by creating a community aligned with the NHS healthy new town model.

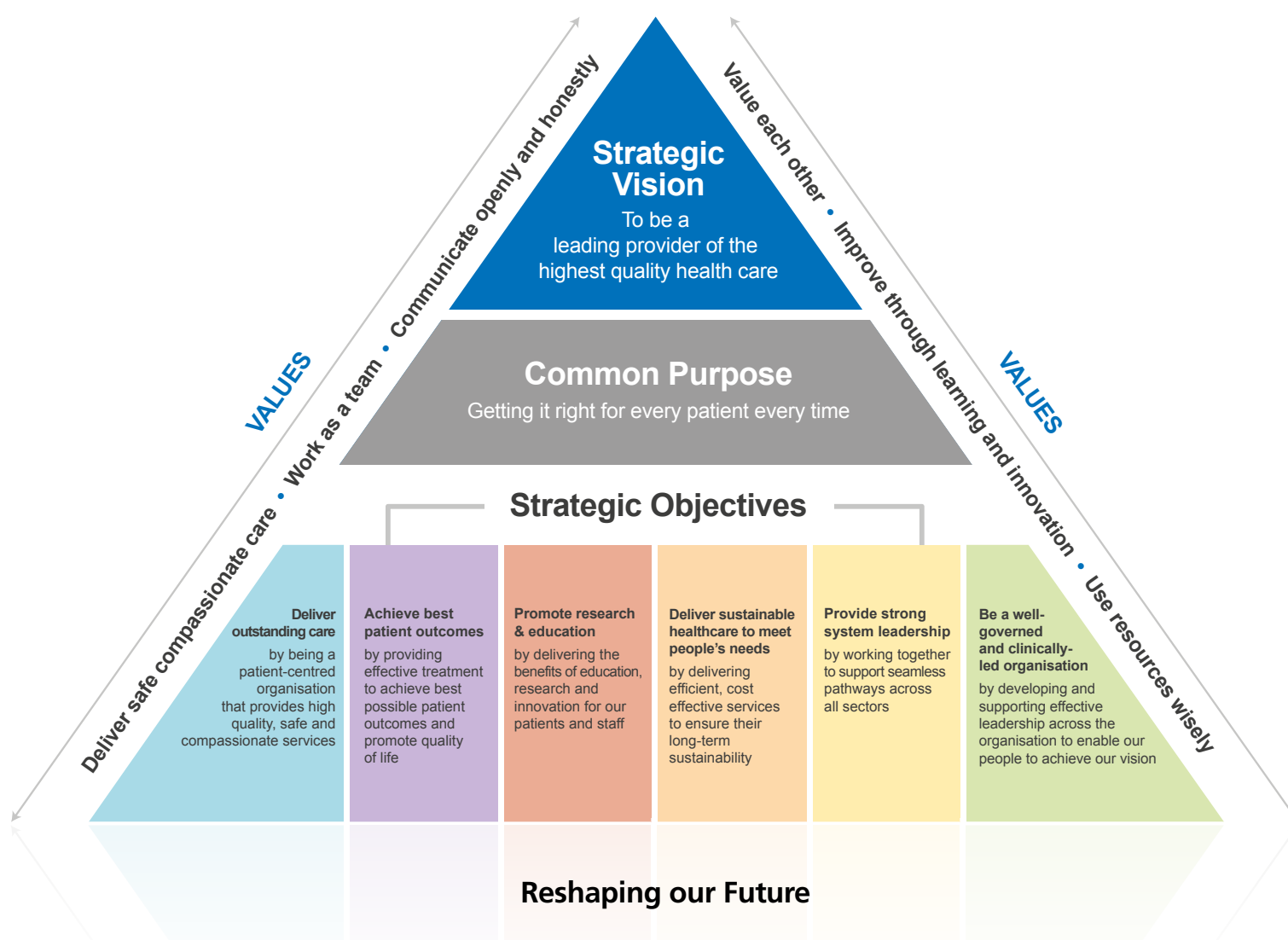
Using monies we received from the One Public estate programme, we have completed engagement with many potential key stakeholders and received numerous positive expressions of interest. We have also completed a soft market testing exercise and anticipate placing an advertisement for a Strategic Development Partner during summer 2019.

The proposal involves establishing a form of Joint Venture Partnership to deliver the vision for the redevelopment of land, much of which is currently under-utilised and in some areas vacant, to deliver a high quality mixed use development with sustainable new homes and places of care. The project will create full time employment both during the construction and permanently and has been identified by the Department of Health as a priority scheme for development.

The challenges facing the organisation can be complex with clinical and non-clinical staff often faced with the need to make difficult decisions in terms of balancing priorities and risk.

Our Estates & Facilities Division work across all levels of the Cheshire and Mersey healthcare partnership providing support and direct management services to other NHS organisations i.e. Liverpool Women's Hospital NHS FT, Liverpool Heart & Chest Hospital NHS FT, Liverpool Clinical Commissioning Group (CCG) and The Walton Centre NHS FT. This is testimony to its quality provision and the expertise of our staff. We were delighted to be nominated in the annual awards of the Health Estates Facilities Management Association for both individual and team development.

We remain committed to achieving our strategic vision and believe that, with the support and dedication of our staff, we can take on the challenges we face in order to be the leading provider of the highest quality health care, underpinned by our common purpose of getting it right for every patient every time. However, we can only do this by ensuring that patient safety is the cornerstone of our business, driven through our safety culture, and our staff feel valued and part of an organisation that not only actively listens to and acts on their concerns through a variety of mechanisms but also supports them in their development.



Our achievements in 2018/19 which supported the Trust in delivering its objectives are highlighted below:

Deliver outstanding care

We renewed our emphasis on quality with a refreshed Quality Strategy and £8m additional investment in nurse staffing, medical staff for elderly medicine, A&E, general surgery, plastic surgery and general medicine; physician associates and CT diagnostic capacity; and an additional 72 beds to meet demand.

We recognise that patient experience is a critical part of the care we provide our patients and so we continue to support improvements such as the Stroke Unit Relaxation Room which was created with funding from charitable funds and a personal donation to reduce stress and anxiety for stroke patients, their families and

members of staff. All our staff, both clinical and non-clinical, place patient care, safety and experience at the heart of what they do – Aintree's 24/7 portering service is one example of this. The Trust cannot run without its porters and the service is integral to our patient experience workstreams. Last year, the Head Porter introduced several improvements, including a new uniform giving portering staff a visible identity, the introduction of a new radio system to improve patient flow, the recruitment of female porters to support the privacy and dignity of female patients and reducing the reliance on agency staffing.

Our patient safety culture work requires us to strive for a culture

which is just, open and where incident reporting and learning from harm is the norm. This culture will be based on safe systems, in which it is easier to do the right rather than the wrong thing, and safe people, who are both technically competent and who also exhibit safe behaviours.

One such system is Aintree's Assessment and Accreditation (AAA) Framework which is a structured system for monitoring essential patient care. In light of recognised gaps within the process and changes to the Regulatory Framework, we updated the 2018 AAA framework to include the new KLOE (Key Lines of Enquiry) that had been published by the CQC (Care Quality Commission). This framework was launched in

September 2018 and provides a more comprehensive process which aligns to the Trust's key strategies for quality improvement and care delivery.

Aintree has always held the view that its internal audit plan should focus on areas of potential concern or where we want to evidence that what we are doing is robust. We were pleased, therefore, that our internal auditors reported that we had 'a well-designed control framework in place' for reporting and managing serious and low harm incidents. However, we recognise that investigation outcomes can be strengthened and learning enhanced to lessen the risk that similar incidents re-occur, so we have introduced a more transparent approach to sharing the lessons learned from serious incidents. The Board now discusses a summary of completed incidents and the lessons learned in the public part of its meetings and the outputs from our Lessons Learned Group, which reviews non-clinical claims that have not been the subject of a serious incident investigation, are communicated widely across the Trust to ensure maximum learning and alignment with the safety culture programme.

Once again we focussed on infection prevention and control through aiming to reduce the number of patients contracting *C.difficile* and MRSA. This is always challenging to achieve due to the complex needs of our patients. In 2018/19, there were 27 patients with *C.difficile* which was below the national performance objective of no more than 46 cases. We had three hospital-attributable MRSA cases in year, above the standard to have no MRSA infections in any year.

Patient and family engagement

Through a variety of mechanisms, we continued to listen to what our patients and their families have had to say about the services they receive and this informed our Patient and Family Experience Plan, a key pillar of our Quality Strategy. It underpinned the work plan in 2018/19 to deliver the best possible experience to all those who access our services.

Aintree is committed to delivering person-centred, individualised end of life services. This year, we launched a new End of Life and Bereavement Care Strategy which demonstrates our commitment to improving patient experience and 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, when our patients are dying, we only have one chance to get it right.

Our patient safety culture work requires us to strive for a culture which is just, open and where incident reporting and learning from harm is the norm.

Our trained volunteers enhance the end of life care for patients and their families/carers. They are experienced, dedicated and provide a highly regarded service with both local and national recognition, particularly for its positive contribution to the patient journey. They do not replace the essential medical and nursing care that patients require in their final days and hours of life but supplement the quality and quantity of support for patients and their families.

Achieve best patient outcomes

In August 2018, a consultant urologist at Aintree started a pilot of fitting a device called Urolift in an outpatient setting. This device relieves prostate obstruction and opens the urethra directly without cutting, heating or removing prostate tissue. The outcomes are currently being evaluated and will include evidence of how theatre time and corresponding costs are saved.

We introduced a new system for patients with Chronic Obstructive Pulmonary Disorder (COPD) respiratory problems coming into A&E. These patients, following triage, are referred directly to an A&E clinical nurse specialist for assessment and treatment. Not only has this improved the patient experience but it has also resulted in reduced admissions, a shorter patient pathway and increased cost efficiency.

Promote research and education

We strongly believe that the Trust's involvement in developing clinical research is crucial to enhancing

the quality of patient services and attracting world-class researchers and clinical staff. Aintree plays a leading role in the City of Liverpool's internationally renowned head and neck cancer services. In October 2018, the Trust led the work with the University of Liverpool and our health partners to form the Liverpool Head and Neck Cancer Centre. The Centre will bring together the good practice being demonstrated in academic and clinical spheres by combining and strengthening the clinical units across the region to develop a world-class research programme to enhance the quality and safety of patient care.

The Dragons' Den encourages collaboration within individual projects and departments but also across different staff groups and divisions. Periodic updates and a Showcase Event keep everyone informed of achievements and help foster a sense of pride amongst staff.

This year the 'Dragons' approved a number of bids from a wide range of staff from frontline healthcare assistants, nurses, allied health professionals, consultants and senior leaders. Some of the innovations approved for funding of up to £25k per scheme were:

- Use of a 24 hour antibiotic infusion pump system for community management of low risk patients with endocarditis (Cardiology)
- Bleeding Control Liverpool – a campaign which aims to educate and empower the general public on how to stop potentially fatal bleeding from stab wounds in the City of Liverpool (General Surgery)
- Portable Frusemide Infusion Pump use in ambulatory management of heart failure patients (Cardiology)
- Moleculight – real point imaging at the point of care to improve clinical outcome in Diabetic Foot patients (Podiatry)
- In Shoe Monitoring of Diabetic Patients at High Risk of Reulceration (Orthopaedics)
- Young Adult Ambassadors to Action – an innovative project to improve young people's experience at AUH's Rheumatology Young Adult Clinic (Rheumatology).

In July 2018, the Trust was shortlisted for the Preceptorship of the Year Category, at the Nursing Times Workforce Summit and Awards for the work undertaken by the Trust's



Education and Learning Team in developing a training and support programme for clinical and non-clinical staff.

Aintree has the largest number of apprentices of any NHS organisation in Cheshire & Merseyside. These individuals are helping us build a strong workforce for the future and increase the skills of our existing staff. In June 2018, the Trust won the Liverpool City Region Apprentice Employer of the Year Award with one of our apprentices winning the Sefton Apprentice of the Year Advanced Apprenticeship in Business Administration.

Deliver sustainable health care to meet people's needs

We are clear that achieving standards has a positive impact on patient experience and so we have continued to put considerable work in place to drive forward improvements, most notably in Emergency & Acute Care. We implemented our Emergency & Acute Care Programme to improve performance and patient flow throughout the organisation which greatly facilitated Aintree being cited as the highest performing Trust in Cheshire & Merseyside over the winter period, and also the most improved nationally in terms of Type 1 A&E performance.

The Trust's financial performance was closely monitored in 2018/19 to ensure the financial (deficit) plan was delivered. Due to efficient management of the Trust's finances, we achieved the financial plan in 2018/19 without having a negative impact on the quality and safety of the care we provide our patients. Our Quality & Efficiency Programme delivered efficiency savings through innovative schemes such as the Digitized Patient Reminder which went live in October 2018. In addition, Self Check In for outpatients has started being rolled out across the Trust and Digitized Pre-Op was introduced in December. Reinforced by robust Quality Impact Assessment and Equality Assessment processes, this ensured that quality was not compromised when new schemes are introduced.

Provide strong system leadership

The Board believes that delivering further efficiency savings cannot be done by Aintree on its own, but will require closer working with our partners across all sectors. Our Corporate Strategy for 2018-20 reflects our commitment to working in partnership to deliver the One Liverpool Plan, which sets out the vision for collaboration to create a Centre of Excellence in the City of Liverpool with a national reputation for research and innovative, clinically-led services that improve the health and well-being of our communities.

Due to efficient management of the Trust's finances, we achieved the financial plan in 2018/19 without having a negative impact on the quality and safety of the care we provide our patients.

Aintree has been working with The Royal Liverpool & Broadgreen University Hospitals NHS Trust (RLBUHT) to build the detailed case for consolidating our two organisations, supported by NHS Improvement. Programme management and governance arrangements have been put in place to steer and oversee the merger transaction and integration planning. This has included the development and launch of consultation and engagement plans, and the scheduling of the first service to be reconfigured, Trauma and Orthopaedics.

Planning for the implementation of an Electronic Patient Record system across three hospitals – Aintree, Royal Liverpool and the Liverpool Women's NHS FT – has continued. Over three fifths of the £50 million investment will be saved from ending historical contracts, with significant further efficiencies and qualitative patient benefits being derived by the enhanced technology enabled within the new system.

Be a well governed and clinically-led organisation

The Trust has renewed its emphasis on quality with a refreshed Quality Strategy. Challenges identified in the 2017 CQC inspection in medicines management, safeguarding, staffing and Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) have been addressed. This included 95% of theatre staff undertaking the detailed training for National Safety Standards for Invasive Procedures (NATSIPPs). A programme of mock inspections has been implemented across the Trust to ensure that all services run in accordance with CQC requirements.

We continue to maintain a good relationship with our regulators and we consult regularly with them about our on-going plans to build towards a sustainable future. NHS Improvement is represented within our merger transaction governance arrangements.

Aintree University Hospital NHS Foundation Trust is an identified Category 1 responder under the Civil Contingencies Act (CCA) 2004. This means that the Trust has a duty to prepare for and effectively respond to emergency situations. In September 2018, the Trust was required to complete the annual self-assessment against the NHS England (NHSE) Emergency Preparedness Resilience and Response (EPRR) Core Standards. The Trust has been assessed as fully compliant with the standards.

In compliance with the consolidation of offences relating to trafficking and slavery within the Modern Slavery Act 2015, the Trust works to current NHS Supply Chain (NHSSC) ethos and code of conduct which encompass the Laws and Ethical standards when transacting with or on behalf of the NHS. Any breach of the obligations stipulated in this Supplier Code of Conduct is considered a material breach of contract by the supplier.

Front line NHS staff are well placed to be able to identify and report any concerns they may have about individual patients who present for treatment and modern slavery is part of the safeguarding agenda. A statement of the Trust's actions is available on the Trust website in line with the requirements of the Act.

Key issues and risks in delivery of Trust objectives

The key issues and risks facing the Trust in the delivery of its objectives have been assessed and steps taken to mitigate these, which included identifying key drivers of change to support the successful delivery of our objectives.

The strategic risks are given below with the mitigation identified:

We fail to ensure that the care provided for all patients is high quality, safe and compassionate

The Trust has continued its commitment to improving the quality of our clinical services through implementing our refreshed Quality Strategy for 2018-20. The Trust's focus for 2018/19 included prioritising areas of risk or underperformance identified through the 2017 CQC Inspection and Quality Risk profile.

Our aim is to create and sustain a culture of continuous improvement by taking a system approach, recognising the interconnections across the system from the staff working in the system to patients cared for and supported by the system. The Trust will significantly develop its ward Accreditation Scheme, which will form part of an assurance framework of 'mock inspections' to ensure key standards of quality, safety and patient experience are being reliably delivered in practice.

In addition, the Trust's Safety First programme was launched during 2018/19 which outlined the Trust's commitment to developing an explicit safety culture across the organisation with the core principles being that safety is our number one priority and is everybody's responsibility.

The Trust's patient focus has been further supported by the development of our 2020 Strategy for End of Life and Bereavement Care. This follows the Frangipani Model for end of life care, which is a compassionate, collaborative, individualised and patient-centred approach.

We fail to provide effective treatment that achieves best possible outcomes

Following eight never events reported in 2017/18 in Trauma & Orthopaedics, Ophthalmology and Cardiology for

wrong site surgery, incorrect implant and wrong site injection, an action plan has been implemented to ensure appropriate learning, risk mitigation and prevention.

Increased demand for services, coupled with shortages of qualified staff in some specialties, has hindered the Trust's ability to maintain effective flow of patients and continues to pose a significant clinical risk. Specialities particularly affected have been prioritised for recruitment campaigns, and alternative staffing models are considered where clinically appropriate. This, in turn, has naturally led to increased admissions to the hospital and pressure on beds. In response to unprecedented demand, the Trust has continued to operate its SAFER programme, a series of work streams designed to support safe and efficient ways of working – this has resulted in a decrease in the average number of stranded patients.

We fail to deliver the benefits of education, research and innovation for our patients and staff

The Trust continues to take a multi-disciplinary approach to education and learning with a focus on improving capability and competence across all staff groups. The Trust recognises that strong leadership and management are key enablers in driving continuous improvement, cultural change, innovation, and being perceived as a great place to work. A focus for 2018/19 was to continue to develop our approach to Leadership and Management development, and a Leadership Competency Framework is being designed, underpinned by a programme of education for managers at different levels.

Aintree continues to work with the Collaboration for Leadership and Applied Health Research on a variety of research projects with the aim of delivering health, well-being and quality of care across the region. The

merger with The Royal Liverpool & Broadgreen University Hospitals NHS Trust (RLBUHT) presents clear opportunities to increase our capacity and capability around research and education.

We fail to deliver efficient, cost-effective and sustainable services

The Trust continues to deliver strong financial performance in the context of the current operational services pressures it and the wider NHS faces. However, the cost of delivering our services is no longer matched by the income we receive; a position the Trust recognised a number of years ago.

Our strategic approach to financial sustainability is inextricably linked with ensuring clinical sustainability. We will focus on securing our income and optimising our borrowing potential, alongside controlling costs and improving productivity.

Whilst the Trust will continue to drive out inefficiencies as appropriate, we believe it is only through proactive action on prevention, investment in new care models, sustaining social care services and, over time, seeing a bigger share of the efficiency coming from wider system improvements, that a step change in the financial position will be achieved. Increasingly, we are looking at how the demand for services and the growing expectation of the public can be met by delivering services in different ways and with broader organisational collaboration. Without significant transformation schemes, the pressure on hospital-based services will continue to grow and the affordability of the local health and social care system will remain challenged. Aintree's planned merger with RLBUHT provides opportunity to rethink and redesign how services are delivered, including reducing further operational inefficiencies.

In anticipation of the planned UK exit from the European Union on 29



March 2019, a number of briefings had been received from the National Director for EU Exit which included the completion of a self-assessment assurance template to indicate the Trust's readiness for this situation. The completion of this self-assessment provided assurance of the Trust's compliance and identified additional actions that would be monitored through the Executive Led Groups and assurance processes.

We fail to provide sufficient strategic focus and leadership to support seamless pathways across health and social care systems

Our Corporate Strategy for 2018-20 reflects our commitment to working in partnership to deliver the One Liverpool Plan, which sets out the vision for transformation and innovation in the local health economy and improving the health and well-being of our communities.

The case for creating a single university hospital for Liverpool, through merger of Aintree and RLBUHT in October 2019, has been fully developed and thoroughly considered, in consultation with stakeholders and with the support of

our regulators, NHS Improvement. We have already started to collaborate on the development of a single service for adult orthopaedics surgery, intended to reduce variation and improve patient care, also enabling solutions to the fundamental shared challenges around improving outcomes, ensuring that the system has the right workforce capacity, skills and financial sustainability.

We fail to be a well-governed and clinically-led organisation to enable our people to achieve the Trust's common purpose

The Trust's governance arrangements are designed to support the achievement of our strategic aims and objectives, whilst ensuring appropriate scrutiny, oversight and risk maturity. Our governance structure maps to the domains of the Care Quality Commission (safe, effective, caring, responsive, and well-led) and our approach to ensure services are well-led is in line with NHS Improvement's Well-Led Framework, focusing on integrated quality, operational and financial governance.

However, the Trust operates in a complex environment, and we

recognise the need to periodically review our governance arrangements. In 2018/19, the Board focussed on the strategic risks to the organisation and agreed a programme of work to increase the Trust's risk maturity through reviewing our risk management and assurance framework (systems, processes, information flows, and support for staff). This work will continue into 2019/20.

The Trust continues to create the conditions for effective organisational culture. A major focus has been on the safety culture during 2018/19. A behaviours framework was developed during 2018/19, focusing on encouraging the behaviours that uphold the Trust's values. A key challenge in the face of organisational change is to support staff through the process, protecting productivity and motivation, and ensuring a well-planned approach to retention. Linked to culture and managing change is the recognised need to increase the leadership capability and capacity across the hierarchy, and this will be supported by the Leadership and Management competencies and development programme, including coaching and mentoring.

Going concern disclosure

Despite the projected deficit for 2019/20, the Board of Directors does not have any evidence indicating that the going concern basis of preparing the accounts of the Trust, as detailed below, is not appropriate as the Trust has not been informed by NHS Improvement (NHSI)/Monitor that there is any prospect of intervention or dissolution with the next 12 months.

The directors approved the 2019/20 Annual Plan submission to NHSI/Monitor. This plan shows an Income and Expenditure deficit in 2019/20 amounting to £2.6 million which is in line with the control total set by NHSI. The plan includes £21.5 million transitional support income. Achieving this plan will require interim revenue cash loans totalling £10.0 million. The plan contains efficiency targets, including cost improvement plans, amounting to £7.1 million (of which not all has been planned in detail). Having regard to the significant efficiencies achieved over the recent past, this level of cost reduction is considered to be challenging. If these levels of efficiencies are not achieved, the Trust would need to apply to the Department of Health and Social Care or other appropriate regulatory body for additional funding. The plan also includes essential capital expenditure of £5.8 million of which £2.5 million will need to be funded by the Department of Health and Social Care.

The directors believe that this forward plan provides a realistic assessment of the Trust's position. Income and expenditure budgets have been set on the basis of robust and agreed principles, which mean that the Trust should be able to provide high quality healthcare within the resources available, provided the cost saving targets are achieved.

The Trust has a robust governance structure which includes a Finance & Performance Committee, a sub-Committee of the Board, which

has the responsibility to monitor financial performance and oversee the necessary corrective action on behalf of and in conjunction with the Board. The Trust recognises there is an urgent need to develop a wider detailed programme for the delivery of the continued cost savings and to derive benefits from local and City Region health economy-wide transformational change.

The directors believe that this forward plan provides a realistic assessment of the Trust's position.

The preparation of the income and expenditure budgets and cash flow statements is predicated on many national and local factors and assumptions regarding both income and expenditure and profiled accordingly. The anticipated level of activity undertaken for its commissioners, and therefore the level of income, is derived after due consideration of a range of factors, including:

- 2018/19 forecast outturn
- Changes in activity resulting from changes in demographic and demand
- National Payment by Results rules and regulations
- Commissioning intentions
- National tariff prices.

The day to day operations of the Trust are funded from contracts with NHS commissioners. The uncertainty in the current economic climate has been mitigated by agreeing a number of contracts with Clinical Commissioning Groups, Local Authorities and NHS England for a further year and these payments provide a reliable stream of funding minimising the Trust's exposure to liquidity and financing problems.

The anticipated level of expenditure within the approved plan is derived

after due consideration of a range of factors, including:

- Pay awards and incremental increases
- National Insurance and pension contribution changes
- Inflationary increases for insurance premiums, drugs, utilities and general non-pay
- Financial consequences of both capital and revenue developments
- Cost savings requirements
- Impact of activity levels and commissioning intentions.

Cash flow projections take into account the planned deficit, capital expenditure, repayment of Public Dividend Capital, the drawdown of revenue / capital funds and movements in working balances. There is no certainty that further cost savings will be identified from organisational and service reconfiguration or that additional short-term funding will be obtained when required and this indicates the existence of a material uncertainty that may cast doubt about the Trust's ability to continue as a going concern. However, notwithstanding the deficits referred to above, the Trust does not have any evidence indicating that the going concern basis is not appropriate or that there is any prospect of intervention or dissolution within 12 months from the date of approval of these financial statements. In terms of the sustainable provision of services, there has been no indication from the Department of Health that the Trust will not continue to be a going concern. The directors have accordingly prepared the financial statements on a going concern basis.



Steve Warburton
Chief Executive
22 May 2019

Performance Analysis

This section provides a detailed performance summary of how Aintree University Hospital NHS Foundation Trust measures its performance with more detailed integrated performance analysis and long-term trend analysis, where appropriate.

Overall, the Trust's performance was acceptable, despite significant operational pressures and financial challenges.

This year continued to be a challenging one for both emergency and elective care services across the Trust with unprecedented numbers of people attending our emergency department (ED) or being admitted as an emergency. In 2018/19, we also saw increases in the number of patients choosing Aintree as their secondary care provider of choice both within and external to the catchment population for elective care services (outpatients and elective operations). This growth

continued to put pressure on the capacity of the Trust across beds, clinics and diagnostics. Given these significant operational pressures and financial challenges experienced within year the Trust's performance was acceptable.

Working together, our teams are focused on delivering high quality services to the people we care for. Many of the key areas for delivery are measured by national standards and we have detailed these together with our performance overleaf.



Operational Performance

Waiting times

In 2018/19:

- The Trust treated, admitted or discharged 86% of Accident & Emergency patients within 4 hours against the national standard of 95%. Further detail is given below in the Emergency services section.
- The 18 week referral to treatment (RTT) standard has been challenging with the impact of emergency pressures, on-going recruitment challenges and capacity shortfalls in key specialities. As a result, the Trust achieved 89.0% against the 92% standard. However, we did achieve the National Operational Planning Directive of reducing the overall size of our RTT waiting list to below that of March 2018 (17,374) with a list size of 17,307 at the end of March 2019 in the face of an overall increase in referral demand of around 5%. The Trust has been improving the quality of its data and the visibility of patient treatment plans. This, together with the prioritisation of urgent cases, means we have also treated and stopped a high number of pathways for patients who had waited under 18 weeks for treatment, which has impacted overall performance.
- The Trust found delivering the Diagnostic standard (where patients waiting for a diagnostic test should have been waiting less than six weeks from referral) challenging in year due to increased referral demand for urgent consultation with the consequential displacement of routine patients who had a lower clinical priority. To ensure delivery of this important access target, additional sessions were provided to deliver minimum wait times for patients. At the end of March 2019, there were 45 patients waiting over 6 weeks for their diagnostic test delivering performance of 0.9% against the 1% target.

Cancer Targets

Cancer access targets have remained a significant focus for the Trust this year with achievement of three of the eight national targets. The total volume of patients treated as part of the 62-day standard, a maximum two month 62-day wait from urgent referral for suspected cancer to first treatment for all cancers, increased by 2% in 2018/19 based on validated figures to the end of February 2019 in a like-for-like comparison with the previous year.

The total volume of patients seen as part of the two week wait standard, patients seen by a cancer specialist within a maximum of two weeks from GP referral for urgent referrals where cancer is suspected, increased by 15% in 2018/19. Given this unprecedented level of increased demand combined with internal capacity issues, the Trust has found it difficult to achieve the two week target across all tumour sites.

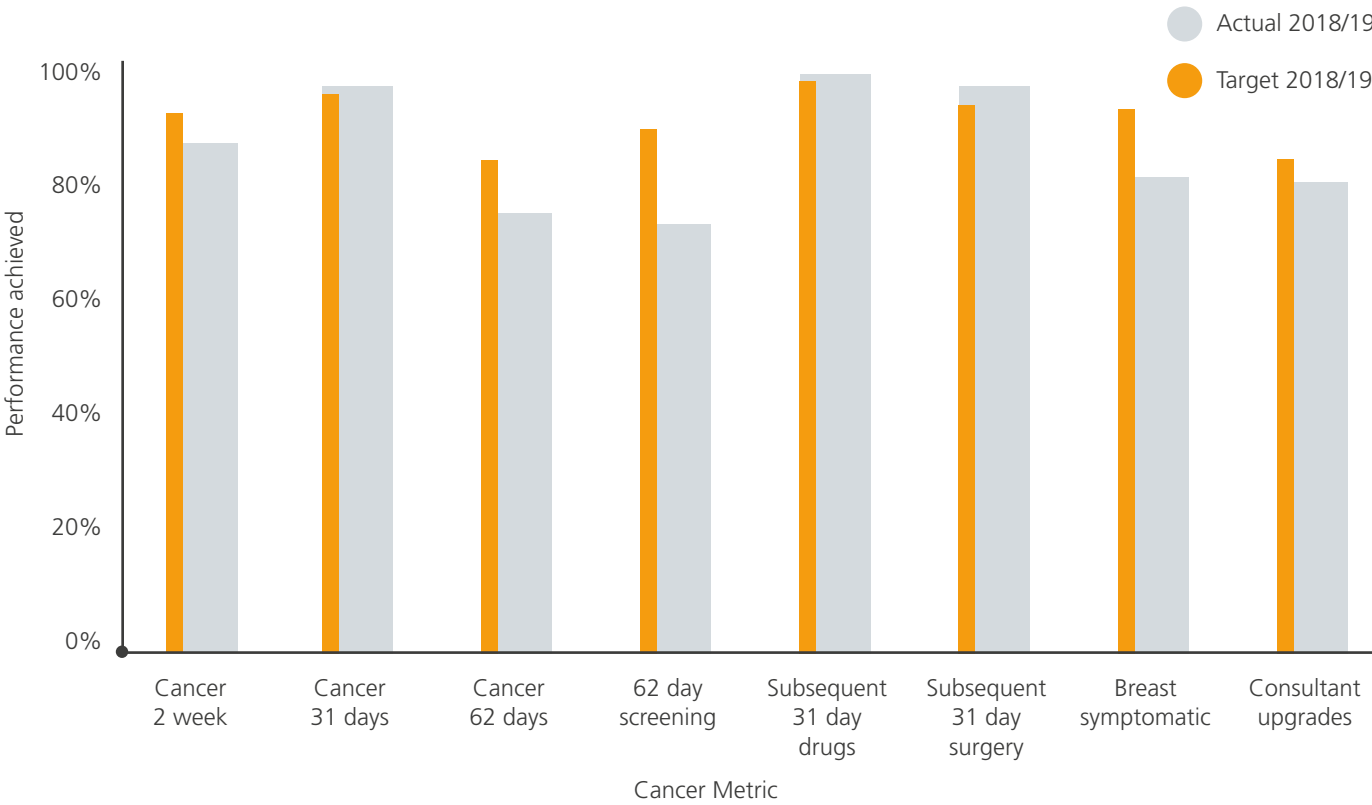


Chart 1: Cancer Targets 2018/19 – to March 2019

Inpatients and Day Cases

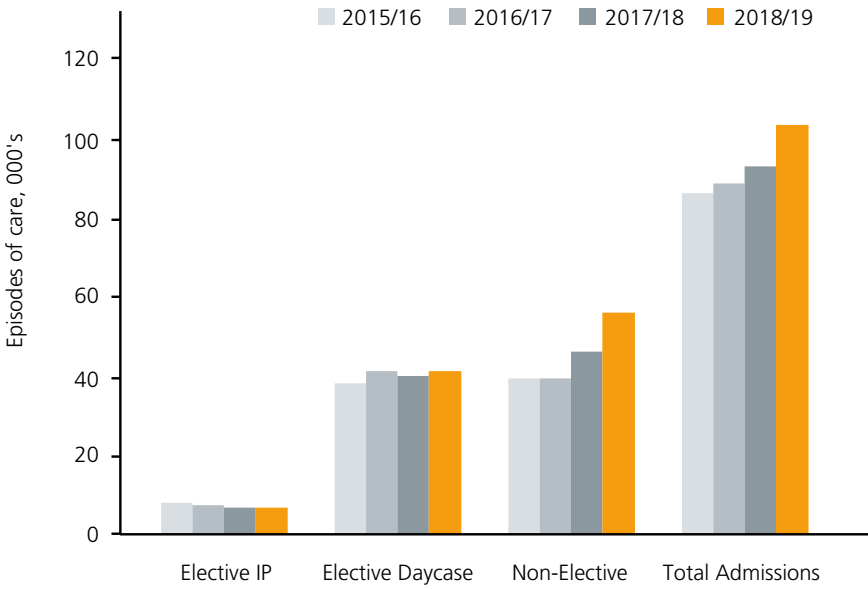
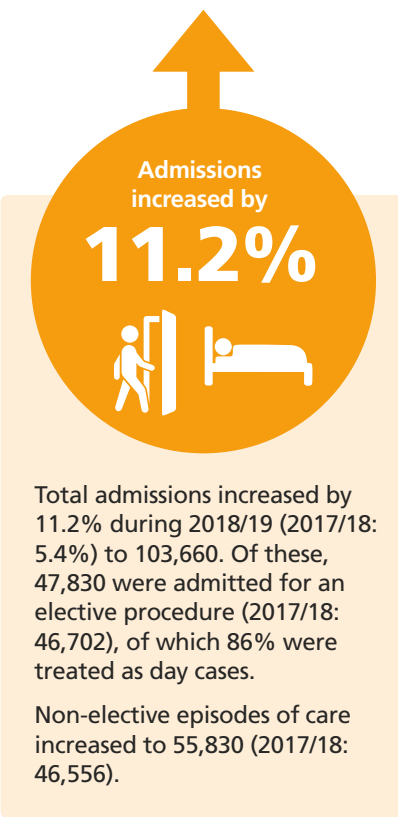


Chart 2: Inpatients and Day Cases 2015/16 – March 2018/19

Outpatients

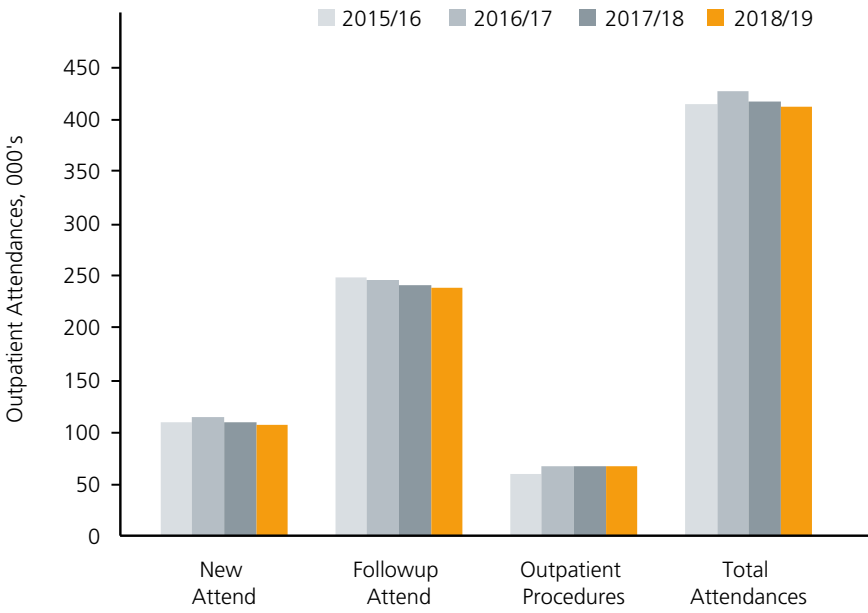
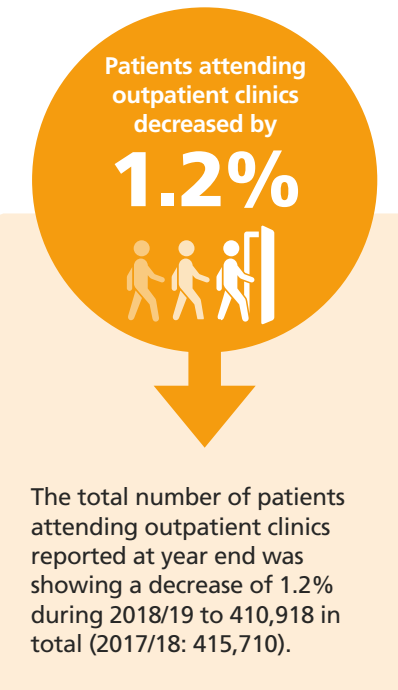


Chart 3: Comparison of Outpatients' Data 2015/16 – March 2018/19

Emergency Services

170,980 patients seeking urgent care were seen in 2018/19, a 1.9% increase on the previous year. Of these attendances, 46.3% were Type 3 attendances delivered at Kirkby and at Litherland Walk-in-Centres. Type 1 urgent care attendances at Aintree continued to grow unabated throughout the year, cumulatively at year end there were 9.5% more attends in 2018/19 (95,956) than in 2017/18 (87,612).

The emergency department four-hour standard (patients attending an A&E department must be seen, treated, and admitted or discharged in under four hours) has been a significant challenge across the country throughout the year. The delivery of this standard continues to be a key priority for the Trust. Despite not meeting the target during 2018/19, our performance was consistently in the upper decile for performance of Type 1 departments over the winter period.

Delivery of the standard has been affected by several factors not limited to a significantly sustained increase in demand combined with an increase in the number of 'medically optimised' (i.e. ready for discharge) patients

occupying acute beds which has impacted hospital throughput. This position was reflected across the health economy and nationally.

During the year, the Trust continued to roll out its comprehensive and robust Emergency and Acute Care Plan, covering Accident & Emergency, assessment areas and ward areas. Embedding the plan across all areas was the key focus internally for 2018/19, whilst externally the Local Health Economy Accident & Emergency Delivery Board continued to look at system-wide solutions to deliver the standard on a consistent basis. The Trust is an active member of this body.

This plan enabled the Trust to maintain stable performance over winter, with a year on year improvement of 7.9% over the winter period.

Nationally, all NHS providers had been set a target to deliver the 95% standard by March 2019. Given the pressures highlighted, this target was not achieved. Quarter four combined performance was 85.6% and the full year position was 86.2%.

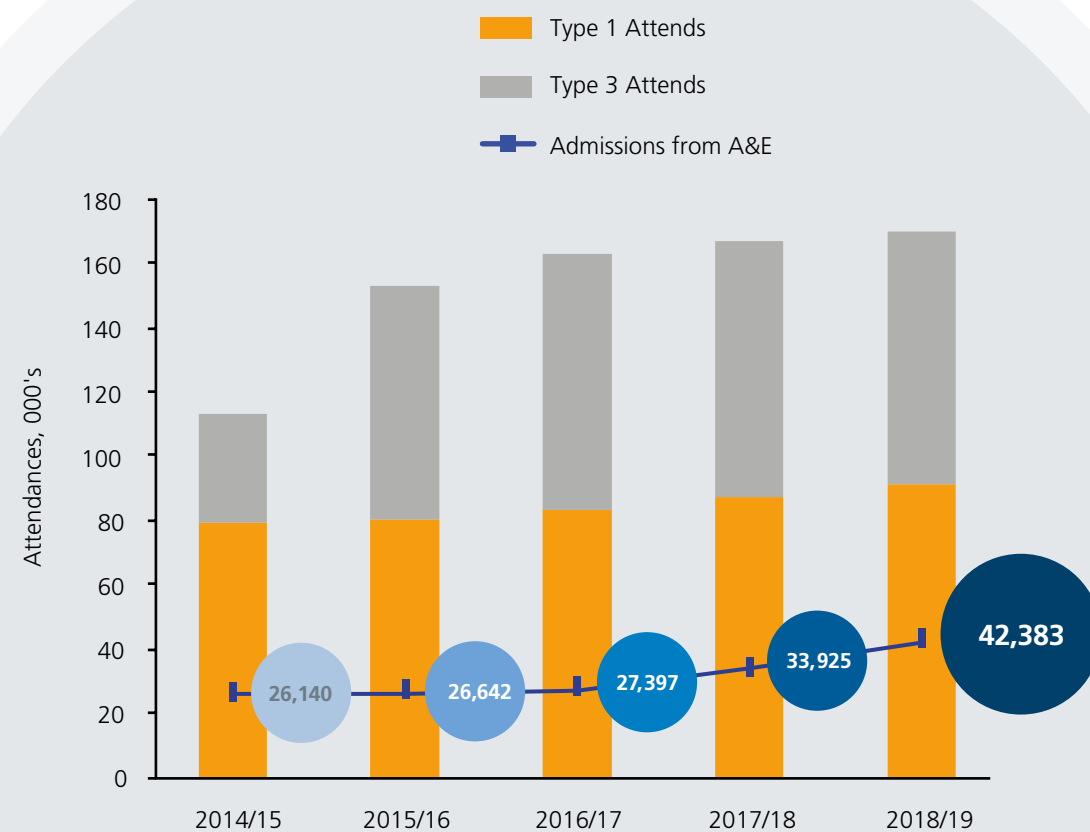


Chart 4: Emergency Attendances and Admissions 2014/15 – 2018/19

Efficiency / Productivity

The Trust manages its efficiency and productivity through monitoring a number of indicators which both improve the patient experience and reduce our costs:

- **Average Length of Stay (ALOS)** – is the time on average that each patient admitted to the hospital would stay in the hospital. It is variable as some patients' stay in hospital is very short whilst others have longer stays. Using Dr Foster data (Dr Foster is an independent healthcare data provider), the ALOS at Aintree was 0.3 days less than would be expected for the acuity of patients admitted to the hospital at 4.5 days. This is an improvement on last year when the ALOS was 0.2 days above expected levels at 5.4 days. The Trust continues to work closely with community and primary care partners within the health system and with local authorities to reduce delays in discharging patients from hospital.

- **Theatre Utilisation** – in order to treat as many patients as possible who need surgery, the Trust is keen to make the best use of our operating theatres.

Elective theatre efficiency at our main theatres (AUH) and within the Elective Care Centre (ECC) remains sub-optimal and showed little improvement year on year.

Average theatre efficiency for 2018/19 was 63.4%, marginally up on 2017/18. Improving productivity within theatres is a major strand of the 2018/19 productivity work

programme and the Trust established a working group which has identified a number of actions which will help improve performance towards the target rate of 85.5% moving forward.

- **Delayed Transfer of Care (DTOC)** – the number of beds affected by reportable delayed discharges in 2018/19 was 3.79% (equivalent to 29 beds), a marginal increase on that reported in 2017/18 when 3.72% of beds were affected.

In addition to reportable DTOC, the Trust consistently has around a further 140 patients on a daily basis who are ready for discharge, but are awaiting packages of care or placement.

- **Day Case Rate** – the Trust's day case rate at the end of the year, as reported by Dr Foster Intelligence, was 0.6% better than expected at 86.2%.

- **Cancellations** – during the year, 233 operations were cancelled for non-clinical reasons, representing 0.49% of all operations scheduled, an improvement on 2017/18 when 256 operations were cancelled, 0.59% of all operations. Disappointingly, one patient was not readmitted within 28 days following cancellation. This compares to three patients during 2017/18. Hospital outpatient cancellations for non-clinical reasons increased to 6.9% from 5.9%.

Clinical Effectiveness

- **Mortality** – mortality rates are a key quality indicator for the hospital and the Trust compares its mortality with the Dr Foster and national benchmarked data.

- **Hospital Standardised Mortality Rate (HSMR)** – this shows that the mortality rate for the hospital is better than expected with an index rating of 95.84, against a norm of 100 (lower score being better than expected), a marginal decrease on last year's rating of 94.29.

- **Summary Hospital Mortality Indicator (SHMI)** – the latest report shows a SHMI of 99.75 lower than the norm, but within expected control limits. The rate is improved on the same period last year of 102.22. The Trust will continue, through the Avoidable Mortality Reduction Group, to review mortality rates across a broad spectrum and identify and address any underlying causes for outlying data, with appropriate actions put in place where necessary.

- **Crude Mortality** – the trend in crude mortality, the number of deaths in the hospital as a % of discharges, averaging at 2.70% for the year was lower than the average rate for 2017/18 of 2.96%.

- **Readmission** – the readmission rate is the percentage of patients who were readmitted to hospital as an emergency within 28 days of discharge. Using Dr Foster data to compare the Trust's performance against national expectations, this shows that the rate of readmissions reported of 10.9% was 0.6% higher than Dr Foster rates. This compares to a gap of 0.2% in 2017/18. In terms of a benchmarked position, the Trust was placed at the 63rd percentile nationally. Current national ranking places the Trust within the 50th percentile block at 58 in a cluster of 121 other Acute Hospitals.

- **Hospital Acquired Infections and Hospital Cleanliness** – improving hospital cleanliness and reducing hospital acquired infections remains a top priority for the Trust.

For 2018/19, the target of no more than 46 cases of *C.difficile* was achieved with 27 cases attributable to the Trust.

Three cases of MRSA were reported during the year contrasted against the one reported in 2017/18, above the standard to have no hospital acquired MRSA infections in any year. The Trust remains committed to eradicating MRSA infections from the Trust, a position overseen by the Quality Committee.

Financial Performance

Through utilising its resources effectively, driven by active engagement of all areas across the organisation, the Trust delivered against its planned deficit of (-£29.1) million for the year.

The Trust had a £29.1 million deficit plan for 2018/19, which included a stretching Quality, Efficiency and Productivity (QEP) programme of £6.6 million. The Trust was ineligible for any Provider Sustainability Funding as it was unable to sign up to its control total, given the financial gap between the resources it received and the cost of services to deliver care to its population.

2018/19 has proved to be a challenging year operationally. Demand for urgent care services has continued to grow, with unprecedented numbers of AED attendances throughout the year. Between May 2018 and July 2018, the Trust recorded the three highest months of AED footfall on record.

Figure 1 below shows urgent care footfall April to December over the last five years and illustrates the significant rise experienced at AUHFT.

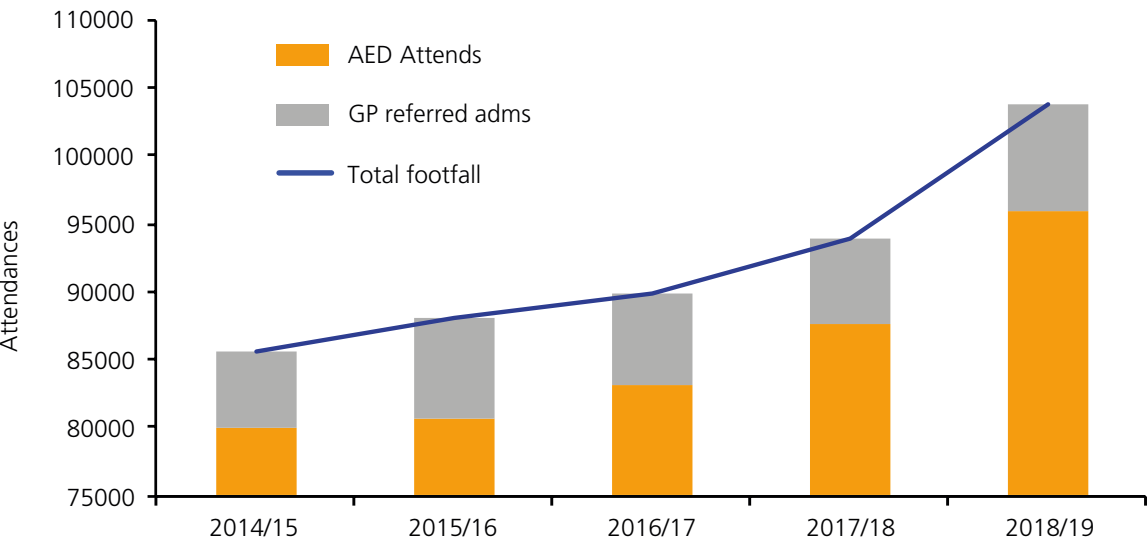


Figure 1: Urgent Care Footfall 2014/15 to 2018/19

The increase in urgent care attendances sits alongside flow out of the hospital remaining compromised due to the lack of capacity in 'out of hospital' services/facilities. Medically optimised patients, who are ready for discharge (RFDs) but still occupy acute beds, have increased from an average of 127 in 2017/18 to 138 in the current year.

Similarly to 2017/18, as well as the increase in overall numbers attending AUHFT, patients are presenting 'sicker', which has not only led to increases in the number of patients requiring admission, but also on the staffing requirements essential to ensure that they remain safe whilst under our care.

Although an additional 72 beds were built into the recurrent bed base for 2018/19, the increase in demand has resulted in around 40 beds opened as part of 2017/18 winter escalation plans remaining open all year, including the provision of more assessment capacity at the 'front

door'. Despite the extra capacity opened, bed occupancy levels remain high at around 95%.

In addition to urgent care demand, 2018/19 has also seen an increase in planned care, with outpatient demand up significantly over the year. Within this overall growth, the growth in urgent cancer referrals has been significant, with some specialties experiencing rates of between 20% and 30%. This has placed pressure on bringing capacity forward in order to try and maintain delivery of cancer access standards.

All these factors placed additional financial pressure on the Trust. However through utilising its resources effectively, driven by active engagement of all areas across the organisation, the Trust has delivered against its planned deficit of (-£29.1) million for the year.

Given the financial deficit, the Trust reported a Use of Resources Rating of 3 (2017/18: 4).

Income and Expenditure

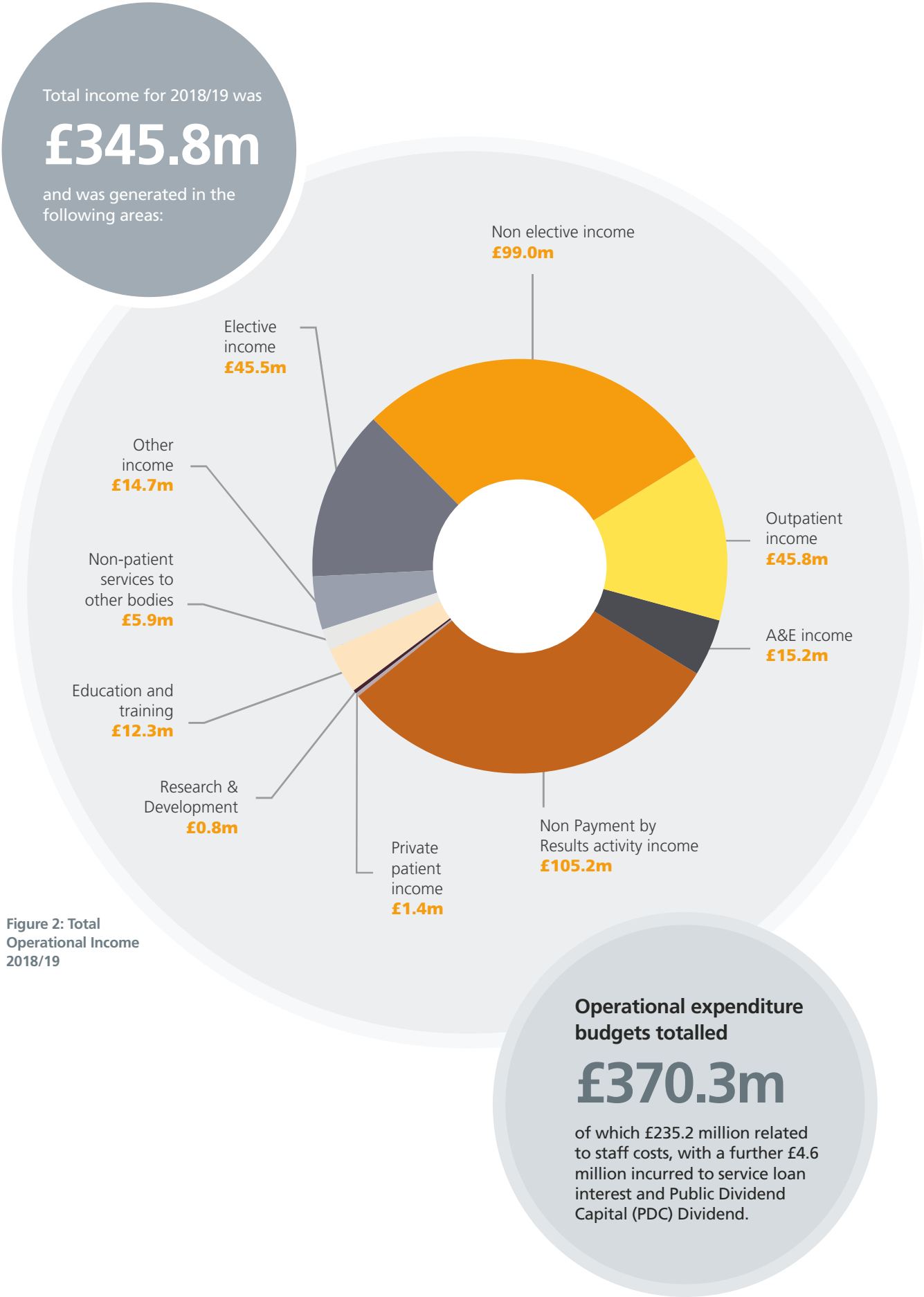


Figure 2: Total Operational Income 2018/19

Financial Risk

Aintree has consistently delivered against its financial planning assumptions, a key success criteria in the management of its resources. The last two years has seen the Trust move into a deficit position, a position it forecast it would be in five years ago, given the financial architecture for NHS providers.

The growing demand on services driven by an ageing population and the low socio-economic environment that surrounds the Trust, has led to significant operational challenges. To meet these challenges has required significant investment in front line services, £16 million in the two years 2018-20, ensuring that patients remain safe and the quality of our care is maintained. Control of this demand remains the biggest single risk to the operational and financial performance of the Trust.

Whilst the financial settlement for the NHS was welcome and has gone some way to bridging the gap, we remain of the opinion that the cost of delivering our services is no longer matched by the income we receive and this remains a risk to our future viability.

For 2019/20, the Trust has been set an underlying deficit target of (-£24.0) million, which if it delivers will result in £21.5 million of central support being received and a control total deficit of (-£2.5) million. The Trust has agreed to this control total.

The ‘NHS Long Term Plan’ has set a target to bring the acute sector into financial balance by 2023/24. NHS efficiency targets have been reset at 1.1% nationally, a level more in line with recurrent productivity gains delivered over the last few years. However, even these lower targets are becoming increasingly difficult to deliver, given the current operational demands on NHS services.

Aintree will continue to drive out inefficiencies through removal of unwarranted variation and by embracing the digital agenda; however, we believe it is only through proactive action on prevention, investment in new care models, sustaining social care services and, over time, seeing a bigger share of the efficiency coming from wider system improvements that a step change in the financial position will be achieved. Without significant transformation schemes, the pressure on hospital-based services will continue to grow and the affordability of the local health and social care system will remain challenged. Our proposed merger with The Royal Liverpool and Broadgreen University Hospitals NHS Trust forms part of this wider system transformation.

Our vision for 2019/20 continues to be a leading provider of the highest quality health care, providing the right care for every patient every time. The safety of our patients remains the cornerstone of our ethos, driven through our explicit safety culture agenda.

Disclosure to Auditors

As far as the Directors are aware, there is no relevant audit information of which the auditors are unaware. The Directors have taken all the steps that they ought to have taken as Directors in order to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

Compliance with Income Sources Restriction

Aintree University Hospital NHS Foundation Trust has complied with Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) which requires that the income from the provision of goods and services for the purposes of the health service in England must be greater than its income from the provision of goods and services for any other purposes.

Other income received by the Trust in 2018/19 has had no adverse impact on the delivery of our services. The Trust is, therefore, compliant with Section 43(3A) of the NHS Act 2006.

Capital Investment

During 2018/19 the Trust invested £5.5 million in a range of estate infrastructure, equipment and information technology assets.

The capital programme was financed by a combination of the Trust’s own internally generated resources, supplemented by an allocation of Public Dividend Capital from the Department of Health and Social Care.

	£m
Lift replacement programme	1.0
Ward upgrades / reconfiguration	1.4
Information Technology and other equipment	0.4
Medical Equipment	0.8
Buildings, engineering and environment works	1.0
Other	0.9
Total	5.5

Table 1: Capital Investment 2018/19



Working Capital Facility and Liquidity

As part of its 2018/19 Annual Plan, the Trust recognised it would require revenue cash support of £24.2 million from the Department of Health (DoH) to meet its operational commitments. The application process started

in July 2018 and the first drawdown made in December 2018. The Trust submits monthly requests in line with guidelines issued by DoH and drew down the full £24.2m in year as per plan.

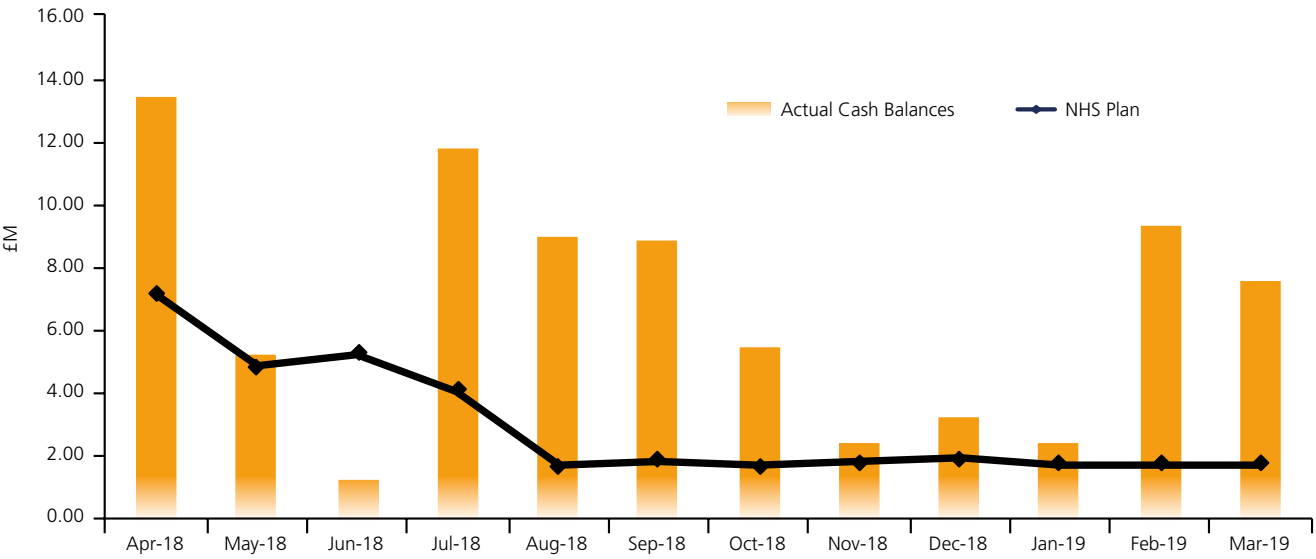


Chart 5: Cash Actual versus Plan 2018/19

Events after the Reporting Period

There were no material events between the report period and submission of the final 2018/19 accounts.

Joint Ventures and Subsidiary Companies

In July 2007, the Trust established a wholly owned subsidiary company called Aintree Healthcare Limited. The purpose of this company is to provide community healthcare projects. As at 31 March 2019, the company had not commenced trading.

Accounting Policies

The Trust’s significant accounting policies are set out in Note 1 in the Notes to the Accounts of the full accounts included in this report. There were no material changes made to the accounting policies and all of the changes implemented were in line with the Department of Health Group Accounting Manual (DH GAM).

Accounting policies for pensions and other retirement benefits are set out in a note to the accounts (Note 1.5) and details of senior employees’ remuneration can be found on page 60 of the Remuneration Report.

Compliance with HM Treasury Policy

Aintree University Hospital NHS Foundation Trust has complied with the cost allocation and charging requirements set out in HM Treasury and Office of Public Sector Information Guidance.

Better Payment Practice Code

The Trust endeavours to pay its suppliers within 30 days of receipt of goods or a valid invoice (whichever is later) in line with the Better Payment Practice Code and monitors performance against this target.

	2018/19 Number	2018/19 £000	2017/18 Number	2017/18 £000
Non NHS				
Total invoices paid in the year	70,031	160,507	65,665	137,869
Total invoices paid within target	57,417	127,245	50,613	109,746
Percentage of invoices paid within target	82.0%	79.3%	77.1%	79.6%
NHS				
Total invoices paid in the year	2,460	79,538	2,467	79,579
Total invoices paid within target	1,679	64,844	1,745	70,727
Percentage of invoices paid within target	68.3%	81.5%	70.7%	88.9%
TOTAL				
Total invoices paid in the year	72,491	240,045	68,132	217,448
Total invoices paid within target	59,096	192,089	52,358	180,473
Percentage of invoices paid within target	81.5%	80.0%	76.8%	83.0%
No interest was due or paid to suppliers under the Late Payment of Commercial Debts (Interest) Act 1998.				

Table 2: Better Payment Practice Code



Investing in Estate Infrastructure

Current & Future Developments

- During 2018/19 several significant projects have been completed which have delivered a wide range of benefits:
- **Refurbishment and reconfiguration of five operating theatres** as part of a long term strategy to upgrade the oldest of the operating theatre complexes improving the environment for staff and patients
 - Refurbishment to our **Main A operating theatre** recovery to provide upgraded fit for purpose facilities
 - **Reconfiguration of two wards** within the hospital to improve patient environment and clinical pathways and as part of long term ward investment programme
 - **Creation of new Non Invasive Care unit** by remodelling of former Critical Care Department within the hospital to improve patient environment and clinical pathways and as part of long term ward investment programme
 - Completion of the refurbishment and re-equipping of our on-site Laundry with modern energy efficient and reliable equipment
 - Replacement of several patient lifts within the main ward blocks
 - Phase 1 of new on-site car parking management system to ensure fair and efficient charging systems are in place
 - Extension and replacement of the hospital pneumatic tube system used for the delivery of specimens

- The Trust will continue to invest in the future of local health care provision to care for the community it serves through further developments during 2019/20 which will see further changes to the Aintree campus, namely:
- Further **refurbishment of four wards** within the Tower Block as part of the plans for a single Orthopaedic service with Royal Liverpool and Broadgreen Hospitals and as part of long term ward investment programme
 - Wide scale installation of LED lighting out across the hospital and multi storey car park to help reduce our carbon footprint
 - Replacement of four further patient lifts within the main ward blocks
 - Phase 2 of new of on-site car parking management system to ensure fair and efficient charging systems are in place
 - Conclusion of investment in our energy infrastructure scheme to ensure the site can continue to meet the growing demands of a modern acute hospital and significantly reduce our carbon footprint
 - Implementation of a new **Electronic Patient Record System** as the first stage in creating a single digital healthcare record across three of the City’s main hospital campuses. Alongside the iLinks programme, it will allow sharing of information across primary, secondary and tertiary care, enabling the transformation of clinical practice to deliver integrated patient care pathways between health organisations, improving all levels of care across the City.

Community Engagement

The Trust aims to strengthen its engagement with its local community through consultation on and participation in key projects. In 2018/19, we worked with our Council of Governors to strengthen their role in this engagement which included promoting membership at different locations within the hospital to engage members and the general public. We also supported Governors in developing their relationship with members of the Get Involved with Aintree Group who had expressed an interest in being involved in activities within the hospital.

Healthwatch representatives from Sefton, Liverpool and Knowsley attend the Trust’s Patient Experience Executive Led Group which strengthens patient insight into our programme of work.

The Trust, as the largest employer in North Liverpool, has supported individuals from some of the most disadvantaged areas of our community in preparing for work. We have given nearly 700 members of our community from schools, colleges and those presently unemployed with supported work experiences from one to twelve weeks long as part of our corporate social responsibility. We engage them in achieving their GCSE English and Maths qualifications for the first time, conducting mock interviews and open days with skills stands to showcase the range of job roles in the NHS which are more than just Doctors and Nurses. Our Traineeship and Apprenticeship programmes have resulted in 57 young people gaining jobs with the Trust in the past year as they take their first steps on a career helping others.

We also frequently engage with our community through our Artwork projects. The Trust’s Promoting Art in Aintree (PARTIA) has a fully integrated arts programme which aims to improve the patient experience, enhance the hospital environment and provides social engagement both within the hospital and in the local community. PARTIA has raised the profile of Arts in Health with an increased emphasis on performing arts being delivered on wards by volunteers and students from local education establishments as well as arranging Art Exhibitions.

The Trust continued to engage with local Overview and Scrutiny Committees (OSC), attending meetings and circulating briefings of relevant Aintree news to the committee members. This included supporting engagement work with the OSCs by the team leading the public consultation on creating a single trauma and orthopaedic service for Liverpool.

Aintree’s staff support a large number of awareness campaigns each year. These offer both health advice to the public, while also helping staff celebrate their service achievements. Information stands in the hospital, staffed by frontline clinical teams, are complemented with social media activity using Aintree’s corporate communications systems, along with local media coverage. Several national fundraising campaigns are also supported by staff, patients and visitors.



Among the awareness campaigns supported in 2018/19 were:

- April Falls Day
- Experience of Care Week
- International Infection Prevention Week
- Foot Health Month
- 70 Years of the NHS
- Deaf Awareness Week
- Healthcare Science Week
- Tinnitus Week
- Aintree Theatres Open Evening
- University of Liverpool Roadshow
- Pride of Nursing Programme
- Dementia Drop-in Sessions for Carers
- Preceptorship Open Day
- Apprenticeship Open Day
- Organ Donation Week
- World Kidney Day
- Volunteers Week
- Therapies Open Event
- Nutrition & Hydration Week

Sustainability and environmental performance

Aintree continues to contribute to improving the sustainability of the wider City region and the reduction in health inequalities. During 2018/19 the Board of Directors approved the Trust’s Sustainability Development Management Plan (SDMP) which clarifies what targets the Trust aspires to in respect of its Carbon Reduction Plan in response to the Climate Change Act.

The Trust is currently updating its SDMP Action Plan and developing key projects to support the delivery of its strategy and to improve its sustainability performance.

During 2019/20 the Trust will complete its Transport Plan as part of the SDMP. This is an area we have made great strides in and 2018 saw us named as a Sustainable Travel

Champion at the Liverpool City Region, Sustainable Travel Awards 2018 with our Cycling and Walking to Work Campaign.

The strategy will ensure that, by understanding and exercising its corporate social responsibility, the Trust can be confident that its actions will benefit rather than harm the environment in which we operate and this will be developed in parallel with our Social Values Strategy.

The Board of Directors is supportive of this agenda and will be engaged in ongoing review and implementation of the strategy, receiving updates on progress.

Waste minimisation & Management		Waste produced by the Trust		Expenditure	
		2017/18	2018/19	2017/18	2018/19
		1753 tonnes	1798 tonnes	£312,853	£316,145
Methods of Disposal: High temp. incineration, heat treatment, land fill and recycling inc. WEEE.					
Finite Resources: The Trust’s total utilities usage and costs 2017/18 and 2018/19					
Utility	Units	Usages		Costs	
		2017/18	2018/19	2017/18	2018/19
Water	M³	216,326	245,205	£482,319	£685,666
Electricity	GJ	43,000	63,154	£1,348,856	£2,094,817
Gas	GJ	173,983	132,172	£1,231,565	£972,280
Oil	GJ	3,655	3,802	£61,760	£92,569
Total Energy (excluding water)		220,638	199,128	£2,642,181	£3,159,665

Table 3: Carbon emissions: summary performance – 2017/18 & 2018/19

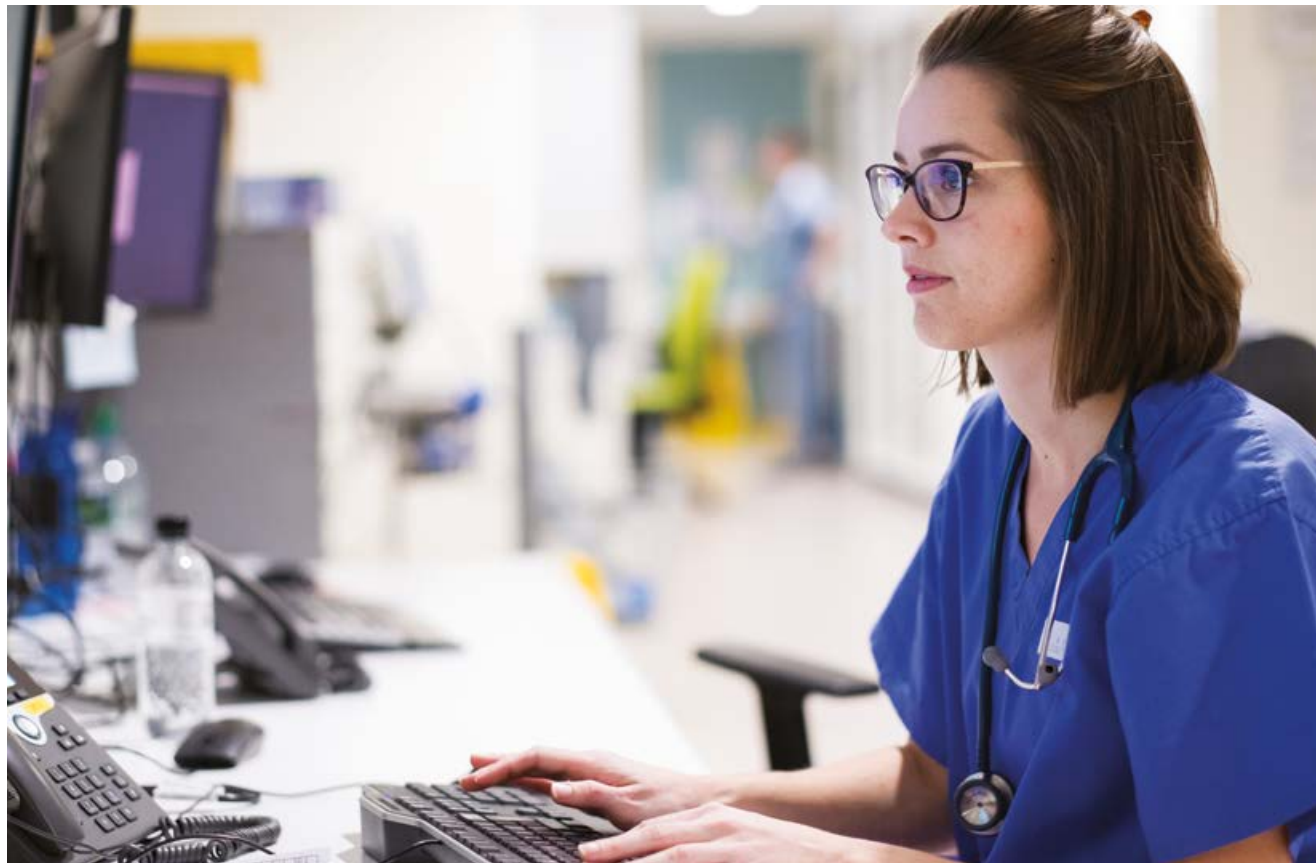
The Trust has experienced an extremely challenging year in respect of consumption of finite resources, most notably with the delivery of the Carbon Energy Fund (CEF) project, due to be completed in 2019. This will ultimately deliver significant energy savings and reductions in carbon emissions, but in year has had a detrimental impact on our gross energy consumption due to non-availability of critical plant and infrastructure.

We have this year seen a 47% increase in imported electricity due to non-availability of our now decommissioned combined heat and power plant, this has been offset in part by a 24% reduction in Gas used to generate electricity by the plant and, whilst overall we have generated 10% less energy from fossil fuels, the carbon impact has increased.

For associated reasons, there has been high use of fuel oil as a temporary alternative fuel source and waste water in order to facilitate the changeover of our main heating medium from steam to medium pressure hot water.

Water usage has risen by 13% this year, reversing the trend of the previous two years which saw a 10% drop in water consumption. Notwithstanding the link with the CEF project, this continues to be an area of concern and further reduction initiatives will be considered in the coming year as part of our SDMP.

Overall our total finite energy consumption has been steady with a slight reduction; however, costs have risen due to the underlying increase in imported electricity. It is anticipated that in 2019/20 this trend will be reversed as the significant carbon benefits of our CEF investment project will start to be seen in quarter 2.



Waste volumes remain stable for the third successive year with the proportion of each disposal route and cost of disposal has also remained largely stable. Off-site recycling was introduced in 2016/17 and this initiative was extended in 2018/19 to improve recycling levels which remain above 50% against all types for the seventh successive year. Although not likely to increase recycling levels or cost but as part of our SDMP, we will introduce more at point of use waste segregation to aim to reduce the Trust's overall carbon footprint and improve engagement with staff.

To further reduce our carbon footprint, we are collaborating with partners:

- **Energy reduction** – continued engagement with the CEF as part of the Liverpool Energy Collaborative with The Walton Centre and Liverpool Women's NHS Foundation Trusts to deliver significant investment in energy infrastructure renewal.
- **LED lighting** – the Trust has secured circa £450k from the NHS Energy Fund to invest in a significant phase 2 roll out of LED lighting.
- **Procurement** – working with our STP partners, we have negotiated a new model of energy procurement to ensure best market value is achieved.
- **Sustainability** – we have commenced participation in the Liverpool City Region Green Energy project and will be sharing our SDMP with other partners and supporting the development of their corresponding plans.
- **Travel and transport** – the Trust is working closely with Mersey Travel, refreshing and updating the Travel Plan delivery and exploring new and ongoing initiatives such as cycle to work, car share and promoting electric vehicles.

Procurement

The Procurement and Supply Chain Department is a key enabler in the delivery of the Trust's strategic vision to be a leading provider of the highest quality health care.

The Department supports the delivery of Aintree's Quality Strategy and the Trust's strategic objectives by:

- sourcing and delivering the right products and services at the right time to the right place to meet our customers' needs through efficient procurement practices, innovation and market knowledge
- creating a positive customer experience
- ensuring that purchasing is undertaken in an environmentally sustainable manner
- achieving efficiency through continuous improvement of supply chain management.

Key achievements in 2018/19 were:

- Delivery of over £1m savings
- Ongoing provision of our joint leadership of strategic procurement at Liverpool Women's Hospital and Liverpool Clinical Laboratories, demonstrating our commitment to collaborative procurement
- Reaccreditation for Level 1 NHS Standards of Procurement.

Procurement in the NHS is under significant pressure to realise future savings and it is recognised that it is no longer viable to be working in silos. The Trust is, therefore, committed to working to support local and national collaboration and operational efficiency in line with the Carter recommendations to deliver the Operating Model.

Equality, Diversity and Inclusion

Building on the firm foundations laid in the past two years, the Trust has continued to develop its work around equality, diversity and inclusion for the benefit of our patients and service users, our workforce and the communities we serve.

The Trust is committed to the elimination of discrimination, reducing health inequalities and promoting equality of opportunity for all our patients, service users, their families, carers and our workforce. Our commitment is set out in the Trust's Equality and Diversity Policy and also underpinned by the Trust's Equality Objectives for 2019 - 2023:

- To make fair and transparent decisions
- To improve access and outcomes for patients and communities who experience disadvantage
- To improve the equality performance of the Trust through engagement, collaboration and partnership working
- To empower and engage our workforce.

The NHS Equality Delivery System (EDS2) is a national toolkit to help NHS organisations improve the services it provides for its local communities, reduce health inequalities, provide better working environments for those who work in the NHS and ensure organisations are fully compliant with the Equality Act 2010. The Trust is undertaking a collaborative approach to EDS2 working alongside other local services and South Sefton Clinical Commissioning Group. Our refreshed Equality Objectives have been agreed in conjunction with the EDS2 collaborative group, thereby ensuring services across Merseyside are acting together purposefully and effectively in meeting the needs of our local population.

Significant work and actions have taken place over the past 12 months to integrate and embed equality, diversity and inclusion into all areas of Trust business. Highlights include:

- In September 2018, we launched our E&D staff network. The aim of our staff network is to promote equality and inclusion at Aintree but also to play a role in providing support for staff from minority groups who may be experiencing problems in the workplace. The network also assists the organisation to ensure business policies, practices and procedures are inclusive as possible and do not have any negative impact on staff and service users
- This year the Trust was one of 16 organisations across the North West to receive a Silver Award under the Ministry of Defence Employer Recognition Scheme for its support to service personnel such as reservists, cadets and volunteers. The Trust recognises the benefits that serving personnel, veterans and military families bring to the workforce. The Trust's HR policies allow flexibility for both Reservists and Cadet Force Adult Volunteers for training requirements and deployment and we work with the Career Transition Partnership to support the employment of service leavers

- Our third published NHS Workforce Race Equality Standard indicated some improvements on the previous year including a significant decrease in the number of Black and Minority Ethnic staff experiencing discrimination at work. We will continue to use the standard and accompanying action plan as a platform to tackle racial disparities in the workplace
- Equality and Diversity mandatory training revised and updated to include a section on deaf awareness

Significant work and actions have taken place over the past 12 months to integrate and embed equality, diversity and inclusion into all areas of Trust business.

- Updated Reasonable Adjustments Workforce Policy to include guidance on recruitment of disabled employees, implementation of reasonable adjustments and formation of a Reasonable Adjustments Passport for employees that clearly outlines what has been put in place for them
- Liverpool Diabetes Partnership who are a partnership between Aintree and the Royal Liverpool Hospital, received an 'Outstanding Contribution to Equality, Diversity and Inclusion in Health and Social Care Award' for their work in raising diabetes awareness among Black, Asian, Minority Ethnic groups and hard to reach communities.

Over the next 12 months we will continue to implement our equality, diversity and inclusion objectives working in conjunction with the CCG and other services across Merseyside to improve health inequalities across our local communities. To ensure our patients needs our being met, we aim to improve our methods of patient and public engagement over the next 12 months and we will be actively seeking views of patients, carers and the wider community in the design and delivery of our services. Our first focus group will be for deaf and hard of hearing patients and will be taking place in the first quarter of 2019.

In line with national developments, we will implement the Workforce Disability Equality Standard this year to compare the experiences of disabled staff to non-disabled staff. The data collected will inform an action plan to support positive change for existing employees and enable a more inclusive environment for disabled people working in the Trust.

Steve Warburton
Chief Executive
22 May 2019

2

A woman with brown hair in a ponytail, wearing a white lab coat, is shown in profile, looking down at a piece of paper she is holding. She is in a laboratory setting with various equipment and shelves in the background. The entire image has a green tint.

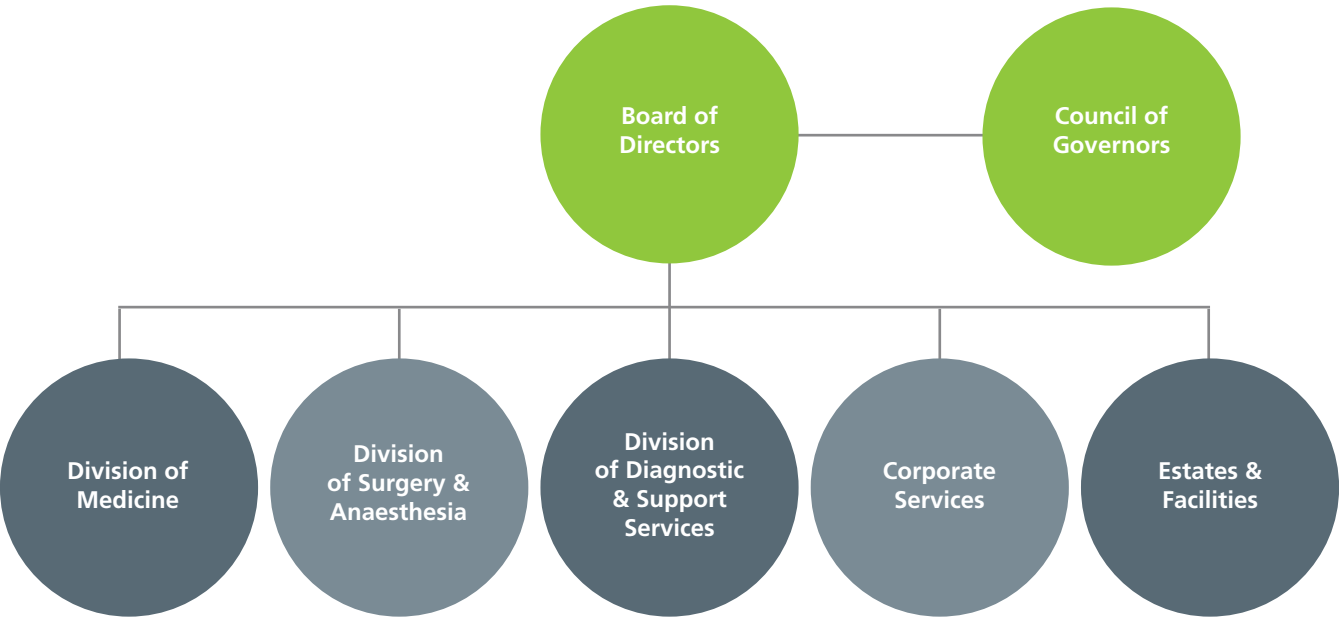
Accountability Report

Directors' Report

Board of Directors

The management of the Trust is overseen by the Board of Directors which, in line with the NHS Foundation Trust governance requirements, is held to account by the Council of Governors to discharge the Trust's accountability to the local population.

Clinical services are delivered through three clinical operating divisions. A range of corporate functions support the operational activities.



The Board of Directors comprises six Non-Executive Directors, including the Chairman and up to five Executive Directors, including the Chief Executive (further details including biographical information can be found on pages 130-133). The Board of Directors has overall responsibility for strategic development, for ensuring the quality and safety of our services, education, training and research delivered by the Trust; ensuring that Aintree is complying with its licence (an important element of which is its review of the risk management framework and the effectiveness of internal controls); ensuring the delivery of effective financial stewardship, high standards

of clinical and corporate governance and promoting effective relationships with our local community. The Board reviewed its performance and effectiveness through workshops, facilitated by Deloitte LLP. This work was informed by the report from the CQC Inspection in 2017 and built on development discussions throughout the year on assurance reporting and escalation, and improved use of the Board Assurance Framework. The latter, in conjunction with the Corporate Risk Register, enables the Board to be assured that risks to quality of care are identified and managed. Further details relating to the systems of internal control are to be found in

the Annual Governance Statement (AGS) (page 148). During 2018/19, the Board of Directors continued to reinforce its stated principle that efficiency savings cannot be realised to the detriment of quality and patient safety. This was demonstrated by approval of £8m investment in priority cases of need for the year. We have had a good record of strong financial management and although we continue to face significant financial pressures, we believe that, in conjunction with our exceptional staff, we are able to continue to respond to the challenges facing us.

NHS Improvement's Single Oversight Framework

NHS Improvement's Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well-led).

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

This segmentation information is the Trust's position as at 22 May 2019. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

Finance and use of resources

The finance and use of resources theme is based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the Trust disclosed might not be the same as the overall finance score below.

Segmentation

NHS Improvement has placed Aintree University Hospital NHS Foundation Trust in Segment 2.

Area	Metric	2018/19 scores				2017/18 scores			
		Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1
Financial sustainability	Capital service cover	4	4	4	4	4	4	4	4
	Liquidity	4	4	4	4	4	4	4	4
Financial efficiency	I&E margin	4	4	4	4	4	4	4	4
Financial controls	Distance from financial plan	1	1	1	1	2	2	2	2
	Agency spend	4	4	4	4	4	4	3	3
Overall scoring		3	3	3	3	4	4	3	3

Table 4: Finance and Use of Resources scores

Directors' interests

The Board of Directors annually reviews its Register of Declared Interests. The Directors are required to make known any interest in relation to matters being discussed at a meeting of the Board, and any changes to their declared interests. The Register of Declared Interests for the Board of Directors is held by the Director of Corporate Governance/Trust Secretary and is available for public inspection.

Members of the public can gain access to the Register of Directors' Interests via the Trust's website or by writing, telephoning or emailing the Trust Headquarters:

Aintree University Hospital NHS Foundation Trust,
Aintree Lodge, Lower Lane, Liverpool, L9 7AL.

Telephone: 0151 529 4766, email: governors@aintree.nhs.uk

Further details of Aintree's Board of Directors are at pages 130-133.

Other Disclosures

Some disclosures relevant to the Directors' report have been included elsewhere in the annual report as outlined below:

- Better payment practice code – page 30
- NHS Improvement's Well-Led Framework – page 19
- Information on fees and charges – included in the accounts
- Compliance with Income Sources Restriction – page 28
- Disclosure to auditors – page 28



Quality Governance

The Board is committed to quality governance and ensures that the combination of structures and processes at Board level and below support quality performance throughout the Trust. The Board's Quality Committee ensures oversight of clinical risks and provides assurance to the Board on the quality of clinical care. To do this, it reviews serious incidents and receives assurances on the linkages with key areas such as complaints and claims. It also monitors compliance with CQC standards.

The Trust uses the Datix system to ensure that risk management is embedded within the organisation and to register all incidents, complaints and claims. The system creates regular reports for key staff and for the groups responsible for governance and quality both divisionally and at Trust level. The Trust has appropriate policies and procedures in place to support quality governance. Appropriate training is provided both at induction and at regular, planned intervals, depending on assessment of need and in a targeted manner.

All methods of feedback, whether they be incidents, complaints, claims, inquests, formal reviews or informal patient feedback are closely analysed thematically by the Trust. This enables the Trust to identify lessons that can be learnt, change practice where necessary and to improve controls that are in place. This process is enhanced by external benchmarking, internal audit and participating in peer review. The Chief Nurse leads in ensuring that learning is shared across Aintree from these activities including through a number of staff fora.

The Estates & Facilities Directorate develops, reviews and implements the Trust's health and safety policies and leads the Trust in meeting internal and external requirements set to keep patients, staff and visitors safe. Monitoring of health and safety related non-clinical incidents was carried out throughout the year and identifiable trends as well as Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) incidents investigated and acted upon.

Further assurance of our systems and processes has been gained from internal assessments and internal audit. We produce an annual Quality Report, led by the Chief Nurse, which includes the quality objectives set to improve patient safety, experience and outcomes.

Further details of the approach to quality governance within the Trust and the processes adopted to achieve high quality safe patient care may be found in the Quality Report on page 64 and the AGS on page 148.

The Trust was successful in securing additional funding from NHS Digital and used this money to further strengthen our cyber security stance and improve the IT systems and processes in place. The Audit Committee has monitored the progress made during the year and will continue to do so during 2019/20.

The Trust has successfully achieved compliance against the Data Security Protection Toolkit (previously the Information Governance toolkit) with all standards being met by 31 March 2019.

A significant amount of work was undertaken during the year to ensure that the Trust was compliant with the new General Data Protection Regulations (GDPR) which came into force on 25 May 2018. The Trust's Senior Information Risk Owner, the Director of Finance & Business Services, chaired regular monthly meetings with a key focus on monitoring progress on Information Governance and Information Security compliance. Email communications were issued to staff in relation to information governance and cyber security issues throughout the year.

Furthermore, the Trust has successfully achieved compliance against the Data Security Protection Toolkit (previously the Information Governance toolkit) with all standards being met by 31 March 2019.

When things go wrong, or when they could have gone wrong, the Trust encourages its staff to report incidents. This happens regardless of the severity of each incident. The Trust allows staff to report incidents anonymously or in person and provides a feedback function to ensure there is demonstrable evidence of change and action. This feedback mechanism also allows us to thank staff who have reported incidents for giving us the chance to learn.

The Trust intensified its efforts in this regard during the year, recording the 10th largest increase in incident reporting nationally. This has been due in large part to the Trust's 'Safety First' work which identifies the importance of being an organisation that learns and an organisation that has safety as its first priority. The project has seen the Trust appoint incident investigation support officers, a ground breaking post for healthcare that ensures consistency in investigation and application of human factors and models from industry to our investigation reports.

All NHS Trusts are required to report and investigate Serious Incidents in accordance with the NHS Serious Incident Framework. The Trust follows NHS England's guidance in reporting SIs and carrying out investigations. During the year the Safety & Risk Executive Led Group commissioned a thematic review to identify and analyse themes emerging from serious incident investigations over the past two years. The review found that, where previously there had been variability in the assessment of human factors and the identification and analysis of active failures and systems failures, the Trust had made significant progress and was clear on how this would continue. This was confirmed in an audit by RSM, the Trust's internal auditors, which reported in January 2019 that 'the Trust has a well-designed control framework in place relating to the reporting and management of serious and low harm incidents'. This strong framework is a basis from which to further strengthen Trust processes and enhance the investigation processes over the coming year.

Responding to Patients

The Trust is committed to engaging with patients and their families to drive improvements in the quality services provided and to enhance the experience of all those who access it.

Improving the patient experience

During 2018/19, patient and family feedback was obtained via a number of different sources including but not limited to; compliments, complaints and concerns, patient stories and national and local patient surveys. A key deliverable was the development of the Patient and Family Experience Plan, a key pillar of the Quality Strategy. The plan was created in consultation with patients, families, carers and other key stakeholders. The discussions from the groups informed the content of the plan and set out the Trust's five key ambitions so patients will be able to say:

"I felt that the staff kept me and my family informed throughout my journey"

"I felt involved in decisions about my care"

"I felt that staff knew what mattered to me"

"I felt that staff listened to me and responded to my feedback"

"I feel the Trust engages and involves patients in the development and delivery of services".

To support the implementation of the plan, a table of key milestones were developed with working groups in place to support and enable staff to improve experiences of care for patients and to increase the Trust's ratings in the national in-patient survey.

Following collaboration with NHS England in 2017/18, Picker Institute Europe and the Institute

for Healthcare Improvement (IHI), the Trust joined a cohort of trusts participating in Always Events. These include #Hellomynameis and John's Campaign which are being delivered as part of the Patient and Family Experience Plan. Further details of these initiatives are on page 44.

Learning from concerns and complaints

Following an independent review of the Trust's complaint process, the Complaints Policy was revised to reflect the recommendations and the new process was implemented in June 2018. There were three priorities identified within the new process:

- The need for a proactive approach to preventing patient complaints through early intervention in the handling of enquiries, requests for information and general concerns
- The introduction of an investigative methodology
- All responses to patients detail findings and conclusions and clearly set out the Trust's adjudication.

Since the introduction of the new process and additional training for staff, the Trust has seen an increase in the number of concerns from patients, relatives and carers that have been resolved locally and informally. There has been a noticeable reduction in the number of formal complaints with fewer concerns being escalated to formal complaints. Each formal complaint generates an action plan from the Division involved with lessons learned from the complaints identified and changes implemented.

The Patient Advice and Complaint Team (PACT) volunteers visit each clinical area to ensure leaflets and posters are displayed appropriately. They will undertake an audit to ensure that patient, carers, relatives have the opportunity to raise a concern/complaint. A comments box is available outside the PACT reception area for anyone wishing to raise a concern/complaint out of normal office hours.

How we monitor improvements in the quality of healthcare that we provide

Local monitoring of improvements in the quality of care in wards/departments is completed via the Aintree Assessment & Accreditation (AAA) Framework. This process provides the Trust with assurance that the quality and safety of patient care is being regularly monitored. In addition, AAA supports local understanding of how care should be delivered, and provides a platform for identifying good practice and where improvements are required in areas of poor performance.

During 2018/19, the Quality Strategy (2018-20) was refreshed and its implementation monitored by the Quality Committee and the Executive-Led Groups through quarterly update reports. This has ensured that quality remains at the forefront of the decision-making process at the Trust. We also monitor against all relevant national and local targets to ensure we are responding to the needs of our patients appropriately.

Our progress towards local quality targets and other key quality improvements

Aintree's Quality Schedule 2018-20 and the local Commissioning for Quality & Innovation (CQUIN) standards were developed in line with feedback through activities such as the Friends and Family Test and patient and carer surveys, and through discussions with staff, senior clinicians, governors, foundation trust members and in partnership with our local Clinical Commissioning Groups.

Progress towards achieving these key standards and milestones are monitored through the Clinical Quality Performance Group and Executive-Led Groups. Examples of quality schemes include reducing avoidable mortality from pneumonia, treating heart failure patients in

ambulatory day care settings, 1st Urolift outpatient, improving holistic needs assessment and care planning for patients living with and beyond cancer and enhancing the provision of end of life care.

Key improvement projects in 2018/19 included working with NHS Improvement on a pressure ulcer reduction programme and falls reduction work streams. Further details are included in the Chief Executive's introduction to the Quality Account. These projects in which the Trust works alongside regulatory bodies are especially important as the risk profile of the Trust's patient cohort continues to increase.

Assessing the healthcare environment

The input of our local Healthwatch organisations and their contribution

to the Patient Experience Executive Led Group is invaluable. The Trust has also seen a real benefit of working with external expert organisations such as the Alzheimer's Society and the Carers' Organisations.

The Trust's Governors have been involved in the patient-led assessment of the care environment (PLACE) inspections during the year which is reported to the Health and Social Care Information Centre. The domains covered as part of the assessments are cleanliness, privacy, dignity and well-being, food, condition appearance & maintenance, dementia (including dementia friendly environment) and disability. In addition to the nationally mandated PLACE assessments, the Trust chooses to undertake monthly internal PLACE inspections to enable early identification and resolution of any emerging issues.



Stakeholder Relations

Aintree's public and patient involvement activities.

During 2018/19, there have been a number of projects where we engaged with and involved patients, carers and relatives.

These included:

Patient and Family Experience Plan

In 2018/19 the Patient Experience Team co-ordinated engagement with patients, families, carers, visitors and key stakeholders through various routes such as surveys, engagement sessions and focus groups to identify the factors that contribute to a positive patient experience.

This was supported by the Volunteer team and local Healthwatch organisations who promoted the survey on their websites to encourage the local community to inform the plans.

John's Campaign

The Trust worked with local carers organisations and their members to co-design a carers passport as part of the commitment to launch John's campaign.

The Trust worked closely with carers at each stage of the design of the passport which is currently being evaluated by carers to ensure it meets their needs and is being used effectively by carers and staff to deliver the best patient care possible.

Patient Voices

'Patient Voices' allows patients to leave a recorded voice message on their experience via the Friends & Family Test (FFT).

The facility to leave feedback via automated voice message or text messaging is available across the Trust. The Board of Directors has described this mechanism as a powerful tool for ensuring that

patient views are heard in their own words. All positive and constructive feedback received via FFT is disseminated to Divisional teams, who then develop action plans to address any issues.

Engagement sessions and focus groups to identify the factors that contribute to a positive patient experience.



Volunteer Service

Over 700 dedicated volunteers between the ages of 16 and 88 years of age, which represents approximately 14% of our total workforce, deliver an invaluable service for patients, relatives, ward/department staff and visitors.

Volunteers are matched according to their individual skills, qualities and wishes and carry out over 38 roles in the Trust, some examples being helping patients to navigate their way around the hospital, providing ward activities, supporting patients who are at risk of falling, offering complementary therapies, carrying out patient audits and offering comfort to patients and their families at end of life.

The wide range of tasks undertaken by volunteers and the genuine desire to give their time freely and willingly to help others continues to exceed all expectations and is greatly appreciated by patients, visitors and staff.

The volunteer department also manages one of the largest NHS Trust work experience schemes and works in close liaison with 122 schools, colleges and universities in the Merseyside area. Over 600 work experience students attended the Trust during the year to gain invaluable experience of working within a busy NHS environment.

Future plans and aims for the service include the introduction of a number of new volunteer initiatives

such as increased involvement with post-stroke patients, added support at patient mealtimes, and assisting staff with their aim to reduce patient deconditioning. Having excellent relationships with the local community which has been built up over the past 21 years and the service's remarkable reputation, guarantees a constant flow of people from all walks of life who are keen to volunteer at the Trust.

Research & Development

The Research Department aims to have a diverse range of research studies available for patient participation. This includes both non-commercial and commercial partnerships, covering over 31 therapeutic clinical areas.

In 2018/19, Aintree conducted 317 clinical research studies, achieved through clinical leadership and a commitment from over 100 Principal Investigators across the Trust. The Trust has partnerships with over 45 commercial contract organisations delivering high quality clinical research across the Trust.

Research Strengths

The Trust has world-leading academic infrastructure in the following areas:

Diabetes and Obesity Key Opinion Leaders

The Diabetes and Endocrinology Research Team at Aintree now has three principal investigators; Professor John Wilding, Professor Dan Cuthbertson (promoted to personal chair at the University of Liverpool this year) and Dr Uazman Alam, Senior Lecturer. Together, in the past 12 months the group have published over 30 original papers, including in leading journals such as the Lancet and the New England Journal of Medicine, as well as 15 review articles and book chapters.

The team has had a busy year, having completed and reported on a number of commercial and non-commercial trials and started many more. The group has recruited 209 patients into 24 clinical studies and has met or exceeded recruitment targets for the majority of studies. This has led to expansion of the team with the appointment of a new full time research nurse. Professor Wilding continues to provide local and national leadership as Chair of the National Institute for Health Research (NIHR) CRN Metabolic and Endocrine Clinical Research Group.

Work continues to attract national and international interest with multiple presentations at key scientific meetings, including the American and European Diabetes meetings and the European Congress on Obesity.

Professor Wilding's work on obesity has been recognised internationally by his appointment as President Elect of the World Obesity Federation.

Mersey Head and Neck Oncology Group MHNORG

MHNORG are national and international leaders in the following areas:

- HPV positive Oropharynx cancer
- Oral cavity cancer
- Health Related Quality of Life (HRQOL) and Surgical Outcomes
- Early and late phase clinical trials in H&N cancer.

MHNORG, based at Aintree, is the largest UK centre for postgraduate research training in H&N specialties.

Respiratory Research Expansion of Clinical Research

The respiratory research team at Aintree has had a successful year opening and recruiting to a portfolio of different studies with expansion into different disease areas and with new Principal Investigators (PI). The portfolio includes both publicly funded/NIHR studies, commercial studies and disease registries.

EMBARC

The team has previously recruited 82 people to the EU supported EMBARC European bronchiectasis registry.

BRONCH-UK

The bronchiectasis registry has just opened at the Trust and this will recruit and further follow-up people for five years with data combined with EMBARC. Aintree has led the analysis and presentation of pulmonary rehabilitation data from EMBARC presented in 2018. The team also recruit to the British Thoracic Society (BTS) Interstitial Lung Disease (ILD) and Sarcoidosis registries, with 386 people recruited, and the PI is the national BTS Registry Lead.

The EU funded CHROMED study (38 subjects recruited) was published in 2018 in the American Journal of Respiratory and Critical Care Medicine with the Aintree PI as first author. The NIHR funded WP3 and WP4 studies are complete with Aintree recruiting 111 and 28 people respectively and the results are currently being presented and written up for publication. The NIHR funded 'BICS' study examining the effect of beta-blocker treatment in people with COPD has recently opened with 9 subjects recruited to date.

The team has been particularly successful recruiting 299 subjects to a range of 5 different ILD studies and was the top recruiter worldwide to the Celgene study.

Recognition for Respiratory Research

The team was recently nominated for the CRN North West Coast awards (Life Science Category) for recruitment to commercial IPF studies. They work closely with the clinical, regional ILD service to offer clinical trials as both a treatment option and fundamental part of management

The team continues to work with Liverpool CCG to build on work screening heroin smokers under shared care for COPD and asthma. The primary work was published in Chest in 2018 with the Aintree PI as lead author.

Novel areas of Research

For the first time, studies in narcolepsy and sleep medicine have commenced and applications made for studies in pleural disease. Two new PIs have been recruited and Aintree has volunteered to be a PIC site for severe asthma and cough medicine research studies. The research department is increasingly participating in studies of novel anti-inflammatory therapy for ILD,

has delivered a study of a novel inhaled anti-inflammatory agent in COPD and is due to open further studies in people with ILD, COPD and bronchiectasis in 2019.

Musculoskeletal Diseases Novel therapies

The team is soon to complete an early phase trial looking at a novel drug developed to treat osteoarthritis (OA). This collaboration involves both commercial partnerships and involvement and support from the Liverpool Clinical Trials Unit (University of Liverpool) and the Phase I Unit (Royal Liverpool University Hospital). The evaluation of this new drug, in a formal clinical

The team has also recently developed and patented a new blood test to predict responses to high cost biological drugs in rheumatoid arthritis (RA).

trial, was possible after laboratory work performed by the rheumatology group, which identified a mechanism of action for its effects and suggested that it might be highly effective in treating OA - but with only a minimal risk, if any, of side-effects. The team has also recently developed and patented a new blood test to predict responses to high cost biological drugs in rheumatoid arthritis (RA). This is now being commercialised by the University of Liverpool with the aim of ensuring that patients with RA can get the right drug at the right time, instead of the current trial and error approach. It also has the potential to save the NHS more than £12 million per year.

The BioBehçet's trial, funded by the MRC/NIHR and led by Professor Moots, is a large UK study that aims to develop a personalised precision medicines approach to treating the rare condition, Behçet's Syndrome, where Aintree is a National Centre. This is the first trial of its kind in the world and is set to influence treatment of this serious condition internationally.

Sustainability and Future Initiatives for Research

Merger

The research teams across The Royal Liverpool and Aintree Hospitals have been working collaboratively during 2018/19 to develop a joint research and clinical strategy. We believe that the proposed merger with The Royal Liverpool will bring excellent benefits for research staff, both in terms of capacity and career development opportunities which, in turn, will bring increased benefits to patients.

Joint Research Service

Aintree has been working with our regional Higher Education Institutes and our eight NHS regional partners to develop a joint research administrative service to support Liverpool and regional researchers.

Developing new treatments

The Hepatology Research Team at Aintree University Hospital participated in their first Vital Therapies Study and was the top recruiter in Europe. Aintree University Hospital is one of the leading tertiary liver centres within the UK. Last year alone, Aintree experienced one of the highest rates of liver disease admissions within the UK. Led by Hepatologist, Dr Cyril Sieberhagen, Aintree's VTL-308 Research Team consists of many key multidisciplinary specialists including dedicated Research Nurses, four Hepatology Sub-Investigators and Intensive Care Therapists.

The proposed merger with The Royal Liverpool will bring excellent benefits for research staff, both in terms of capacity and career development opportunities.

Staff Report

Our staff are an integral part to delivering our vision to be a leading provider of the highest quality health care and are the key enablers to delivery of all of our strategic objectives.

We continue to build on our commitment to staff engagement and understand the importance of having all our people focussed on 'getting it right for every patient every time'.

At the year end, the Trust employed 5,179 staff as follows (male: female ratio):

Staff Group	Numbers	Male: Female ratio
Directors	13	8 : 5
Senior Managers (ESR)	514	251 : 263
Other Employees	4,652	891 : 3,761

Table 5: Trust Employees

Senior Managers contains all Agenda for Change staff above Band 8a and Consultants.

Staff Engagement & Well-being

As well as the Staff Survey and the Staff Friends & Family Test, other initiatives such as "Best Place to Work", "Safety First" and "Ask the Board" have supported staff engagement. Significant work has also been undertaken on making it easy, expected and safe for staff to raise concerns.

Summary of Engagement Activity

The Trust has continued to improve its engagement with staff, introducing crowd-sourcing technology to allow the opinions of harder to reach groups of staff to be heard.

2018/19 has seen a cultural assessment involving face to face and online workshops, which helped the Trust to deliver its commitments.

Key achievements in 2018/19 were:

Best Place to Work – this focused on complementing traditional staff engagement routes with face to face workshops, a cultural assessment and online conversations, hosted by Clever Together, the new Trust provider for Staff Survey. By using the outputs from the online conversations with Staff Survey data, the Trust is able to access richer data to help understand key priorities. A revised set of values and expected behaviours is in the process of being co-created with staff using the crowd-sourcing methodology and a stakeholder group is being formed to share and embed them in business as usual.

Ask the Board – offers staff the opportunity to put their questions direct to the Board and for the Board's responses to be shared with all staff via our website.

Raising concerns model – this has continued to evolve with the implementation of the Speak out Safely Policy. The Freedom to Speak Up Guardian role has also continued to evolve and a report is provided to the Board twice yearly to highlight any themes.

Directors' Dragons' Den – this has been led by the Chief Executive with investment for a range of innovative schemes being approved.



Education & Learning

For 2018/19, the Trust continued to adopt a multi-disciplinary approach to education and learning with a focus on improving capability and competence across all staff groups.

Key achievements in 2018/19 were:

- Funding received from Heath Education England contributed to an innovative learning environment with state of the art simulation equipment and technology
- Continued to provide a clinical training hub and Learning Zone, which provides staff and students easy access to Clinical Education
- High quality ‘Carry the bleep’ teaching continued for the 5th year medical students to prepare them for foundation years
- The creation of an E-Learning Hub with 35 computers for staff to complete their mandatory training
- Existing Essential Training reviewed, streamlined and rebranded to make it more accessible and easier to complete
- A University of Liverpool Quality visit in February 2019 for undergraduate medical students highlighted areas of good practice including support from administration team, good quality teaching, implementation of Educational Supervisor provision for years 3&4 and interest in the practice education facilitator for medical education
- Implementation of a multi-professional Preceptorship Programme for newly qualified nurses and AHP’s and shortlisted for a Nursing Times workforce award
- Implementation of an education excellence nomination scheme that recognises individuals or teams that go above and beyond to support learners. Comments are published in the staff newsletter.

Leadership Development

The Trust renewed its commitment to ensuring our leaders and managers continued to receive support and development in this critical area.

Key achievements for 2018/19 were:

- Hosted a two day event for Ward Nurse Managers (WNM) to identify the required standards for a new development programme
- Roll out of the new WNM Development programme
- Hosted a one day event for Senior Leaders which focussed on the role of the leader and manager in supporting the Safety First Agenda
- Introduced the Affina Team Coaching programme designed to increase performance and collective leadership in teams
- Continued to deliver the Level 3 Leadership & Management award accredited by the Institute of Leadership and Management (ILM)
- Delivered the 5 day Aintree Coaching programme increasing coaching capacity in the organisation
- Commissioned and delivered a Clinical Leadership development programme for our Clinical Directors to meet specific organisational demand
- Developed our future workforce by utilising the apprenticeship levy to support new roles resulting in recognition as the Apprenticeship Employer of the Year Award for Liverpool:
 - £2m committed to support apprenticeship qualifications
 - 140 staff benefiting from an apprenticeship qualification
 - 48 staff training on the new Trainee Nursing Associates role to support patient care
 - 52 apprenticeship jobs for our local community.

National NHS Staff Survey 2018

The national NHS staff survey ran between September and December 2018. The Trust moved to an online only method and all staff were offered the opportunity to complete the survey, including specific engagement sessions to support staff who do not routinely access PC’s. Details of the key findings from the Survey are identified below:

Response rate				
	2017/18	2018/19		Trust Improvement/ Deterioration
	Trust	Trust	Benchmarking group (acute trust) average	
Response rate	50%	38%	44%	The response rates for the Trust decreased by 12% on the previous year and is lower than average for acute Trusts. This was an accepted risk in the first year of using online methods only to survey staff and was a decision largely supported by staff.

Table 6 Summary of performance – Response rates 2018

Largest local changes since the 2018 Survey

As the reporting of Staff Survey results has changed from key findings to themes, it is not possible to provide a direct comparison to the 2017 results. Therefore notable results have been summarised below:

Our top 5 scores in 2018 where the Trust compared most favourably with other acute trusts

- **Equality, Diversity & Inclusion** Employer making adequate adjustments for staff
- **Health and Well-being** The organisation takes positive action on health and well-being
- **Morale** Percentage of staff who receive the respect they deserve from colleagues
- **Quality of appraisals** Staff satisfaction with appraisal helping them improve how they do their job
- **Staff Engagement** Staff who would recommend treatment at the Trust to their family and friends.

Our bottom 5 scores in 2018 where the Trust compared least favourably with other acute trusts

- **Safety Culture** Organisation treats staff who are involved in an error, near miss or incident fairly
- **Safety Environment** Percentage of staff experiencing physical violence from colleagues in the last 12 months
- **Quality of Care** Percentage of staff satisfied with the quality of care they give to patients
- **Health & Well-being** Percentage of staff satisfied with flexible working opportunities
- **Morale** Staff experiencing unrealistic time pressures.

Future priorities and targets

The priorities for action arising from the 2018 survey have been linked directly to delivery of the Trust’s vision and common purpose and link to the four high impact areas identified in the Trust’s Annual Operational Plan:

- Culture
- Capacity
- Competence
- Communication.

Improvement work is already underway to understand and address the higher than average score within the bullying and harassment theme, including a working group, planned Organisational Development (OD) interventions in specific areas and using the Best Place to Work online conversation as a method of gathering intelligence.

As the Trust moves towards the proposed merger with The Royal Liverpool and Broadgreen University Hospitals NHS Trust, OD support and staff engagement is underway to support staff during the changes.

Staff Friends & Family Test

Feedback from the National Staff Friends and Family Test (FFT) was monitored quarterly during 2018/19, with the exception of Quarter 3 as this coincided with the National Staff Survey period.

The Staff FFT poses two questions:

- how likely are you to recommend this organisation to friends and family if they needed care or treatment?
- how likely are you to recommend this organisation to friends and family as a place to work?

The Trust’s results for 2018/19 are set out below demonstrating an increasing trend in recommendation as a place to work.

Trust Wide – 2018/19									
Question	2017/18 % Score			2018/19 % Score			2018/19 % National Average		
	Q1	Q2	Q4	Q1	Q2	Q4	Q1	Q2	Q4
How likely are you to recommend this organisation to friends and family if they needed care or treatment?	83	85	81	83	85	84	83	82	83
How likely are you to recommend this organisation to friends and family as a place to work?	59	61	62	66	63	63	68	66	67

Table 7 Staff Friends & Family - Trust results 2018/19

This feedback will build on the development work to improve staff engagement and the overall staff engagement score.

Improving Staff Health & Well-being

The Trust is committed to maintaining high levels of attendance effectively and, to this end, seeks to proactively manage this area.

Throughout 2018/19, the Trust has supported managers and staff in improving their attendance and well-being under the five High Impact Changes identified below. These areas remain the focus for the 2019/20 Workforce and Well-being Development Plan.

Improvements and changes made in 2018/19

- The Health and Well-being Group (HWG) is tasked with the delivery of health and well-being actions in line with the 2018-20 plan. This plan is aligned to the Health and Well-being (HWB) CQUIN and the initiatives within it ensure its ability to deliver the CQUIN objectives which were set out for 2018/19 with a proactive focus on the fast track management of Musculoskeletal (MSK) conditions, Effective Mental Health Support and encouragement of staff to increase their physical activity. Aintree continues to participate and build on activities such as the NHS Games which we chair and host.
 - The Employee Assistance Programme, which involves various listening therapies, including counselling, provides greater flexibility for both face to face and phone counselling and support. It aims to support staff to remain in work whilst receiving additional support. Levels of access to the service have been sustained at over 50% in 2018/19 by staff who remain in work. The service which is hosted within Occupational Health and Well-being can tailor the needs of the individual with the type of support required.
 - A successful Flu Campaign saw us vaccinating over 82% of our frontline staff. Once again, we offered flexibility in appointments and locations covering a 24 hour period to ensure that as many staff as possible who wished to be vaccinated had the opportunity to do so including ‘Flu to you’ initiatives and ‘Jab at the Hut’. Our Flu team worked closely with peer vaccinators to provide the greatest accessibility across seven days.
 - We have made further improvements to the online management response form, resulting in meaningful reports being generated which clearly articulate the OH advice in view of the questions being asked. This is now being shared as best practice within the wider Cheshire & Merseyside OH remit as the basis for streamlining our services.
 - Mindfulness awareness sessions continue to be promoted on our Trust Health & Well-being pages as well as forming part of the information sessions for the preceptorship programme. The cascade of mindfulness as a tool is in support of nurturing individual resilience and well-being. It also features as part of the weekly walk through Bluebell Woods which is on our doorstep. This is organised by our colleagues in PARTIA.
 - Building on our successful collaboration with Merseyside Sports Partnership (MSP) which offers staff access to gym bikes in their work areas. This innovation has proved successful with staff and the Trust has purchased an additional two bikes to meet the growing demand from departments in the organisation.
- The OH and Well-being Service continues to offer subsidised exercise classes for employees including Ai-Chi which take place in the hydrotherapy pool, Mindful Yoga and Tai Chi classes. In 2018/19, we also added Art classes and Weight Management classes for staff, which are proving popular and effective. The Trust allotment or ‘green gym’ is also actively promoted freely for our staff affording a perfect opportunity to engage in functional fitness with the ability to eat what you sow.



Trust focus for 2019/20

The focus for Health and Well-being for 2019/20 is mapped to the Health & Well-being Strategy as well as being based on the five High Impact Areas of:

Developing local evidence-based improvement plans

Build on the HWB's work to deliver the agreed annual plans. The Group is made up of representatives across all stakeholder groups to facilitate meaningful interventions and initiatives aimed at providing employees with information to support their informed lifestyle choices.

Strong, visible leadership

Ensure health and well-being initiatives are underpinned with strong leadership and visible support at Board level with monthly progress reporting through the Workforce Executive-Led Group and Trust Board. Health & Well-being is a major component in the Trust's Best Place to Work campaign endorsed by the Trust Board. Following the 2018 National staff survey the Trust was rated as green in this domain.

Improved management capacity and capability

The Trust has included attendance management as a key component of its Core Management Skills Programme and to ensure managers are equipped with the correct

knowledge and skills to support employees to manage attendance. In the final quarter of 2018/19 the Trust agreed to take a holistic approach to managing employee attendance and will be using Quality Improvement methodology to systematically measure and monitor progress.

Access to local, high-quality, accredited occupational health services

In March 2018, the Occupational Health Service was successful in renewing its accreditation with SEQOHS and the service continues to monitor and review its provision to ensure it is proactive and accredited to support the system for staff and the organisation.

Encouragement and enablement of staff to take personal responsibility

Build on the success of 2018/19 activities and expand targeted initiatives for individuals to make informed choices about health changes and/or improvement that has a positive effect upon them and, in turn, assist in the nurturing of a resilient, engaged workforce through ownership of their holistic health needs. This is supported in the aspiration of the NHS long term plan.

Occupational Health (OH) and Well-being Service

The Trust has an in-house occupational health service which is designed to maximise the physical, psychological and social health and well-being of all employees. This service also delivers bespoke effective occupation health delivery to a number of NHS Trusts and other organisations. The review of the various processes for both pre-employment and management referral have had a positive impact on the delivery of a safe effective quality service.

In addition to the core services of new employee health assessments, management referrals/advice and immunisation/vaccination programmes, other services offered by OH and Well-being include fast track physiotherapy, a comprehensive Employee Assistance Programme (EAP), lifestyle health assessments, complimentary therapies, health promotion programmes aligned to Public Health guidance including weight management assistance, smoking cessation and alcohol support services.

Staff have access to a wide range of proactive Health and Well-being initiatives already discussed as well as cycle and running clubs. As part of the proactive approach, the OH service offers 'back on track classes' for employees as an effective means of preventing musculoskeletal disorders by focusing on education, core stability and functional restoration. This programme is also offered to employees who want to improve their general fitness and functional capacity.

The Service has continued to develop its services in accordance with its Safe Effective Quality Occupational Health Service (SEQOHS) accreditation. Key developments include working with an external provider for an EAP and continuing to develop completion of electronic personal records for internal and external customers which will be complete in 2019/20.

During 2018/19, the OH and Well-being service has significantly improved its clearance of new employees in patient facing roles in

order to improve the time to hire and on-boarding of new employees to the organisation. On average, the time to provide medical clearance is now below four working days. The service has recently completed its annual SEQOHS reaccreditation which has been awarded without concerns, although accreditation is awarded for five years, it is subject to annual review.

The ongoing development of the OH and Well-being internal and external facing web pages has resulted in a simplified intuitive index of useful information and signposting for employees as well as showcasing what we offer to prospective and existing clients. This, coupled with the bulletin that is produced quarterly, ensures we are utilising a multimodal delivery mechanism.

Sickness absence during 2018/19

The Trust has an attendance management target of 96% and performance against this target is reported to the Board each month. The Trust has maintained a cumulative attendance rate of 95.32%.

The Trust is taking a Quality and Improvement approach to managing attendance that takes into consideration the many factors that impact on the health and well-being of our staff. This approach will be informed by both quantitative and qualitative intelligence informed by our Staff Survey and the Best Place to Work initiatives held throughout the year.

The purpose of this work is to support our staff with the pressures that they face on a day to day basis to provide our patients with our common purpose of getting it right for every patient, every time.

Staff Policies

In 2018/19, we focussed on the policies that inform and guide our workforce to ensure that they are fit for purpose and to ensure that they align to the corporate objectives of the Trust. Aligning with the Trust's focus on developing a safety culture within the workforce, we reviewed our staff policies, providing an additional level of quality assurance and a focus on safety built into their ratification process.

Staff policies will continue to be reviewed as the Trust moves forward in its collaborative working with The Royal Liverpool and Broadgreen University Hospitals NHS Trust, which also involves the Trust's staff side representatives.

Freedom to speak up

The Trust is committed to an open and honest culture where staff feel confident to speak up when things

go wrong, recognising this as a key component for safe and effective working. The Trust's Freedom to Speak Up policy provides the workforce with a framework to encourage the normalising of raising concerns for the benefit of our patients and staff.

The policy is based upon the standard integrated policy produced by NHS Improvement and NHS England following the recommendations of the Sir Robert Francis' review (2013). It provides the framework by outlining its purpose for staff to raise concerns with regards to risk, malpractice or wrongdoing and how those concerns will be managed. The policy informs staff how they can raise a concern and is descriptive with regards to the responsibilities of all staff when a concern has been raised.

The policy assures staff that their concern will be handled in a safe and confidential manner. Staff are reminded that those who raise a

concern under the Trust’s Freedom to Speak Up policy will not be at risk of detrimental impact on their role or reprisal from raising their concern. There is also guidance within the policy where staff may feel unable to raise their concern internally to the Trust.

Once an individual has raised a concern, the process of how this will be acknowledged and how staff will be updated or receive feedback from this is also explained.

In addition to the Trust’s Freedom to Speak Up policy, the Trust has launched key enablers to raising concerns, including the introduction of safety and governance meetings in operational areas and an anonymous online conversations platform which accompanies the Trust Staff Survey as part of the engagement drivers

Trade Union Facility Time

During 2018/19, the Trust worked collaboratively with its staff side colleagues to review its Partnership Agreement inclusive of trade union facility time. The Trust recognises the involvement of our staff to be one of the most effective ways to plan and deliver our services.

At a time of transformation for the Trust, effective partnership working will be crucial for the success of new ways of working and for the engagement of our staff. This has been reflected in the revision of the partnership agreement with the increase of facility time being afforded to our staff side colleagues.

The agreement provides the facility time, as outlined in the table below. However, as the Trust moves closer to building its collaborative working with our Royal Liverpool

and Broadgreen partners, the Trust is supporting the Staff Side Chair to be released full time to support this ongoing work which will be reviewed as this develops.

Consultancy

During 2018/19, the Trust spent £1,656,000 on consultancy, this largely related to costs associated with the planned merger between Aintree University Hospital NHS FT and The Royal Liverpool & Broadgreen Hospitals NHS Trust.

Counter Fraud

The Trust is committed to tackling fraud within the organisation by raising awareness of the issues and ensuring all employees are aware of the necessary reporting lines should they suspect fraud, corruption and/or bribery. All employees play a vital role in helping reduce losses throughout the NHS.

The Trust’s intranet contains information and guidance to staff on what they can do to report fraud including the contact details of the Trust’s Local Counter Fraud Specialist and links to other relevant websites.

The Trust has a suite of policies in relation to Counter Fraud, including Anti-Fraud and Bribery and Standards of Personal and Business Conduct for all employees, in addition to its Freedom to Speak Up policy.

Signed



Steve Warburton
Chief Executive, 22 May 2019

The Trust worked collaboratively with its staff side colleagues to review its Partnership Agreement inclusive of trade union facility time. The Trust recognises the involvement of our staff to be one of the most effective ways to plan and deliver our services

Role	Facility Time (average)
Staff Side Chair	1 day per week
Staff Side Secretary	1 day per week
Staff Side Lead Health & Safety	0.5 days per week
Staff Side Lead Learning	0.5 days per week
Staff Side Lead Agenda for Change	0.5 days per week

Table 8: Trade Union Facility Time

Off-payroll Arrangements Disclosures

All Trust board-level appointments are included on the payroll. The Trust only uses off-payroll engagements where there is a genuine commercial requirement to allow the Trust to buy in specialist skills on a short term basis, for which no internal expert exists and for which the Trust would have no long term requirement.

No. of existing engagements as of 31 March 2019 of which:	
No. that have existed for less than one year at the time of reporting	0
No. that have existed for between one and two years at the time of reporting	1
No. that have existed for between two and three years at the time of reporting	0
No. that have existed for between three and four years at the time of reporting	0
No. that have existed for four or more years at the time of reporting	0

Table 9: For all off-payroll engagements as of 31 March 2019, for more than £245 per day and that last longer than six months

All of the existing off-payroll engagements, as outlined in Table 9 above, have at some point been subject to a risk-based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.

No. of new engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019	1
Of which:	
Number assessed as within the scope of IR35	0
Number assessed as not within the scope of IR35	1
Number engaged directly (via PSC contracted to trust) and are on the trust’s payroll	0
Number of engagements reassessed for consistency / assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0

Table 10: For all new off-payroll engagements, or those that reached six months duration, between 1 April 2018 and 31 March 2019, for more than £245 per day and that last longer than six months

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year	0
Number of individuals that have been deemed ‘board members and / or senior officials with significant financial responsibility’ during the financial year. This figure must include both off-payroll and on-payroll engagements.	13

Table 11: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2018 and 31 March 2019

Exit Packages (Tables) (Audited by PwC LLP)

1. Reporting of other compensation schemes - exit packages 2018/19	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
Exit package cost band (including any special payment element)	Number	Number	Number
<£10,000		28	28
£10,001 - £25,000	1	7	8
£25,001 - £50,000			0
£50,001 - £100,000			0
£100,001 - £150,000			0
£150,001 - £200,000			0
>£200,000			0
Total number of exit packages by type	1	35	36
Total resource cost	£21,000	£201,000	£222,000

2. Reporting of other compensation schemes - exit packages 2017/18	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
Exit package cost band (including any special payment element)	Number	Number	Number
<£10,000	2	28	30
£10,001 - £25,000	1		1
£25,001 - £50,000	2	3	5
£50,001 - £100,000	2		2
£100,001 - £150,000			0
£150,001 - £200,000			0
>£200,000			0
Total number of exit packages by type	7	31	38
Total resource cost	£234,000	£220,000	£454,000

3. Exit packages: other (non-compulsory) departure payments – 2018/19	2018/19	2018/19	2017/18	2017/18
	Agreements	Total value of agreements	Payments agreed	Total value of agreements
	Number	£000	Number	£000
Voluntary redundancies including early retirement contractual costs				
Mutually agreed resignations (MARS) contractual costs	4	48	1	49
Early retirements in the efficiency of the service contractual costs				
Contractual payments in lieu of notice	31	153	30	171
Exit payments following employment tribunals or court orders				
Non-contractual payments requiring HMT approval*				
Total**	35	201	31	220
of which:				
non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary				

Analysis of Staff Costs (FT ARM 2.80) (Audited by PwC LLP)

	2018/19 Permanently Employed £000	2018/19 Other £000	2018/19 Total £000
Salaries and wages (including bank and locum staff)	174,011	9,755	183,766
Social security costs	15,973	1,076	17,049
Apprenticeship Levy	903	0	903
Employer's contribution to NHS Pensions	18,787	921	19,708
Employer's contribution to National Employer Savings Trust	21	0	21
Agency / contract staff	0	13,686	13,686
Total	209,695	25,438	235,133

Analysis of Staff Numbers (FT ARM 2.80) (Audited by PwC LLP)

	2018/19 Permanently Employed	2018/19 Other	2018/19 Total
Medical and dental	593	27	620
Administration and estates	1,006	47	1,053
Healthcare assistants and other support staff	533	38	571
Nursing, midwifery and health visiting staff	1,712	374	2,086
Scientific, therapeutic and technical staff	791	24	815
Total	4,635	510	5,145

Analysis of Staff Costs (FT ARM 2.80) (Audited by PwC LLP)

	2017/18 Permanently Employed £000	2017/18 Other £000	2017/18 Total £000
Salaries and wages (including bank and locum staff)	158,621	13,072	171,693
Social security costs	15,173	562	15,735
Apprenticeship Levy	769	0	769
Employer's contribution to NHS Pensions	17,303	661	17,964
Employer's contribution to National Employer Savings Trust	11	0	11
Agency / contract staff	0	15,236	15,236
Total	191,877	29,531	221,408

Analysis of Staff Numbers (FT ARM 2.80) (Audited by PwC LLP)

	2017/18 Permanently Employed	2017/18 Other	2017/18 Total
Medical and dental	566	25	591
Administration and estates	961	48	1,009
Healthcare assistants and other support staff	521	29	550
Nursing, midwifery and health visiting staff	1,596	418	2,014
Scientific, therapeutic and technical staff	766	16	782
Total	4,410	536	4,946

Remuneration paid to Executive Directors is determined by the Remuneration and Nominations Committee, whose membership comprises the Trust Chairman and the Non-Executive Directors.

The annual statement from the Chair of the Remuneration Committee is to be found on page 138, together with details of attendance at and membership of the Committee.

Service contract obligations

Appointments to Executive Director posts are made in open competition and can only be terminated by resolution of the Board other than in cases of normal resignation. Directors hold permanent contracts with a standard six month period of notice. Non-Executive Directors are appointed for a period of three years and can only be removed in accordance with Monitor’s Code of Governance.

Loss of office

The Trust’s normal disciplinary policies apply to Executive Directors, including the sanction of instant dismissal for gross misconduct. The Trust’s redundancy policy is consistent with NHS redundancy terms for all staff. In the eventuality of a senior manager’s loss of office, the Chief Executive (for executive directors) or the Chairman (for the Chief Executive) may alter, postpone or disallow any individual payment they deem appropriate. These actions must be supported by the Remuneration Committee.

Remuneration

Details of remuneration are set out in the tables overleaf and have been subject to audit. The tables include the following:

- salaries and fees – annual basic pay
- taxable benefits – additional tax benefits
- pension-related benefits – the annual increase in pension entitlement, determined in accordance with the HM Revenue and Customs method.

The Trust’s Remuneration Committee considered each of the proposed salaries for the Executive Directors at the time of their appointment. The Trust can demonstrate that it reviews remuneration on a regular basis and, where new appointments are to be made, takes into account national benchmarking when setting remuneration levels.

The Trust does not have a Performance Related Pay policy so performance-related bonuses are not applicable, nor are recruitment and retention premia applied to senior management roles.

Senior managers paid more than £150,000

(disclosures below audited by PwC LLP)

Three of the Trust’s Executive Directors are paid more than £150,000, the threshold considered a suitable benchmark for NHS foundation trusts – these are the Chief Executive, Medical Director and the Deputy Chief Executive/ Integration Director. The Trust can demonstrate that it reviews remuneration on a regular basis and, where new appointments are to be made, takes into account national benchmarking when setting remuneration levels.

For the Chief Executive and Medical Director, the salary levels applied were benchmarked against the median range, using the Capita NHS Foundation Trust Board Remuneration Report February 2014. The salary level of the Deputy Chief Executive/Integration Director reflected the wider core role in terms of devolved responsibility from the Chief Executive for external areas e.g. Healthy Liverpool, strategic transformation etc. It also reflected the market rate at that time.

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation’s workforce.

The banded remuneration of the highest paid director in the Trust in the financial year 2018/19 was £177,500 (2017/18: £172,500). This was 6.6 times (2017/18: 6.5) the median remuneration of the workforce, which was £26,988 (2017/18: £26,565) as audited by PwC LLP.

In 2018/19, 19 (2017/18: 24) employees received remuneration in excess of the highest-paid director. Remuneration of these employees ranged from £176k to £339k (2017/18: £171k – £289k). Total remuneration includes salary, and, if appropriate, would include non-consolidated performance-related pay and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

Expenses

(disclosures below audited by PwC LLP)

1/21 governors submitted expense claims in 2018/19. The total amount of expenses paid to governors in 2018/19 was £62. 5/13 directors submitted expense claims in 2018/19. The total amount of expenses paid to directors in 2018/19 was £3,499.

A) Remuneration 2018/19

	Salary and Fees (bands of £5000)	All Taxable Benefits (Rounded to the nearest £100)	Annual Performance Related Bonuses (in bands of £5000)	Long Term Performance Related Bonuses (in bands of £5000)	All Pension Related Benefits (bands of £2500)	Total (bands of £5000)
	£000	£000	£000	£000	£000	£000
Goodwin N, Chairman	40-45	0	0	0	0	40-45
Clague J, Non-Executive Director	10-15	0	0	0	0	10-15
Johnston T, Non-Executive Director	10-15	0	0	0	0	10-15
Wearne M, Non-Executive Director	10-15	0	0	0	0	10-15
Fillingham D, Non-Executive Director	10-15	0	0	0	0	10-15
Ryan K, Non-Executive Director	10-15	0	0	0	0	10-15
Warburton S, Chief Executive	175-180	0	0	0	52.5-55	225-230
Jones I, Director of Finance & Business Services	125-130	0	0	0	32.5-35	160-165
Cope T, ¹ Medical Director	165-170	0	0	0	17.5-20	185-190
Smithson A, Deputy Chief Executive/ Integration Director	150-155	0	0	0	47.5-50	200-205
Brown D, Chief Nurse	130-135	0	0	0	30-32.5	160-165
Hoyte R, Director of HR & OD	100-105	0	0	0	15-17.5	115-120
Weston B, Chief Operating Officer	120-125	0	0	0	25-27.5	150-155

¹ The clinical element to T Cope’s role equates to £28k

B) Remuneration 2017/18 (Audited by PwC LLP)

	Salary and Fees (bands of £5000)	All Taxable Benefits (Rounded to the nearest £100)	Annual Performance Related Bonuses (in bands of £5000)	Long Term Performance Related Bonuses (in bands of £5000)	All Pension Related Benefits (bands of £2500)	Total (bands of £5000)
	£000	£000	£000	£000	£000	£000
Goodwin N, Chairman	40-45	0	0	0	0	40-45
Clague J, Non-Executive Director	10-15	0	0	0	0	10-15
Johnston T, Non-Executive Director	10-15	0	0	0	0	10-15
Wearne M, Non-Executive Director	10-15	0	0	0	0	10-15
Fillingham D, Non-Executive Director	10-15	0	0	0	0	10-15
Ryan K, Non-Executive Director	10-15	0	0	0	0	10-15
Warburton S, Chief Executive	170-175	0	0	0	50-52.5	220-225
Jones I, Director of Finance & Business Services	125-130	0	0	0	27.5-30	150-155
Cope T, ² Medical Director	165-170	0	0	0	0-2.5	170-175
Smithson A, Deputy Chief Executive/ Integration Director	145-150	0	0	0	92.5-95	240-245
Brown D, Chief Nurse	110-115	0	0	0	50-52.5	165-170
Green S, Director of People & Corporate Affairs	105-110	0	0	0	25-27.5	135-140
Weston B, Acting Chief Operating Officer	60-65	0	0	0	30-32.5	90-95

² The clinical element to T Cope’s role equates to £48k

Notes
S Green left the role on 31 March 2018
A Smithson relinquished the Chief Operating Officer post on 1 October 2017 but retained her Board position as Deputy Chief Executive to enable her to focus on the role of Integration Director
B Weston commenced the role on 1 October 2017

C) Pension Benefits (Audited by PwC LLP)

“As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer’s contributions and payments in to the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.”

	Real Increase in Pension at age 60 (bands of £2500)	Total Accrued Pension at age 60 at 31 March 2019 (bands of £5000)	Real Increase in related lump sum at age 60 (bands of £2500)	Related lump sum at age 60 at 31 March 2019 (bands of £5000)	Cash Equivalent Transfer Value at 31 March 2019 (To nearest £1000)	Cash Equivalent Transfer Value at 31 March 2018 (To nearest £1000)	Real Increase / (Decrease) in Cash Equivalent Transfer Value (To nearest £1000)	Employers Contribution to Stakeholder Pension (To nearest £100)
	£000	£000	£000	£000	£000	£000	£000	£000
Warburton S, Chief Executive	2.5-5	65-70	0-2.5	155-160	1,296	1,082	182	0
Jones I, Director of Finance & Business Services	2.5-5	35-40	0-2.5	90-95	756	623	114	0
Cope T, Medical Director	0-2.5	40-45	0	100-105	775	649	106	0
Smithson A, Deputy Chief Executive/ Integration Director	2.5-5	60-65	0-2.5	150-155	1,192	990	173	0
Brown D, Chief Nurse	0-2.5	30-35	0-2.5	70-75	578	472	91	0
Hoyte R, Director of HR & OD	0-2.5	35-40	2.5-5	105-155	799	678	100	0
Weston B, Chief Operating Officer	0-2.5	35-40	0-2.5	75-80	584	472	98	0

As Non-Executive members do not receive pensionable remuneration, there are no entries in respect of pensions for Non-Executive members.


A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capitalised value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member’s accumulated benefits and any contingent spouse’s pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The

pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme.

They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Signed



Steve Warburton
Chief Executive, 22 May 2019

3

**Quality Report
2018/19**



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What is a Quality Account Report?

The Health Act of 2009 set out guidance in relation to the production of Quality Accounts. NHS Foundation Trusts are required to produce Quality Reports. Each year the Trust reviews updated guidance published by NHS Improvement regarding the content required in the document. Aintree University Hospital's Quality Report for 2018/19 takes into account the guidance published on December 2018.

The aim in reviewing and publishing performance about quality is to enhance public accountability by listening to and involving the public, partner agencies and, most importantly, acting on feedback received by patients, staff, families and carers. Aintree produces quarterly Quality Reports on the Trust's priorities to show improvements to quality during the year. This is so that Aintree can regularly inform people who work for the Trust, people who use the Trust's services, carers, the public, commissioners of NHS services, and local scrutineers of our quality initiatives and to encourage regular feedback.

Aintree recognises how important it is that the information it provides about the quality of care is accessible to all. As a report to the public, this Quality Report, and 'easier read' accessible versions of the Quality Report is published on Aintree's public website.

Part 1 – Statement on quality from the Chief Executive

We are delighted to share the Quality Account 2018/19 for Aintree University Hospital NHS Foundation Trust which demonstrates the improvements we have made to the quality of our services for our patients. This report details our performance over the last year whilst also highlighting our key priorities for 2019/20.

One of the key strategic priorities in 2018/19 has been work on the proposed merger transaction between Aintree University Hospital NHS FT (AUHFT) and The Royal Liverpool and Broadgreen University Hospitals NHS Trust (RLBUHT). By merging the management of the Trusts and coming together to redesign services, we believe we can:

- Deliver safer care through improved, joined-up and patient-centred healthcare
- Improve care - single, city-wide teams treating more patients will ensure that clinical staff have the best skills, and patients get the best results from their care
- Safeguard specialist services which could otherwise be moved elsewhere in the North West
- Provide patients with access to cutting-edge technologies and experimental treatments, such as new drugs, by accessing more research opportunities
- Reduce costs, for example by reducing our combined reliance on agency staff
- Support inpatient centres of excellence with outpatients in multiple hospitals, where patients spend most time - centralised where necessary, local where possible
- Improved opportunities for career development in a bigger service and more specialties to work across
- A sustainable healthcare service, making best use of taxpayer's money.

The Patient Benefits Case for the merger transaction was submitted to the Competition and Markets Authority in March 2019. The forecast date for the merger is to take place in October 2019.

Aintree has continued to work in collaboration with our stakeholders in identifying those priorities

with the Council of Governors, patient representatives, specialist commissioning, clinical commissioning groups and members of Healthwatch. The Quality Account also incorporates information relating to compliance with national audits, complaints and information relating to research governance and data quality.

2018/19 has been an exceptionally busy year - we have taken significant steps along our quality improvement journey. This has included the development and implementation of our Quality Strategy for 2018-20 and the establishment of the Safety First programme, underpinned by a robust leadership and management framework and endorsed by the Aintree Board of Directors.

We have ensured that the outcomes of the Care Quality Commission (CQC) inspection in October 2017 have been incorporated in all aspects of the quality agenda. We successfully delivered our CQC improvement plan which was received positively by our regulators. The key areas of improvement were in:

- **Safeguarding** – a Hospital Safeguarding Group was established to oversee the implementation of the action plan and there has been positive progress made to embed and sustain actions to ensure the Trust meets its regulatory obligations.
- **Medicines management** – to further improve practice in medicines management across the organisation, a lead nurse for medicines safety has been appointed undertaking a more collaborative approach as well as reducing duplication and identifying themes. The Medicines Safety Group approved the improvement plan and will monitor its progress.
- **Staffing** – there has been a clear focus on workforce during 2018/19 with investment in a lead Nurse for

Workforce to oversee recruitment and retention across the Trust. A robust Workforce Improvement Plan has been in place since 2018, this has seen significant improvements in reducing vacancy rates for registered nurses and overall vacancy rates which are better than both the regional and national average. Retention rates for registered nurses are also above regional and national average demonstrating year on year improvement. The Trust has also made a significant impact on agency spend for Health Care Assistants and nursing.

- **Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR)** – quarterly audits have been established to monitor the quality of the completion of documentation. DNACPR is also reviewed as part of the revised Aintree Assessment & Accreditation (AAA) framework for inspection of wards.

The key elements of our quality performance for 2018/19 included:

- **Incident Reporting** – we have intensified our efforts to incident reporting, resulting in the Trust recording the tenth largest increase in incident reporting nationally, which is indicative of an improved reporting culture. This has been largely due to the Safety First programme identifying the importance of organisational learning and safety as the first priority.
- **Falls prevention** – our aim was to achieve a continued reduction in inpatient falls and falls with harm. We achieved a 5.6% improvement in all falls against a 5% improvement target and a reduction of 40.5% in the number of inpatient falls leading to moderate harm and above. We continue to work to improve a reduction in all falls in the overarching 2019/20 action plan.

- **Pressure Ulcers** – we set ourselves improvement targets for Grade 2 & 3 pressure ulcers but did not meet either. A thematic review has been undertaken with an action to target underperforming wards using quality improvement methodology to improve our position.
 - **Mortality** – we have continued to see a reduction in mortality levels across all indicators with performance 'as expected' or 'below expected' both nationally and regionally. We are participating in the pilot review of Patients with Learning Disabilities (LeDeR) being led by South Sefton Clinical Commissioning Group. Our sepsis mortality has fallen steadily since 2016 and our overall care exceeds the average North West care putting us in the top quartile for the region.
 - **Patient and family engagement** – our Patient & Family Experience Plan for 2018-20 was approved in September 2018 as an integral pillar of our Quality Strategy. Of the 28 projects identified, we were on track to successfully embed and sustain the specified objectives set within the timescales.
- The increased level of demand for hospital services continued to put operational pressure on the Trust during 2018/19 and its ability to achieve a number of our key performance indicators. However, we have continuously seen improvements in our sustainable performance, much of which is better than the national average, to ensure that our patients were not adversely affected:
- **A&E four-hour standard** – increased attendances have impacted on service delivery but our ongoing work, in collaboration with the A&E Delivery Board, is supporting changes to improve patient flow. A number of schemes to support the delivery of sustainable improvement against the standard continue to be progressed internally with positive results. We are also working closely with our system partners across health and social care to resolve some of the key challenges facing the Trust. The Health Service Journal reported Aintree as the most improved performance of the A&E four-hour standard for 2018/19 compared to 2017/18.
 - **18-week referral to treatment** – pressures were experienced in meeting the standard predominately due to there being significant growth in demand for services during the year but we have made in-roads to improve and sustain performance around the 90% mark. When compared to the national position, Aintree continues to consistently perform at a high level.
 - **Diagnostics** – this was a challenging standard for us to achieve mainly due to workforce capacity but the clinical teams have worked hard to improve the position and performance is now significantly better at 0.4% against the 1% standard. This standard has been achieved in February and March 2019.
 - **Cancer** – substantial increases in referrals into cancer services has affected overall performance against the 2-week wait, Breast Symptomatic and 62-day standards but we have continued to do our utmost to deliver quality care as well as work with our partners to understand the reasons for the dramatic increase and how, as a system, we can improve the pathways.
 - **Inpatients Survey** – the response rate for the 2018 survey had improved from 30% to 35% and our satisfaction scores were better than the previous year. Areas for improvement have been identified and will be incorporated into an action plan and monitored by the Patient Experience Executive Led Group.

- **Staff Survey** – whilst we had seen an increase in scores for staff engagement and quality of appraisals it is crucial that momentum is maintained and engagement efforts increased. The survey was conducted solely online which may have impacted on the response rate reducing by 12%. However, we fully recognise that for us to deliver high quality patient care, our staff need to feel engaged, valued and motivated with concerns raised being addressed in a timely manner. As a Trust we are committed to hearing the staff voice, and recognise that involving staff is essential in driving quality improvement and to help Aintree become a 'Best Place to Work'.

We have an ambitious Safety First programme with its core principles of making **"Safety our number one priority"** and **"Safety being everyone's responsibility"**.

A number of work streams have been established and excellent progress has been made during its first year to deliver key milestones. This work will be further developed during 2019/20 to enhance our commitment to developing an explicit safety culture to enable safety to be the focus of everything we do at Aintree.

We also launched our End of Life & Bereavement Strategy, using the frangipani model of end of life care and the frangipani blossom as the Trust symbol for care across all services and departments. The Strategy aims to provide a person centred, individualised approach to delivering responsive end of life services by a workforce who are:

**Compassionate
Able
Responsive
Engaged**

The implementation of the Strategy will be progressed during 2019/20.

It has been yet another pressured year but our commitment to the quality agenda remains steadfast as we seek to realise our strategic vision:

"to be a leading provider of the highest quality healthcare"

Once again, our staff have been our greatest asset as we strive to achieve our objectives and goals to deliver outstanding care for our patients and the performance improvements we have made would not have been possible were it not for their unwavering commitment and hard work. As ever, they are ably supported by Aintree's dedicated volunteers who generously give their time to our staff and patients every day.

I am justifiably proud of our achievements over the last 12 months and I confirm that, to the best of my knowledge, the information contained in this report is a true and accurate reflection of the services and outcomes we have delivered.

Steve Warburton

Steve Warburton
Chief Executive, 22 May 2019

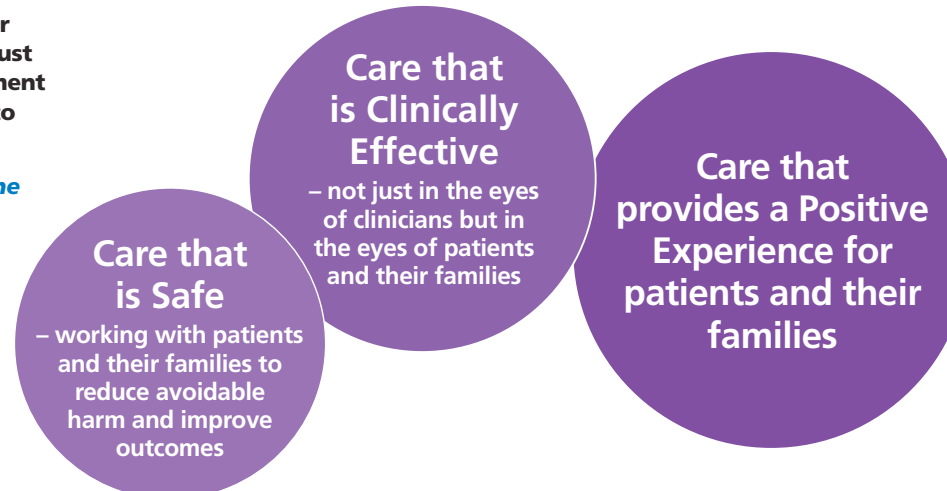
Part 2 – Priorities for improvement and statements of assurance from the Board

Part 2.1(i) Summary of progress against our quality improvement priorities for 2018/19

The Trust's Quality Strategy for 2018-20 was published in August 2018 and set out our commitment to quality and moving closer to realising our strategic vision

"to be a leading provider of the highest quality health care".

The three elements of our approach to continuous improvement remain:



Progress highlights against the delivery of the strategy in 2018/19 include:

Safe Care: The Trust continues to invest in safe, patient centred care. During 2018/19:

- Safeguarding policies have been strengthened and a strategy for Cognitive Impairment has been implemented. Successful delivery of the strategy is being resourced through the appointment of a Lead Nurse and Clinical Leads.
- Deteriorating Patients – a Deteriorating Patient Safety Group has been established to drive forward improvements. Enhanced monitoring and escalation has been implemented and compliance is reviewed with immediate improvement actions identified and managed through Divisional Assurance Groups. Targeted training on the detection of the deteriorating patient has commenced and is being rolled out across key areas.

Safety Culture: A Steering Group has been established, chaired by the Medical Director, with oversight of the delivery of eight cross cutting work streams. More than 750 staff participated in an online conversation about the key priorities to be

included within the Trust's Safety Culture work programme and 200 patients and staff participated in questionnaires which will support the development of the Trust's standards of behaviour framework. This behavioural framework will be launched in spring 2019. The key outcomes from the programme to date include the establishment of 30 Safety and Governance meetings in wards and departments, improved reporting on DATIX, our patient safety software system, the appointment of Investigation Support Officers, 420 theatre staff trained in National Safety Standards for Invasive Procedures (NatSSIPs) and an improved Safety Pin bulletin and Safety Huddle framework.

Clinical Effectiveness: An End of Life Strategy has been created and sets a clear direction for improving end of life care, supported by a comprehensive training programme.

Reducing Avoidable Mortality: Mortality at Aintree is measured in three ways across all specialties: two are risk adjusted indices, the Summary Hospital-level Mortality Index (SHMI) and Hospital Standardised Mortality Ratio (HSMR); the third is crude mortality rate expressed as a percentage of all inpatient discharges.

As a Trust we are within the expected ranges for these indicators. We are participating, with South Sefton Clinical Commissioning Group, in a mortality review pilot of patients with a learning disability. Our Sepsis Policy has been updated and sepsis mortality has fallen steadily since 2016 from 32% to 18% and is as expected nationally and regionally. Aintree is in the top quartile within the regional Advancing Quality Programme with regard to overall care to patients diagnosed with sepsis.

Patient and Family Experience: A comprehensive plan has been developed with its delivery being managed through the Patient Experience Executive-led Group. A revised complaints process was implemented in June 2018, which has resulted in a reduction of formal complaints and increased local resolution.

More detailed information regarding progress against our Quality Strategy metrics for 2018-20 is provided in the table overleaf.



Quality Strategy Metric Performance

The Trust's Quality Strategy for 2018-20 was published in August 2018 and set out our commitment to quality and moving closer to realising our strategic vision **"to be a leading provider of the highest quality health care"**. Performance against the key quality goals identified in that new strategy is presented below.

Reducing Harm

Objective	16/17	17/18	18/19	Progress
Number of Hospital Acquired Pressure Ulcers - Grade 2	61	64	95	
Grade 2 Pressure Ulcers per 1000 bed days	0.250	0.248	0.347	
Number of Hospital Acquired Pressure Ulcers – Grade 3/4	6	7	9	
Grade 3/4 Pressure Ulcers per 1000 bed days	0.025	0.027	0.033	
% of Catheter Associated Urinary Tract Infections	34.3%	31.8%	43.4%	
% Patients receiving Venous Thromboembolism Risk Assessment	93.0%	92.3%	92.1%	
Number of Patient Falls with harm	421	425	472	
Falls per 1000 bed days	1.73	1.64	1.72	
Number of cases of MRSA	1	1	3	
100% compliance with Hand Hygiene	97.0%	100.0%	99.3%	
Number of C-Difficile Infections <=46	27	43	27	
C-Difficile infections per 1000 Bed days	0.11	0.17	0.10	
Ensure the improvement in monitoring and escalation of deteriorating patients	-	-	Yes	

Safeguarding and Mental Capacity Act

Objective	16/17	17/18	18/19	Progress
Increase compliance and assurance with Safeguarding policy and procedures	-	97.5%	93.1%	
Improve Trust delivery of care to patients with a cognitive impairment	-	-	Partial	
95% of staff to have appropriate level of safeguarding training for children	-	98.1%	90.2%	
Achieve higher compliance with CQC regulation 13	-	-	Yes	
Review and implement Safeguarding Level 3 for Adults and Children training to Trust staff	-	97.10%	94.70%	

Acting on clinical results

Objective	16/17	17/18	18/19	Progress
Prevent any future backlog to unacknowledged clinical investigation results	-	-	Yes	
Standardise the management of abnormal results and normal results	-	-	Yes	

Governance, learning and preventing harm

Objective	16/17	17/18	18/19	Progress
Deliver regulatory compliance with CQC fundamental standards	-	-	Amber	
Increase incident reporting as measured by number of incidents reported	6,369	8,047	7,779	
Improve consistency and timeliness of investigations, sharing learning	-	-	Yes	

Improvement in patient journey

Objective	16/17	17/18	18/19	Progress
Achieve the (4-hour) emergency access standard	89.9%	81.6%	84.7%	
Implement an intensively supported programme to roll out SAFER and patient flow bundle	-	-	Yes	

Learning from Harm

Objective	16/17	17/18	18/19	Progress
Achieve zero never events	1	9	1	
Achieve 100% compliance with the WHO Checklist	69.50%	62.90%	97.30%	
Mitigate risk of Never Events occurring	Yes	Yes	Yes	
Increase visibility of theatre leadership	-	-	Yes	

Reducing Avoidable Mortality

Objective	16/17	17/18	18/19	Progress
Improve the prevention, early detection and treatment of Acute Kidney Injury (AKI)	-	-	Yes	
AQ measure - Ensure identification and management of pneumonia	93.9%	95.0%	92.1%	
AQ measure - Ensure identification and management of sepsis	89.4%	93.2%	91.6%	
Achieve early recognition and management of the deteriorating patient	98.6%	96.3%	97.9%	
Deliver improvements in end of life care	-	-	Yes	
Commence Structured Judgement Review	-	-	Yes	

Deliver reliable effective care

Objective	16/17	17/18	18/19	Progress
Achieve Cancer 62 day target 85% of the time	81.1%	85.6%	80.0%	
Deliver Stroke improvements	56.1%	82.0%	70.6%	
Achieve Incomplete RTT pathways for 92% of pathways	92.5%	90.1%	89.0%	
Achieve diagnostics < 6 week target	1.2%	1.4%	0.9%	
Improve End of Life Care pathways	-	-	Yes	
Improve Dermatology pathways	-	-	Yes	
Improve Severe Asthma pathways	-	-	Yes	
Improve Cardiology care pathways	-	-	Yes	
Improve Gastro care pathways	-	-	Yes	
Reduce last minute cancellations from theatre	183	258	271	
% last minute theatre cancellations	0.35%	0.52%	0.87%	
AQ measure - Acute Kidney Injury CPS target 94%	92.0%	92.8%	95.1%	
AQ measure - Alcohol Related Liver Disease CPS target 78%	-	94.9%	78.6%	
AQ measure - Hip and Knee Replacement CPS target 95%	94.8%	96.8%	95.5%	
AQ measure - Pneumonia target 95%	93.9%	95.0%	91.6%	

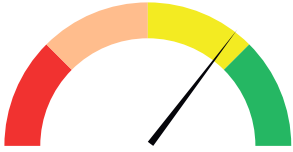
Drive performance in Patient Experience

Objective	16/17	17/18	18/19	Progress
Implement a Patient & Family Experience Plan 2018-2020	-	-	Yes	

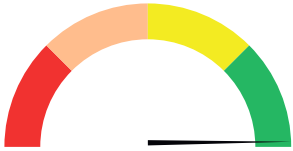
Co-create improvements

Objective	16/17	17/18	18/19	Progress
Deliver 4 Always Events	-	-	Yes	
Involve patients in Quality Improvement areas	Yes	Yes	Yes	

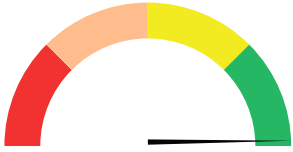
Patient feedback

Objective	16/17	17/18	18/19	Progress
Introduce Real Time patient satisfaction questionnaires on wards	-	-	No	
Relaunch Patient Shadowing Programme	-	-	Yes	
Put in place informal and early intervention to respond to patient concerns and questions	-	-	Yes	
Increase FFT inpatient recommendation to 96%	96.7%	91.0%	93.8%	
Complete 75% of complaints responses in a timely manner	77.0%	44.0%	59.0%	

Staff Survey

Objective	16/17	17/18	18/19	Progress
Increase ownership of survey results at a local level	-	-	Yes	
Address areas of variation in staff engagement across the organisation	-	-	Yes	

Culture improvement plan

Objective	16/17	17/18	18/19	Progress
Form a culture and performance baseline to define organisational maturity in terms of staff engagement capability	-	-	Yes	
Generate ideas to enhance delivery of cultural engagement plan	-	-	Yes	
Co-create a "Best Place to Work" plan	-	-	Yes	
Co-create with the workforce a shared set of values and behaviours	-	-	Yes	

Part 2.1(ii) Priorities for improvement in 2019/20

The Trust's Quality Strategy for 2018-20 reinforces the three overarching priorities for improving patient care. These overarching priorities aim to ensure that care delivered by the Trust is safer, more effective and provides positive patient experience.

Priority 1: Care that is Safe

working with patients and their families to reduce avoidable harm and improve outcomes.

Priority 2: Care that is Clinically Effective

not just in the eyes of clinicians but in the eyes of patients and their families.

Priority 3: Care that provides a positive experience for patients and their families

The delivery of these priorities will continue to be underpinned by a portfolio of key quality goals as set out on the right.

Key Quality Goals:

- Care that is safe
 - Reducing harm
 - Safeguarding processes and Mental Capacity Act
 - Acting on clinical results
 - Governance, learning and preventing harm
 - Improvement in patient journey
 - Learning from harm.
- Care that is clinically effective
 - Reducing avoidable mortality
 - Care pathways
 - Advancing Quality Programme.
- Patient and family experience
 - Patient feedback
 - Co-create improvements.

How the views of patients, the wider public and staff were taken into account:

The Trust's Quality Strategy (2018-20) and the key quality goals were agreed by taking into account the views of:

- People who use the Trust's services and carers; for example, through receipt of feedback from activities such as the Friends and Family Test, patient and carer surveys.
- Staff and senior clinicians; for example, through discussion at the Trust's Divisional governance meetings.
- Governors and Foundation Trust Members; through Quality Account Meetings and the governor-led Quality of Care Committee.
- Commissioners of NHS services; through contract negotiation and monitoring processes.
- Local Healthwatch; through feedback from visits to services, at quarterly informal meetings and via the Patient Experience Executive-led Group.
- Stakeholders and the wider public; for example through activities such as Quality Priorities Engagement Events.

How progress to achieve the quality improvement priorities will be reported:

Progress against the Trust's Quality Strategy for 2018-20 will continue to be reported to the Quality Committee. It will also be shared widely with governors, members and local Healthwatch organisations.



Part 2.2 Statements of Assurance from the Board

To assure the public that we are performing to essential standards, providing high quality care, measuring clinical process and are involved in initiatives to improve quality, we offer the following statements:

Common content for all Quality Accounts nationally is contained in a double line border like this.

Information of the review of services

During 2018/19, the Aintree University Hospital NHS Foundation Trust provided and/or sub contracted 39 relevant health services. The Aintree University Hospital NHS Foundation Trust has reviewed all the data available to them on the quality of care in 39 of these relevant health services. The income generated by the relevant health services reviewed in 2018/19 represents 98.5% of the total income generated from the provision of relevant health services by the Aintree University Hospital NHS Foundation Trust for 2018/19.

Information on participation in clinical audits and national confidential enquiries

During 2018/19, 48 national clinical audits and 3 national confidential enquiries covered relevant health services that Aintree University Hospital NHS Foundation Trust provides.

During that period Aintree University Hospital NHS Foundation Trust participated in 98% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Aintree University Hospital NHS Foundation Trust was eligible to participate in during 2018/19 are as follows:

- BAUS Urology Audits - Nephrectomy
- BAUS Urology Audits - Percutaneous Nephrolithotomy (PCNL)
- Case Mix Programme (CMP)
- Elective Surgery (National PROMs Programme)
- Endocrine and Thyroid National Audit
- Falls and Fragility Fractures Audit programme (FFFAP) - Fracture Liaison Service Database
- Falls and Fragility Fractures Audit programme (FFFAP) - Inpatient Falls
- Falls and Fragility Fractures Audit programme (FFFAP) - National Hip Fracture Database
- Head and Neck Cancer Audit
- Inflammatory Bowel Disease (IBD) Registry, Biological Therapies Audit
- Learning Disability Mortality Review Programme (LeDeR)
- Major Trauma Audit
- Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection
- National Adult Community Acquired Pneumonia (CAP) Audit
- National Adult Non-Invasive Ventilation (NIV) Audit
- National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme - Chronic Obstruction Pulmonary Disease (COPD) Secondary Care
- National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme - Pulmonary Rehabilitation
- National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme - Adult Asthma Secondary Care
- National Audit of Breast Cancer in Older People (NABCOPI)
- National Audit of Cardiac Rehabilitation
- National Audit of Care at the End of Life (NACEL)
- National Audit of Dementia (in General Hospitals)
- National Cardiac Arrest Audit (NCAA)
- National Cardiac Audit Programme (NCAP) - Cardiac Rhythm Management (CRM)
- National Cardiac Audit Programme (NCAP) - Myocardial Ischaemia National Audit Project (MINAP)
- National Cardiac Audit Programme (NCAP) - National Heart Failure Audit
- National Comparative Audit of Blood Transfusion Programme - Management of Massive Haemorrhage
- National Comparative Audit of Blood Transfusion Programme - Use of Fresh Frozen Plasma and Cryoprecipitate in Neonates and Children

- National Diabetes Audit – Adults - National Core Diabetes Audit
- National Diabetes Audit – Adults - National Diabetes Inpatient Audit (NaDia) - reporting data on services in England and Wales
- National Diabetes Audit – Adults - National Diabetes Foot Care Audit
- National Diabetes Audit – Adults - National Diabetes Inpatient Audit (NaDia) Harms - reporting on diabetic inpatient harms in England
- National Early Inflammatory Arthritis Audit (NEIAA)
- National Emergency Laparotomy Audit (NELA)
- National Gastrointestinal Cancer Programme - National Bowel Cancer Audit (NBOCA)
- National Gastrointestinal Cancer Programme - National Oesophago-gastric Cancer (NOGCA)
- National Joint Registry (NJR)
- National Lung Cancer Audit (NLCA)
- National Ophthalmology Audit (NOD)
- National Prostate Cancer Audit
- NCEPOD Long-term ventilation in children, young people and young adults
- NCEPOD Pulmonary embolism
- NCEPOD Acute Bowel Obstruction
- Reducing the Impact of Serious Infections (Antimicrobial Resistance and Sepsis) - Antimicrobial Stewardship
- Reducing the Impact of Serious Infections (Antimicrobial Resistance and Sepsis) - Antibiotic Consumption
- Sentinel Stroke National Audit Programme (SSNAP)
- Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme
- Seven Day Hospital Services Self-Assessment Survey
- Surgical Site Infection Surveillance Service
- Vital Signs in Adults (Care in Emergency Departments)
- VTE Risk in Lower Limb Immobilisation (Care in Emergency Departments)

The national clinical audits and national confidential enquiries that Aintree University Hospital NHS Foundation Trust participated in during 2018/19 are as follows:

- BAUS Urology Audits - Nephrectomy
- BAUS Urology Audits - Percutaneous Nephrolithotomy (PCNL)
- Case Mix Programme (CMP)
- Elective Surgery (National PROMs Programme)
- Endocrine and Thyroid National Audit
- Falls and Fragility Fractures Audit programme (FFFAP) - Fracture Liaison Service Database
- Falls and Fragility Fractures Audit programme (FFFAP) - Inpatient Falls
- Falls and Fragility Fractures Audit programme (FFFAP) - National Hip Fracture Database
- Head and Neck Cancer Audit
- Inflammatory Bowel Disease (IBD) Registry, Biological Therapies Audit
- Learning Disability Mortality Review Programme (LeDeR)
- Major Trauma Audit
- Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection
- National Adult Community Acquired Pneumonia (CAP) Audit
- National Adult Non-Invasive Ventilation (NIV) Audit
- National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme - Chronic Obstruction Pulmonary Disease (COPD) Secondary Care
- National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme - Pulmonary Rehabilitation
- National Audit of Breast Cancer in Older People (NABCOPI)
- National Audit of Cardiac Rehabilitation
- National Audit of Care at the End of Life (NACEL)
- National Audit of Dementia (in General Hospitals)
- National Cardiac Arrest Audit (NCAA)
- National Cardiac Audit Programme (NCAP) - Cardiac Rhythm Management (CRM)
- National Cardiac Audit Programme (NCAP) - Myocardial Ischaemia National Audit Project (MINAP)
- National Cardiac Audit Programme (NCAP) - National Heart Failure Audit
- National Comparative Audit of Blood Transfusion Programme - Management of Massive Haemorrhage
- National Comparative Audit of Blood Transfusion Programme - Use of Fresh Frozen Plasma and Cryoprecipitate in Neonates and Children
- National Diabetes Audit – Adults - National Core Diabetes Audit
- National Diabetes Audit – Adults - National Diabetes Inpatient Audit (NaDia) - reporting data on services in England and Wales
- National Diabetes Audit – Adults - National Diabetes Foot Care Audit
- National Diabetes Audit – Adults - National Diabetes Inpatient Audit (NaDia) Harms - reporting on diabetic inpatient harms in England
- National Early Inflammatory Arthritis Audit (NEIAA)
- National Emergency Laparotomy Audit (NELA)
- National Gastrointestinal Cancer Programme - National Bowel Cancer Audit (NBOCA)

- National Gastrointestinal Cancer Programme - National Oesophago-gastric Cancer (NOGCA)
- National Joint Registry (NJR)
- National Lung Cancer Audit (NLCA)
- National Ophthalmology Audit (NOD)
- National Prostate Cancer Audit
- NCEPOD Long-term ventilation in children, young people and young adults
- NCEPOD Pulmonary embolism
- NCEPOD Acute Bowel Obstruction
- Reducing the Impact of Serious Infections (Antimicrobial Resistance and Sepsis) - Antimicrobial Stewardship
- Reducing the Impact of Serious Infections (Antimicrobial Resistance and Sepsis) - Antibiotic Consumption
- Sentinel Stroke National Audit Programme (SSNAP)
- Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme
- Seven Day Hospital Services Self-Assessment Survey
- Surgical Site Infection Surveillance Service
- Vital Signs in Adults (Care in Emergency Departments)
- VTE Risk in Lower Limb Immobilisation (Care in Emergency Departments)

The national clinical audits and national confidential enquiries that Aintree University Hospital NHS Foundation Trust participated in, and for which data collection was completed during 2018/19, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Audit/Enquiry	Cases submitted
BAUS Urology Audits – Nephrectomy	80 (66%)
BAUS Urology Audits - Percutaneous Nephrolithotomy (PCNL)	53 (no requirement data)
Case Mix Programme (CMP)	1401 (% unknown)
Elective Surgery (National PROMs Programme)	542 procedures
• Pre-operative questionnaires returned	• 377 (69.6%)
• Post-operative questionnaires returned	• 216 (57.4%)
Endocrine and Thyroid National Audit	66 (% unknown)
Falls and Fragility Fractures Audit programme (FFFAP) - Fracture Liaison Service Database	Final position awaited
Falls and Fragility Fractures Audit programme (FFFAP) - Inpatient Falls	1 (aiming for 0)
Falls and Fragility Fractures Audit programme (FFFAP) - National Hip Fracture Database	404 (% unknown)
Head and Neck Cancer Audit	Final position awaited
Inflammatory Bowel Disease (IBD) Registry, Biological Therapies Audit	41 (100%)
Learning Disability Mortality Review Programme (LeDeR)	11 (100%)
Major Trauma Audit	939 (% unknown)
Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection	39 (100%)
National Adult Community Acquired Pneumonia (CAP) Audit	149 (% unknown)
National Adult Non-Invasive Ventilation (NIV) Audit	In progress
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme - Secondary Care	In progress (latest figure 1196)

Audit/Enquiry	Cases submitted
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme - Pulmonary Rehabilitation	In progress
National Audit of Breast Cancer in Older People (NABCOP)	Final position awaited
National Audit of Cardiac Rehabilitation	Final position awaited
National Audit of Care at the End of Life (NACEL)	80 (100%)
National Audit of Dementia (in General Hospitals)	54 (100%)
National Cardiac Arrest Audit (NCAA)	86 (% unknown)
National Cardiac Audit Programme (NCAP) - Cardiac Rhythm Management (CRM)	In progress
National Cardiac Audit Programme (NCAP) - Myocardial Ischaemia National Audit Project (MINAP)	In progress (latest figure 521)
National Cardiac Audit Programme (NCAP) - National Heart Failure Audit	In progress (latest figure 477)
National Comparative Audit of Blood Transfusion Programme - Management of Massive Haemorrhage	10 (100%)
National Comparative Audit of Blood Transfusion Programme - Use of Fresh Frozen Plasma and Cryoprecipitate in Neonates and Children	1 (100%)
National Diabetes Audit – Adults - National Core Diabetes Audit	Final position awaited
National Diabetes Audit – Adults - National Diabetes Inpatient Audit (NaDia) - reporting data on services in England and Wales	Final position awaited
National Diabetes Audit – Adults - National Diabetes Foot Care Audit	Final position awaited
National Diabetes Audit – Adults - National Diabetes Inpatient Audit (NaDia) Harms - reporting on diabetic inpatient harms in England	Final position awaited
National Early Inflammatory Arthritis Audit (NEIAA)	In progress
National Emergency Laparotomy Audit (NELA)	144 (100%)
National Gastrointestinal Cancer Programme - National Bowel Cancer Audit (NBOCA)	Final position awaited
National Gastrointestinal Cancer Programme - National Oesophago-gastric Cancer (NOGCA)	Final position awaited
National Joint Registry (NJR)	658 (% unknown)
National Lung Cancer Audit (NLCA)	Final position awaited
National Ophthalmology Audit (NOD)	1327 procedures, 1059 patients
National Prostate Cancer Audit	Final position awaited
NCEPOD Long-term ventilation in children, young people and young adults	In progress
NCEPOD Pulmonary embolism	1 Organisational Questionnaire, 6 Clinical Questionnaires & Case Notes
NCEPOD Acute Bowel Obstruction	In progress
Reducing the Impact of Serious Infections (Antimicrobial Resistance and Sepsis) - Antimicrobial Stewardship	Final position awaited
Reducing the Impact of Serious Infections (Antimicrobial Resistance and Sepsis) - Antibiotic Consumption	Final position awaited

Audit/Enquiry		Cases submitted
Sentinel Stroke National Audit Programme (SSNAP)		443 (% unknown)
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme		Not known
Seven Day Hospital Services Self-Assessment Survey		Not known
Surgical Site Infection Surveillance Service		Final position awaited
Vital Signs in Adults (Care in Emergency Departments)		120 (100%)
VTE Risk in Lower Limb Immobilisation (Care in Emergency Departments)		116 (100%)
<p>The reports of 40 national clinical audits were reviewed by the provider in 2018/19 and Aintree University Hospital NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:</p>		
CAMS ID	Title	Action required to achieve change
28	National Diabetic Foot Care Audit	Successful business case and subsequent funding for additional 1.0 WTE Band 6 podiatrist to increase capacity and reduce the wait time for new patients to be seen to 5 working days.
2262	National Adult Community Acquired Pneumonia	To generate blood results for inpatients twice a day and to make them available at handover providing a real time review. To have a designated sepsis team who can review each patient linking with the ward team within working hours, on-call team and nurse clinicians out of hours. To highlight patients on Medway SIGMA with key threshold abnormal blood results for further review.
2643	National Anaesthetic Audit Project 5: Accidental Awareness under General Anaesthesia (AAGA)	Internal departmental alert issued to all staff to address sedation and record keeping.
2919	National Ophthalmology Audit	Completion of e-documentation disseminated & discussed at Ophthalmology directorate governance meeting. All co-morbidities to be documented
4715	National Heart Failure Audit 2016-2017	Initiate talks with A&E/Acute Medicine Unit to educate new staff. Create and disseminate flyers to remind new staff or junior doctors regarding ambulatory model and to prompt appropriate actions.
4664	College of Emergency Medicine: Fractured Neck of Femur (Care in Emergency Departments)	Targeted education regarding pain scores, the importance of timely administration of analgesia and re-evaluation of pain.
4645	National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme: Secondary Care	Standards of care will be improved and maintained by: the Respiratory Specialist Nurses visiting the Acute Medicine Unit and wards on a daily basis; implementing a quality improvement project on specialist review and by increasing smoking cessation advice and referral.
3300	National: Diabetes Audit 2016-17	Ongoing focus on meeting treatment targets for HbA1c, blood pressure and lipids. Education and feedback to teams to encourage ongoing accurate and complete data submission. Improve the recording of diabetes education programmes.

The reports of 222 local clinical audits were reviewed by the provider in 2018/19 and Aintree University Hospital NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

CAMS ID	Title	Action required to achieve change
1158	Pilates Class for Treatment of Low Back Pain	Audit results of the “Advanced Back” class using the same PROMs and compare results.
2679	Tracheostomy Care Bundle	Emergency pathways to be made available at the bedside. Change the Tracheostomy care bundle audit data collection tool and inform all staff.
2747	Woodlands Discharge	Establishment of Discharge Task and Finish Group to review and improve discharge process from the inpatient unit. The group will report back to the multi-disciplinary team with recommendations regarding improving the quality of discharge planning. Review of current multi-disciplinary discharge pathway used on Woodlands Inpatient Unit. Relaunch once review complete with training for the multi-disciplinary team and audit of its use.
2752	Woodlands Nutrition	To update nutritional education and training package at Woodlands Hospice.
2769	Patient Satisfaction: Aintree Weight Management	Focus on goal setting in appointments and groups and devise new goal setting sheet to hand out. Check patients are aware of appropriate contact numbers/highlight on the information sheet given. Look into other potential contact points for patients and discuss at team meeting. Portable scales to be sourced and used in cubicles when the gym is in use.
3082	Completeness and Knowledge of Anaesthetic Standard Operating Procedures	Individuals in each area to have responsibility for updating the guidelines on an annual basis. Guidelines to be included in the induction pack for all new staff members. Locations of standard operating procedure files have been expanded to include ALL areas where a general anaesthetic is administered.
3212	Neutropenic Sepsis 2016	Consider if Acute Medicine Unit can help with the streaming of this patient group. Link nurses of all grades to help with "Suspected Neutropenic Sepsis Door to Needle Time" improvement.
3242	NICE CG 69: Respiratory Tract Infections	To signpost patients with respiratory tract infections to the patient.co.uk website where there is written information about their condition.
3293	Patient Satisfaction: Inpatient Menus	Meet with catering to discuss how we can ensure all patients receive a copy of the menu. Liaise with catering and specialist dietitians to look at current provision and review menus. Update the questionnaire to ensure they capture the data required. Meet with catering to discuss snack provision and how patients order their meals when off the ward.
3388	The effect of an Ambulatory Heart Failure Clinic on Patient Outcomes and Length of Stay	To introduce the Aintree Heart Failure Passport ‘app’ to provide further education and supporting information to all patients with this condition.
3459	Liverpool Diabetes Partnership Documentation Audit	Meet with IT teams to discuss letter template and request that certain fields of the template are made mandatory. Presentation of findings to management team. Changes to be made to the consultation template to ensure more specific prompts for some fields. Staff to be encouraged to provide feedback regarding any issues with templates or letters to facilitate change. Meetings and discussions with staff to identify and address issues with templates or letters.

CAMS ID	Title	Action required to achieve change
3464	Nasogastric Tube re-audit	Update Trust Nasogastric Tube protocol, especially to include requirement for ALL doctors in relevant positions to be competency assessed on interpreting chest x-ray for the purpose of nasogastric tube check. Update Radiology Department Nasogastric Tube protocol, especially to include immediate removal of nasogastric tube placed in the lung before patient leaving Radiology Department.
4494	The Management of Unprovoked Deep Vein Thrombosis	To actively raise awareness across haematology department and all other involved departments to improve their documentation of reviews that are taking place but not being captured or clearly documented in clinic letters / patients notes. Communication and monitoring process of all cases, to ensure that all reviews are fully documented. Review of Clinic letters to be included in the next audit to ensure change has been captured.
4529	Constipation Management	Laxatives to be printed on prescription charts. Daily management sheet to include 'bowels' on daily checklist. Change the constipation guidelines. To inform all nurses to change their documentation regarding bowel movements or lack of it.
4588	Assessment of Fracture Clinic Services Against BOAST 7 Guidelines	Feasibility plan to set up virtual fracture clinics.
4609	Pain Management following Major Trauma from A&E to Ward	Implementation of Trauma Network Booklet with included pain score box for use in A&E. Designated time and resources to develop and plan educational resources for these staff members.
4625	Re-audit of Lipid Management in Acute Coronary Syndrome	To establish a form of education (or meetings) with members of staff to reinforce the importance of treatment dose statin/ Acute Coronary Syndrome treatment as well as to disseminate appropriate information. To provide further documentation in the discharge letter to prompt GP action to recheck lipid profile in 3 months' time. To create and provide a leaflet to staff to encourage checking patients' lipid profiles on admission bloods. To introduce an admission bloods package to allow members of staff to group lipid profile into Acute Coronary Syndrome investigations.
4666	NICE CG 16: Self Harm	Design a deliberate self-harm proforma for use in A&E and submit for approval by the Trust. Deliver educational lecture to A&E staff about the need to take a full psychiatric clerking including mental state examination and risk assessment when clerking deliberate self-harm patients.
4721	Stable Angina	A poster to be put up in the Cardiology department to encourage adherence to NICE guidelines and a reminder of full documentation keeping. To educate the Cardiology department on best practice and NICE guidelines to ensure patient safety and to further increase adherence to measures.

CAMS ID	Title	Action required to achieve change
4735	Deaths within 24 Hours of Critical Care Admission	Develop strategies to deal with inappropriate admissions and document reasons for non-clinical admissions so that this can be audited/reviewed on a future date. Email to all consultants about better documentation for non-clinical admissions to critical care. Better monitoring in all patients accepted for multi organ support. Email to all colleagues about cardiac output monitoring where appropriate. Initial aggressive therapy for at least 24-48 hours before decision making if plan to limit therapy. Email to all colleagues about the above principle. Escalate to appropriate authorities if substandard care seen from other institutions-pathway. This includes a clinical lead, clinical head of Division and Medical Director email to all colleagues about the above principle.
4749	End of Life Care Documentation	Amend care plan to ensure relative and carer needs are addressed regularly. Amendments to End of Life Care Plan and liaising with printers. Review of Palliative Care study days topics and lesson plans.
4771	CG141 Gastrointestinal Bleeding: The Management of Acute Upper Gastrointestinal Bleeding	The gastro-intestinal bleed "tab" should be utilised and a document has been disseminated to explain this. Alter Medway SIGMA request so that the Glasgow-Blatchford score is requested rather than the Rockall score. Endoscopy lists could be carried out over the weekend in order to reduce waiting times between presentation and procedure.
4788	Management of Clinically Critical Results by Radiologists	Disseminate audit results and emphasise the need to pick up the phone, when reporting significant/unexpected findings, to all new Consultants and Registrars joining the radiology department.
4803	Discharge summaries standards.	On-going education of junior doctors completing the discharge summaries. Alter the electronic discharge summary template in EPMA to include specific components; medication change and rationale behind medication changes.
4943	Spirituality Audit	Improvement of wording in end of life clinical care record to prompt appropriate questions to ask regarding spiritual needs.
4950	Lumbar Puncture Practice and Documentation on the Acute Medicine Unit	Lumbar puncture proforma to be included in all lumbar puncture packs and combined with the RLBUHT proforma, with Xanthochromia testing moved over to the RLBUHT laboratory. Ongoing communication with laboratories are required as joint lumbar puncture packs have been launched with laboratories merging, lumbar puncture packs need to continue with the appropriate documentation. Review of literature and evidence to support this as a safe practice. Include confusion in the coding to extract data for audit. Review of current guidelines and changes to be made after discussion. Review of evidence and discussions with Clinical Lead. Teach at medical education study skills sessions, and in house teaching and support to be on-going on Acute Medicine Unit.
5031	Management of Hospital Acquired Pneumonia	Pharmacy to review all newly started antibiotics for indication, appropriate drug and duration prescribed. Encourage Trust to promote awareness of risk factors and education towards prevention of hospital acquired pneumonia in high-risk groups in order to reduce overall disease burden and associated morbidity and mortality. Re-disseminate antibiotic guidelines (accessible via hospital intranet) to all relevant staff in order to improve choice, duration and appropriateness of antibiotics in hospital acquired pneumonia management. Ensure indication for antibiotic therapy clearly labelled on EPMA at time of prescription, which enforces administration duration and aids pharmacy review. Improve appropriateness of use of empirical antibiotics for hospital acquired pneumonia management through radiological justification and review therapy post-imaging.

CAMS ID	Title	Action required to achieve change
5074	Snapshot: Deaf Champions on Aintree's Wards	To email all Matrons again and for them to advise if they have a 'Deaf Champion' in place. Email all Deaf champions to ensure they have re-visited the guidelines and have cascaded this information to other ward staff. Create and distribute posters.
5085	Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) Decision Making	Acquire DNACPR leaflets and make staff aware of availability.
5088	Incident Reporting Amongst Dietitians	A local Dietetics Trigger list of incidents has been developed to prompt staff about the types of incidences that can and should be submitted. At local level a resource pack has been developed for new staff. A dietetic incident group has been launched.
5129	Sepsis Re-audit 2017	Liaise with RLBUHT regarding blood culture collection packs. Education about the Sepsis 6 golden hour and the use of the screening tool via the F1 induction and teaching sessions in July and August of each year. 4 monthly updates done for Acute Medicine Unit and A&E trainees. Further blood culture training for the nursing staff. Consider training the medical team to administer IV antibiotics.
5175	Trust Compliance with Nasogastric Tube Position Confirmation	Feedback of results to the Nutrition Link Nurses to embed and raise awareness of the importance of this documentation among nursing colleagues in widespread practice. Liaison with senior nurses and theatre staff for the Head and Neck patients. Ensure Dietitians are providing the nasogastric tube checklist with new enteral feeding regimes and advising nursing staff about its completion. Dietitians will be reminded of this in acute team meetings. Input into gap analysis documentation around Trust compliance with confirmation of nasogastric tube position which was then fed back to the Clinical Risk Department for review.
5204	Podiatry Professional Standards Audit	"Spot check" audits to be undertaken to ascertain that staff are wearing their ID badges with details visible to patients. An ad hoc/spot check audit of ID badge wearing is to be completed. All staff will be reminded that it is a requirement to wear visible ID badges. In particular the four individual staff members that failed to meet this requirement when audited.
5211	Pulmonary Embolism Management & Outcomes	Clinicians to be reminded of the importance of using risk stratification scores in suspected pulmonary embolism as per the guidelines. Signs placed on Acute Medicine Unit / Ambulatory Emergency Care / Medical Assessment Unit to remind clinicians to use the guidelines. Ongoing informal discussions to other medical staff by Department of Medicine for the Elderly SpR whilst on call or working out of hours or at handover. Department of Medicine for the Elderly SpRs will raise awareness of the importance of listing unwell patients from Ward 34 to an acute bed and encourage the medical on call team to handover to the day team when patients become unwell. This should continue as the opportunity arises at each handover for any patients that are discussed from Ward 34. We should continue to do this when the new cohort of doctors arrive in August. Discussions are needed with the ward manager and clinical director of Department of Medicine for the Elderly regarding the appropriateness of a document clearly listing the patient for transfer to an acute bed. And a proposed standardised system in which to ensure a patient is listed and that the transfer is chased on at least a daily basis.

CAMS ID	Title	Action required to achieve change
5384	Weight Loss in Older Adults	Liaise with colorectal surgeon and gastroenterologist to create a common framework for investigations.
6418	Pain Assessment Tool for Patients with Dementia	The PAINAD score will be implemented in A&E for dementia patients either by a sticker or as an extra sheet in the Casualty Card.
6566	Outpatient CT Pulmonary Angiogram in the Management of Pulmonary Embolism	Apixiban loading packs to be available in A&E and Acute Medicine Unit to cover patients from the time of suspicion of diagnosis to result of imaging. Once a regionally approved leaflet is available this will be reviewed and adapted for local use to support verbal communication around treatment and monitoring decisions with these patients.

Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by Aintree University Hospital NHS Foundation Trust in 2018/19 that were recruited during that period to participate in research approved by a research ethics committee was 2,836.

Participation in clinical research demonstrates Aintree's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest available treatment possibilities and active participation in research leads to successful patient outcomes.

Aintree was involved in conducting 322 clinical research studies in 33 clinical areas during 2018/19. There were over 190 clinical staff participating in research approved by a research ethics committee at Aintree during 2018/19. These staff participated in research covering 33 medical specialities.

Furthermore, in the last three years, over 100 articles have been published resulting from our involvement in National Institute for Health Research, which shows our commitment to transparency and our desire to improve patient outcomes and experience across the NHS.

Our engagement with clinical research also demonstrates Aintree's commitment to testing and offering the latest medical treatments and techniques.

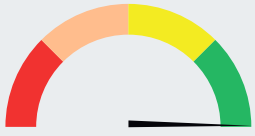
Use of CQUIN framework



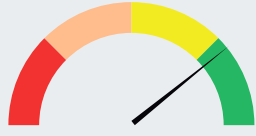
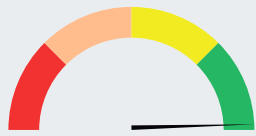
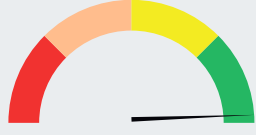
A proportion of Aintree University Hospital NHS Foundation Trust's income in 2018/19 was conditional on achieving quality improvement and innovation goals agreed between Aintree University Hospital NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2018/19 and for the following 12 month period are available electronically at

NHS England » Commissioning for Quality and Innovation (CQUIN) Guidance for 2019-2020

During 2018/19 the total income associated with the achievement of quality improvement and innovation goals amounted to £3.75 million. Aintree University Hospital NHS Foundation Trust received £3.59 million income for the associated payment in 2018/19.

An overview of the initiatives and performance during 2018/19 is outlined overleaf.

CQUIN	Target	Achievement
Improving Staff Health and Well-being	<p>5% improvement of staff health and well-being - Partial Achievement (62.5%)</p> <p>Healthy food for NHS Staff, visitors and patients - Achieved (100%)</p> <p>75% uptake of flu vaccinations by front line staff - Achieved (82%)</p>	
Reducing the Impact of Serious Infections (Antimicrobial Resistance and Sepsis)	<p>Timely identification of sepsis in emergency departments and acute inpatient settings (90%) - Fully Achieved in Q1, Q2 and Q3, Q4 Not Achieved</p> <p>Timely treatment of sepsis in emergency departments and acute inpatient settings (90%) - Partial Achievement (66%)</p> <p>Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hours (90%) - Partial Achievement (77%)</p> <p>Reduction in antibiotic consumption per 1,000 admissions and increase in antibiotic usage within the AWaRe (Access, Watch, Reserve) antibiotic groups - Partial Achievement</p>	
Improving Services for People with Mental Health Needs who Present to A&E	<p>Maintain a 20% the number of attendances to A&E for patient's within a selected cohort of frequent attendee's who would benefit from mental health and psychosocial interventions - Achieved (-59%)</p> <p>Reduce by 20% the number of attendance's to A&E for patient's within an additional selected cohort of frequent attendee's who would benefit from mental health and psychosocial interventions - Achieved (-46%)</p> <p>Delivery milestones - Achieved</p>	
Offering Advice and Guidance	<p>Advice and guidance services operational for specialities covering at least 75% of total GP referrals - Achieved (74%)</p> <p>Delivery milestones - Achieved</p>	
Healthy Lifestyles	<p>Tobacco consumption screening, brief intervention/ advice and offer of onward referral - Q1-Q3 Achieved, Q4 Not Achieved</p> <p>Alcohol consumption screening, brief intervention/ advice and onward referral - Q1-Q3 Achieved, Q4 Not Achieved</p>	
Adult Critical Care Timely Discharge	<p>65% of patients discharged from critical care within 4 hours of being clinically ready for discharge to a ward bed - Not achieved</p> <p>35% of patients discharged from critical care between 4 hours and 24 hours - Not achieved</p> <p>No patients discharged from critical care to be delayed more than 24 hours - Not achieved</p> <p>Cancellation of elective care requiring a critical care bed to be reduced to 3% - Achieved</p>	

CQUIN	Target	Achievement
Nationally Standardised Dose-banding for Adult Intravenous Anticancer Therapy (SACT)	<p>Collection of baseline-data for the range of drug doses that are to be standardised - Achieved</p> <p>Local Drugs & Therapeutics Committee have agreed and approved principles of dose standardisation and dose adjustments required - Achieved</p> <p>Targets to be agreed for end of year achievement in relation to the % of doses standardised per drug - Partial</p> <p>Trust agreement and adoption of standard product descriptions for individual chemotherapy drugs - Partial</p>	
Hospital Medicines Optimisation	<p>Faster adoption of prioritised best value medicines as they become available - Achieved</p> <p>Cost effective dispensing routes - Partial</p> <p>Reporting of all NHS England excluded drugs data - Achieved</p>	
Multi-system Auto-immune Rheumatic Diseases MDT Clinics, Data collection and Policy Compliance	<p>Initiation of hub and spoke network arrangements to review treatment plans of specialised rheumatology patients - Achieved</p> <p>All specialised rheumatology patients to be discussed by a multi-disciplinary team and have an outcome recorded - Achieved</p> <p>Patients' treatment plans to comply with national policies and clinical information is collected on national disease registries to determine the impacts of the network and commissioning policies - Partial</p>	
Local Clinical Utilisation Review CQUIN	<p>Local clinical utilisation review mobilisation plan to be implemented - Achieved</p> <p>85% compliance for wards areas where clinical utilisation review has been implemented - Achieved</p> <p>Reporting of internal and external delay themes and improvement in internal discharge delays - Achieved</p> <p>Submission of performance report and minimum data sets to the Commissioner utilisation review - Achieved</p>	
Diabetic Eye Screening, Bowel Screening and Dental Services	<p>Staff health and well-being support - Achieved</p> <p>Improving staff engagement - Achieved</p> <p>Deliver new integrated dental service pathways and patient centred care - Achieved</p>	

Registration with the Care Quality Commission (CQC)

Aintree University Hospital NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered without conditions. The Care Quality Commission has not taken enforcement action against Aintree University Hospital NHS Foundation Trust during 2018/19.

Aintree University Hospital NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

The table below shows the CQC ratings grid for the services provided at the Trust following the last full inspection in October 2017. The Trust has worked with the CQC to implement a significant improvement plan to evidence the substantial changes in practice since the Trust was last inspected. This progress is outlined in more detail in Part 2.1(i) which provides a summary of progress against our quality improvement priorities for 2018/19.

Overall rating						
	Inadequate	Requires improvement	Good	Good	Good	Outstanding
Medical care (including older people's care)	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Urgent and emergency services (A&E)	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Good	Good	Good	Good	Good	Good
Intensive/critical care	Good	Good	Good	Good	Good	Good
End of life care	Good	Requires improvement	Good	Good	Requires improvement	Requires improvement
Outpatients	Good	Not rated	Good	Good	Good	Good

On 12 February 2019, the CQC carried out a focussed unannounced inspection of ward 25. The findings of this focused inspection were:

- Patient risk assessments and patient observations had been undertaken in a timely manner on most occasions, in line with trust policy. For example, the majority of falls risk assessments had been completed correctly
- Staff had kept detailed records of patient's care and treatment
- There was a clear leadership structure in place to oversee the management of ward 25
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

As this was a focused inspection, the CQC did not inspect all domains therefore this inspection had no impact on the overall rating of the Trust from the previous inspection in October 2017.

Information on the quality of data

NHS Number and General Medical Practice Code Validity

Aintree University Hospital NHS Foundation Trust submitted records during 2018/19 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

- Which included the patient's valid NHS Number was:
99.8% for admitted patient care;
99.9% for outpatient care; and
98.9% for accident and emergency care
- Which included the patient's valid General Medical Practice Code was:
100.0% for admitted patient care;
100.0% for outpatient care; and
99.9% for accident and emergency care

Data Security Protection Toolkit attainment levels (Information Governance)

For 2018/19 the new Data Security and Protection Toolkit final assessment is "Standards Met" compliant in all 10 Data Security Standards by 31 March 2019.

Clinical coding error rate

Aintree University Hospital NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during April 2018 to March 2019 by the Audit Commission.

Statement on relevance of data quality and actions to improve data quality

Good quality information underpins the effective delivery of the care of people who use NHS services and is essential if improvements in quality of care are to be made.

Aintree University Hospital NHS Foundation Trust will be taking the following actions to improve data quality:

The Trust approach to data quality is set out within the Trust's Data Quality Policy. This also identifies roles and responsibilities and actions linked to six data quality objectives. Corporate assurance of data quality is gained through the Trust's Executive-Led Information Governance, Cyber Security and Data Quality Group. Secondary Uses Service data quality key performance indicators and internal data cleansing reports are reviewed along with outcomes of local and external audits (e.g. Referral to Treatment) and progress against any identified actions.

This is supported by targeted reviews of data quality through the Trust's Avoidable Mortality Group and through the Advancing Quality Programme. At these meetings condition specific reviews are undertaken, including benchmarking performance, data completeness and review of data within team meetings.

Further mechanisms include:

- Central referral to treatment and data cleansing team feedback to local areas where poor data quality themes emerge.
- Data quality responsibilities within job descriptions of key members of staff.
- Data quality training module available online via Trust training tracker system.
- Clinical coding audit plan.
- Development and delivery of the Data Protection and Security Toolkit requirements.
- Monthly meeting with Commissioner with a view to external assurance of Trust data.
- Assurance gained from the use of external audits across a number of subjects, including Referral to Treatment, Cancer, Accident & Emergency and Clinical Coding.
- Using Secondary Uses Service data quality dashboards for monitoring and benchmarking the quality of data submitted externally.
- The Trust performs above average on a key number of Secondary Uses Data items submitted to NHS Digital.

During 2018/19, 1,456 of Aintree University Hospital NHS Foundation Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 378 in the first quarter;
- 315 in the second quarter;
- 375 in the third quarter;
- 388 in the fourth quarter.

By 31 March 2019, 1000 case record reviews and 41 investigations have been carried out in relation to 1,456 of the deaths included above. In 41 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 5 in the first quarter;
- 12 in the second quarter;
- 15 in the third quarter;
- 9 in the fourth quarter.

Two cases representing 0.14% of 1,456 of the patients' deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of:

- 0 representing 0.00% for the first quarter;
- 1 representing 0.31% for the second quarter;
- 1 representing 0.26% for the third quarter;
- 0 representing 0.00% for the fourth quarter.

These numbers have been estimated using the Mortality Review System which runs on a monthly basis. The system (database) includes demographics and other quality indicators which are used, along with the patients' notes, to gain an informed view to see if any lessons can be learnt.

If there is an incident identified resulting in a death then an investigation will be carried out in line with the Trust's incident management and reporting process. This process is led by the Clinical Governance Team along with the Divisional Teams and with the support of the Consultant (who was leading on the care) and their Team to determine lessons learnt. The final report is then submitted to the Safety & Risk Executive-led Group for review and outcomes and learning then shared widely throughout the Trust.

During 2018/19 the two cases were reviewed and the identified avoidable factors were:

- The importance of early recognition and management of sepsis.

- The importance of multiple specialty review in complex cases.
- The importance of patient medical sensitivities.
- The importance of acting on documented observations.

One death was subject to a serious incident review.

Actions have been taken in response to these mortality review findings as follows:

- Established work programmes to:
 - Improve the prevention, early detection and treatment of Acute Kidney Injury (AKI)
 - Improve the identification and management of pneumonia
 - Improve the identification and management of sepsis
 - Achieve early recognition and management of the deteriorating patient
- Improve the delivery of end of life care.
- When avoidable factors are identified which cut across the NHS organisations, Aintree and other local provider Trusts utilise a cross-Trust mortality review process to request a mortality review in the other organisation.

An assessment of the impact of the actions described above include:

- The internal work on avoiding unnecessary delays in the discharge process has improved patient flow and allowed the Trust to manage admissions better than previously. The external limitations have not been resolved, but work is ongoing.
- Joint mortality reviews have taken place with other provider Trusts; this has strengthened governance links between Trusts.
- Mortality listings are now published on a daily basis to ensure timely review post-mortem.

233 case record reviews and investigations completed after 31 March 2018 which related to deaths which took place before the start of the reporting period.

Zero representing 0% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the Mortality Review System which runs on a monthly basis. The system (database) includes demographics and other quality indicators which are used, along with the patients' notes, to gain an informed view to see if any lessons can be learnt.

Three representing 0.21% of the patient deaths during 2018/19 are judged to be more likely than not to have been due to problems in the care provided to the patient.

Since 2012/13 NHS foundation trusts have been required to report performance against a core set of indicators using data made available to Trusts by NHS Digital.

The following tables show our performance for at least two reporting periods and, where the data is made available by NHS Digital, a comparison with the national average and the highest and the lowest performing Trusts.

However, it is not always possible to provide the national average and best and worst performance for some indicators due to the way the data is provided. In addition the most recent national data is not always available for the most recent financial year. Where this is the case, the time period used is noted.



Summary hospital-level mortality indicator (SHMI)						
NHS Outcome Framework Domain Indicator	Indicator	Trust rate noted for reported period	National average	Top Performer	Worst Performer	Data Source
Prevent people from dying prematurely	SHMI value and banding	(Oct 16 - Sept 17) SHMI value: 1.0222	SHMI value: 100	72.70	134	NHS Digital
		Banding: 2 (as expected)	Banding: 2 (as expected)			
		(Oct 17 – Sept 18) SHMI value: 0.9975 Banding: 2 (as expected)	SHMI value: 100 Banding: 2 (as expected)	69.19	126.81	
Enhancing quality of life for people with long term conditions	% of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust	(Oct 16 – Sept 17) Aintree value: 52.7%	31.5%	59.80%	11.50%	NHS Digital
		(Oct 17 – Sept 18) Aintree value: 50.7%	33.6%	59.5%	14.30%	
<p>The Aintree University Hospital NHS Foundation Trust considers that this data is as described for the following reasons: the data has been extracted from NHS Digital and the outputs are regularly reviewed and through the Trust’s Executive-led Trust Avoidable Mortality Reduction Group.</p> <p>The Trust has an ‘as expected’ mortality rate as measured by the Summary Hospital-level Mortality Indicator (SHMI) at 0.9975 for the period Oct 17-Sept 18, as demonstrated in the table above. Unlike the Hospital Standardised Mortality Ratio (HSMR), the SHMI includes deaths 30 days after discharge and therefore patients, including those on palliative care end of life pathways, who are appropriately discharged from the hospital.</p> <p>The Aintree University Hospital NHS Foundation Trust has taken the following actions to improve this indicator, and so the quality of its services, by a structured programme of work focused on the reduction of avoidable mortality which includes:</p> <ul style="list-style-type: none">• Continuing Structured Judgement Reviews to investigate and learn from in hospital deaths in order to improve the quality of care.• Established work programmes to:<ul style="list-style-type: none">– Improve the prevention, early detection and treatment of Acute Kidney Injury (AKI)– Improve the identification and management of pneumonia– Improve the identification and management of sepsis– Achieve early recognition and management of the deteriorating patient– Improve the delivery of end of life care.						

Patient Reported Outcome Measures (PROMs)						
NHS Outcome Framework Domain Indicator	Indicator	Trust rate noted for reported period	National average	Top Performer	Worst Performer	Data Source
Helping people recover from episodes of ill health or following injury	Patient reported outcome measure for: (i) Groin hernia surgery	(Apr 2016 – Mar 2017) Aintree: 0.074	0.086	0.135	0.006	NHS Digital
		(Apr 2017 – Sept 2017) Aintree: 0.077 * Latest available data	0.089	0.137	0.038	
	Patient reported outcome measure for: (ii) Hip replacement surgery	(Apr 2016 – Mar 2017) Aintree: 0.434	0.437	0.533	0.335	
		(Apr 2017 – Mar 2018) Aintree: 0.504	0.458	0.550	0.357	
	Patient reported outcome measure for: (iii) Knee replacement surgery	Apr 2016 – Mar 2017) Aintree: 0.316	0.323	0.398	0.249	
		(Apr 2017 – Mar 2018) Aintree: 0.346	0.337	0.399	0.263	

The Aintree University Hospital NHS Foundation Trust considers that this data is as described for the following reason: the data has been extracted from NHS Digital.

PROMs measure patients’ health gains after surgery for groin hernia surgery, hip replacement surgery, knee replacement surgery and varicose vein surgery. The information is gathered from patients who complete a questionnaire before and after surgery. From the data available, the case mix adjusted average health gain shows that the Trust is not an outlier when compared nationally. PROMs data on varicose vein surgery is not available for Aintree University Hospital NHS Foundation Trust. The Aintree University Hospital NHS Foundation Trust has taken the following actions to improve this indicator, and so the quality of its services, by:

- Continuing the work within Orthopaedics and General Surgery to ensure that the best patient outcomes are achieved.
- As part of Trust merger proposals clinical teams from Aintree University Hospital NHS Foundation Trust and The Royal Liverpool and Broadgreen University Hospitals NHS Trust have been meeting to share best practice and to put in place service delivery proposals which will improve clinical outcomes for patients.

Readmission rates for children and adults						
NHS Outcome Framework Domain Indicator	Indicator	Trust rate noted for reported period	National average	Top Performer	Worst Performer	Data Source
Helping people recover from episodes of ill health or following injury	% of patients readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period (i) Aged 0 to 15	(Apr 2011 – Mar 2012)* Aintree: 0	10.01%	5.10%	13.58%	NHS Digital
		(Apr 2010 – Mar 2011) Aintree: 0	10.15%	5.85%	13.94%	
	% of patients readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period (ii) Aged 16 or over	(Apr 2011 – Mar 2012)* Aintree: 11.76%	11.45%	8.96%	13.50%	
		(Apr 2010 – Mar 2011) Aintree: 12.11%	11.42%	7.60%	12.94%	
<p>* Most recently available data</p> <p>The Aintree University Hospital NHS Foundation Trust considers that this data is as described for the following reason: the data has been extracted from NHS Digital.</p> <p>The readmission rate demonstrated for Aintree University Hospital NHS Foundation Trust is comparable to that expected. The Aintree University Hospital NHS Foundation Trust has taken the following actions to improve this indicator, and so the quality of its services, by continuing to work with Clinical Commissioning Group teams, Accident & Emergency and local Mental Health providers through the A&E Delivery Board and the Frequent A&E Attenders meeting to reduce readmissions and frequent Accident & Emergency attendee rate.</p> <p>Please note that this indicator was last updated in December 2013 and future releases have been temporarily suspended pending a methodology review.</p>						

Patient Experience						
NHS Outcome Framework Domain Indicator	Indicator	Trust rate noted for reported period	National average	Top Performer	Worst Performer	Data Source
Ensuring people have a positive experience of care	Responsiveness to the personal needs of its patients	(Aug 2016 – Jan 2017) Aintree: 67.0%	68.1%	85.2%	60.0%	NHS Digital
		(Aug 2017 – Jan 2018) Aintree: 67.7%	68.6%	85.0%	60.5%	
<p>The Aintree University Hospital NHS Foundation Trust considers that this data is as described for the following reasons: the data has been extracted from NHS Digital and is derived from the National Inpatient Survey.</p> <p>Aintree is focused on improving the experience of patients. As per the data above, the Trust performs in line with the national average in terms of responsiveness to the personal needs of its patients. The Aintree University Hospital NHS Foundation Trust has taken the following actions to improve this indicator, and so the quality of its services, by:</p> <ul style="list-style-type: none">• Implementing a Patient & Family Experience Plan 2018-20 in September 2018. This plan sets out five bold ambitions for improving patient and family experience. These are:<ul style="list-style-type: none">– Ambition 1: Keeping patients informed– Ambition 2: Shared decision making– Ambition 3: Knowing what matters to our patients– Ambition 4: Listening and responding to our patients– Ambition 5: We will work in partnership with patients and families.• Relaunching our patient and family shadowing and engagement project is in place to help understand patients' experience of the Trust and identify areas for improvement.• Putting in place informal and early intervention to respond to patient concerns and questions which has resulted in a reduction of formal complaints and increased local resolution.						

National Staff Survey						
NHS Outcome Framework Domain Indicator	Indicator	Trust rate noted for reported period	National average	Top Performer	Worst Performer	Data Source
Ensuring people have a positive experience of care	% of staff who would recommend the Trust to their family or friends	(Sept 2017 – Nov 2017) Aintree: 69%	70%	86%	47%	NHS Digital
		(Sept 2018 – Nov 2018) Aintree: 72%	70%	87%	41%	
<p>The Aintree University Hospital NHS Foundation Trust considers that this data is as described for the following reasons: the data has been extracted from NHS Digital and is taken from the National Staff Survey.</p> <p>The Trust is performing in line with the national average and the Aintree University Hospital NHS Foundation Trust has taken the following actions to improve this indicator, and so the quality of its services, by:</p> <ul style="list-style-type: none">• Co-creation of a shared values and behavioural framework with our workforce to ensure that we have a shared vision and expectations of the future and the transition to merger with The Royal Liverpool and Broadgreen University Hospitals NHS Trust.• Establishing our ‘Safety First’ campaign which puts safety at the heart of our culture• Developing our leadership potential through an agreed leadership framework and investment in leadership development. Including investment in Affina Organisational Development to support leaders to improve team performance.• Developing localised team based improvement plans which are supported by the Trust’s Division of People and Corporate Affairs.						

Venous thromboembolism (VTE blood clot)						
NHS Outcome Framework Domain Indicator	Indicator	Trust rate noted for reported period	National average	Top Performer	Worst Performer	Data Source
Treating and caring for people in a safe environment and protecting them from avoidable harm	% of patients who were admitted to hospital and who were assessed for venous thromboembolism	(Oct 17 – Dec 17) end of Q3 Comparison Aintree: 92.29%	95.36%	100%	76.08%	NHS Digital
		(Oct 18 – Sept 18) end of Q3 Latest Data Aintree: 91.06%	95.65%	100%	54.86%	
<p>The Aintree University Hospital NHS Foundation Trust considers that this data is as described for the following reason: the data has been extracted from NHS Digital.</p> <p>The Aintree University Hospital NHS Foundation Trust has taken the following actions to improve this indicator, and so the quality of its services, by:</p> <ul style="list-style-type: none">Continuing to provide comprehensive training in the completion of VTE Proformas.Ensuring all breaches in compliance are validated and contact made with Doctors when risk assessments are found to be incomplete.						

Clostridium difficile (C.difficile) infection						
NHS Outcome Framework Domain Indicator	Indicator	Trust rate noted for reported period	National average	Top Performer	Worst Performer	Data Source
Treating and caring for people in a safe environment and protecting them from avoidable harm	Crude count of cases of C.difficile infection reported within the Trust amongst patients aged 2 or over	(Apr 2017 – Mar 2018) Aintree: 66*	34	0	150	NHS Digital
		(Apr 2016 – Mar 2017) Aintree: 46	30	0	116	

*** Most recently available data (crude cases only) available from NHS Digital.**

The Aintree University Hospital NHS Foundation Trust considers that this data is as described for the following reason: the data has been extracted from NHS Digital.

The data shows an overall reduction in the total number of cases reported to Public Health England since March 2016.

The Aintree University Hospital NHS Foundation Trust has taken the following actions to improve this indicator, and so the quality of its services, by the following work which continues:

- Annual Healthcare Associated Infections reduction delivery plan for 2018/19 has been developed and agreed. This includes actions to reduce C.difficile and other healthcare associated infections. The Delivery Plan is monitored at the Infection Prevention and Control Group and Safety & Risk Executive-led Group. Latest un-validated data shows a marginal reduction in performance with total volume of C.difficile infections reported to Public Health England increasing in 2017/18.
- All cases of C.difficile are presented to the Infection Prevention and Control Group to enable themes to be monitored and agreement in terms of suitability for appeal.
- An internal audit regarding antimicrobial stewardship has been undertaken with reasonable assurance provided. Actions to be implemented and monitored via the Antibiotic Action Group.
- Joint review of antibiotic guidelines in progress with Liverpool Clinical Laboratories and The Royal Liverpool Hospital.
- The treatment for C.difficile is being reviewed to include the use of fidaxomicin for all patients.

Rate of patient safety incidents and percentage resulting in severe harm or death						
NHS Outcome Framework Domain Indicator	Indicator	Trust rate noted for reported period	National average	Top Performer	Worst Performer	Data Source
Treating and caring for people in a safe environment and protecting them from avoidable harm	Number of patient safety incidents reported within the Trust	(Apr 2017 – Sept 2017) Aintree: 3,768	5,226	1,133	15,228	NHS Digital
		(Oct 2017 – Mar 2018) Aintree: 4,279	5,449	1,311	19,897	
	Rate of patient safety incidents reported within the Trust - per 1,000 bed days	(Apr 2017 – Sept 2017) Aintree: 30.1	42.8	23.5	111.7	
		(Oct 2017 – Mar 2018) Aintree: 31.8	42.6	24.2	124.0	
	Number of such patient safety incidents that resulted in severe harm or death	(Apr 2017 – Sept 2017) Aintree: 9	18.4	0	121	
		(Oct 2017 – Mar 2018) Aintree: 18	19	0	99	
	Rate of such patient safety incidents that resulted in severe harm or death - per 1,000 bed days	(Oct 2016 – Mar 2017) Aintree: 0.09	0.16	0.01	0.53	
		(Oct 2017 – Mar 2018) Aintree: 0.13	0.15	0	0.55	
The Aintree University Hospital NHS Foundation Trust considers that this data is as described for the following reason: the data has been extracted from NHS Digital.						
The Aintree University Hospital NHS Foundation Trust has taken the following actions to improve this indicator, and so the quality of its services, by establishing our Safety First Programme which is chaired by the Medical Director and is manging the delivery of eight cross cutting work streams. The key outcomes from the programme to date include:						
<ul style="list-style-type: none">• The establishment of 22 Safety and Governance meetings in wards and departments• Improved reporting on DATIX our patient safety software system• The appointment of Investigation Support Officers• 420 theatre staff trained in National Safety Standards for Invasive Procedures (NatSSIPS)• An improved Safety Pin bulletin and Safety Huddle framework.						

Part 3: Other Information

3.1 An overview of the quality of care

This section provides an overview of the quality of care offered by Aintree based on performance in 2018/19 against additional indicators selected by the Board in consultation with stakeholders. These indicators have been selected as they demonstrate our ongoing commitment to the three overarching priorities outlined in our Quality Strategy 2018-20:

PRIORITY 1:
Care that is Safe - working with patients and their families to reduce avoidable harm and improve outcomes.

PRIORITY 2:
Care that is Clinically Effective - not just in the eyes of clinicians but in the eyes of patients and their families.

PRIORITY 3:
Care that provides a positive experience for patients and their families

Our Patient Safety Initiatives

Safety and Governance Meetings

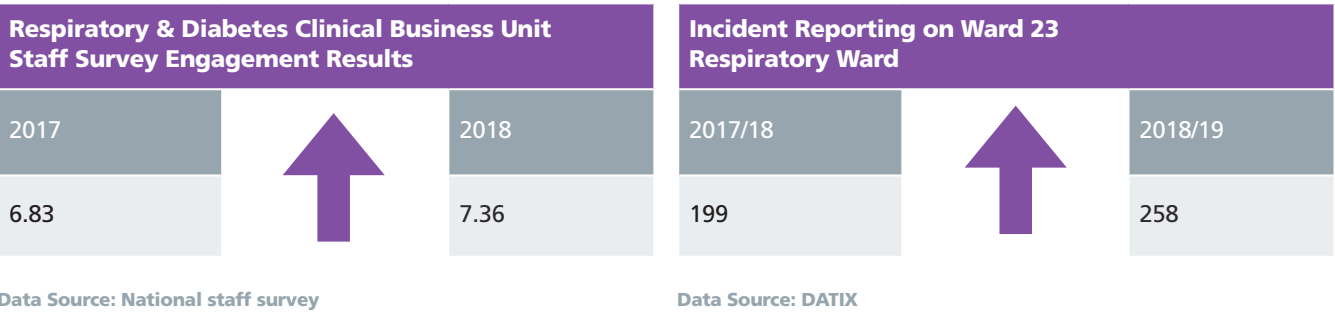
As part of the Trust’s Safety First programme, we have introduced safety and governance meetings as a forum to discuss safety and governance topics in wards and departments. A Safety and Governance meeting is a weekly 30 minute meeting with a key focus on safety and improvement. The team reviews performance data and discusses what has been good over the last week, what has been less good, what actions the team need to take forward and the Trust’s key messages. The meetings provide an opportunity to resolve issues, together as team, as well as celebrating success. These meetings are multidisciplinary, open, transparent and non-hierarchical. Ensuring the widest breadth of job role representatives at the meetings is essential for providing an equal voice. The success of the meetings has meant they have taken a ‘life of their own’ and they have now been adopted in 30 wards and departments across the Trust.

The positive feedback from staff includes:

- ‘We can share thoughts, praise and compliments.’
- ‘Improved care through better communication.’
- ‘Being able to make improvements regarding service.’
- ‘Help’s to promote communication and resolve issues felt by staff.’
- ‘Everyone can discuss what’s gone well and more importantly what needs improving.’



The outcome evidence from the early adopting wards highlights a positive increase in incident reporting which supports organisational learning. The Respiratory Clinical Business Unit which has meetings on three of its wards has received an improved staff engagement result in the staff survey (2018) that is above Trust average.



Aintree’s Results to Action Campaign

Aintree’s Results to Action Campaign has been successful in ensuring that patient’s results are read and acted on in a timely manner.

This campaign started as there were a small number of incidents where a failure to read and act on test results affected patient safety. The Radiology clerical team have driven the campaign in collaboration with clinicians within Surgery and Medicine. Recent figures show that over 96% of all tests since 2016 have now been viewed and acted on. The improvement in the percentage of acknowledged results is encouraging given the background of increased activity and results ordering in the Trust during the last two years. Radiology diagnostics alone has seen a 20% year on year growth in demand.

To achieve these impressive results the Radiology team has worked across the Trust clearing results and training teams to manage their own results.

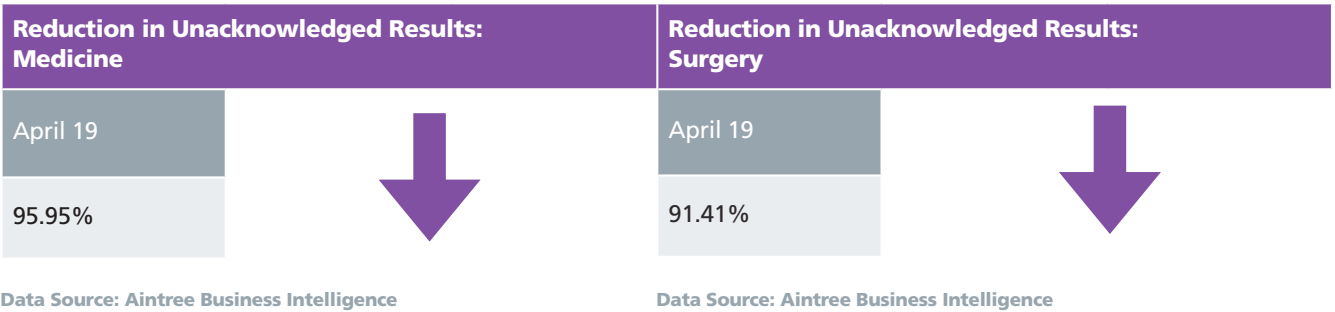
Keep your patients safe

If you have requested a test on SIGMA you **MUST** acknowledge it.

Future plans to train all non-medical referrers to acknowledge results are continuing with support from the Aintree Quality Improvement Team.

Live ‘Results to Action’ data is now provided on the intranet home page and results are now presented and discussed at the Divisional Assurance Meetings and quarterly reviews for scrutiny and challenge.

A Trust wide safety campaign helped to raise awareness with messages sent out in local briefs, on the intranet and in the form of a sticker campaign on all computers.



Infection Prevention and Control

Clostridium difficile infection (C.Difficile) can cause unnecessary suffering to our patients and their families and over several years the Trust has made significant improvements in reducing the number of patients with the infection. The Trust's national objective set by NHS England for there to be no more than 46 patients with *C.difficile* in 2018/19. There is an acknowledgment that despite all preventative measures being put in place, some patients may develop *C.difficile*. The *C.difficile* objective is performance monitored by the CCG on those cases where lessons could be learned to prevent the infection. From 2017/18 to 2018/19 there was a 32% reduction in the total number of infections and a 21% reduction in cases where lessons were identified. The two main principles to prevent *C.difficile* are good antibiotic stewardship and robust infection prevention and control (IPC) practice.

Antimicrobial point prevalence audits are carried out each month. Performance on the documented indication for the antibiotic and the stop/review is consistently high.

Details are discussed at the Infection Prevention and Control Group, and at the Divisional Assurance Groups for feedback to prescribers. There is a robust programme of cleanliness and infection prevention control audits. More recently a multidisciplinary programme has been developed which focussed on Infection Prevention and Control practice and the environment. This is led by the specialist Infection Prevention and Control Team and supported by domestic, maintenance and senior nurse colleagues. A baseline of all wards has been undertaken and a programme developed based on audit scores.

There is a weekly multi-disciplinary *C.difficile* ward round. All patients now receive Fidaxomicin for treating their *Clostridium difficile* infection. Fidaxomicin is aimed at reducing the risk or reoccurrence of *C.difficile* for the patient, and also has the ability to inhibit spore production. Since the implementation of its use there has been a marked decrease in periods of increased incidence of *C.difficile* on the wards/departments.

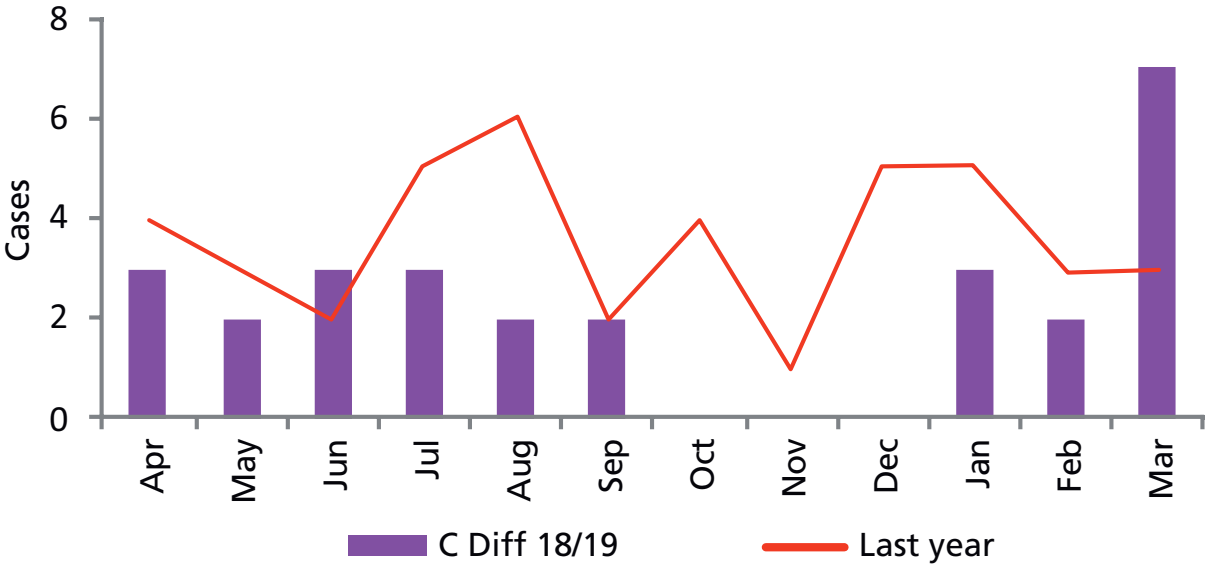


Figure 3: Infection Prevention and Control

Total Number of Patients with <i>C.difficile</i>		Number of cases with lessons Learnt	
2017/18	↓	2017/18	↓
63		43	
2018/19		2018/19	
39		27	

Data Source: PHE Data Capture System

Data Source: Local audits

Our Clinical Effectiveness Initiatives

Urgent and Emergency Care Programme

As a Trust we have continued our improvement programme to support the achievement of the national 4 hour A&E waiting time standard. Our non-elective flow improvement programme has included three key workstreams: A&E, assessment areas and patient flow. Rapid improvement events within the 'See and Treat' areas have focused on having the correct workforce in place to maximise skills appropriately.

The team has taken part in a 90 day rapid improvement initiative hosted by the North West Ambulance Service with five other NHS Trusts. These Trusts, the 'Super Six', were selected based on the volume of patients entering their organisations through ambulance conveyance and thus improvements will give a much greater return on investment in terms of the key currency of time saved during handover of patients in A&E. The focus was to improve time to initial assessment, time to see 1st doctor and time to speciality review. This collective improvement work has culminated in Aintree hosting its own 3 day rapid improvement workshop that aimed to combine ambulance handover with 'pit-stopping' by a senior clinician and triage nurse. The results are significant and we have been able to demonstrate much more rapid and safe handover of patients with a much quicker release of ambulance crews.

The team has taken part in a 90 day rapid improvement initiative hosted by the North West Ambulance Service with five other NHS Trusts.

The results of this improvement work have demonstrated:

- 0.91% improvement in the percentage of patients receiving initial assessment within 15 minutes.
- 2.1% decline in the percentage of patients receiving 1st doctor review within 60 minutes.
- 31.16% improvement in the percentage of patients remaining in the department for prolonged periods (over 12 hours).
- 5.43% improvement in non-admitted performance.
- 13.14% improvement in admitted performance.

We have been able to demonstrate much more rapid and safe handover of patients with a much quicker release of ambulance crews.

All of this has been achieved in the backdrop of an 8.6% increase in attendances between November to February 2017/18 and November to February 2018/19. This has led to a staffing review in order for the workforce to be adequate to meet demand at all times. There is still a significant amount of work to do to improve the patient pathway through the department to ensure patients are streamed to the correct area. The programme is now focusing on consistent 'Pit-stop' which will improve the time patients will receive their initial doctor review, direct conveyancing to assessment areas when appropriate and completion of the Site Team Dashboard to ensure accurate reporting.

The latest national figures show that Aintree's A&E had the most improved performance over the last two years of any Trust in England. Only ten Trusts reported 10 percentage point improvements on their performance. Aintree recorded a 19.4 point increase.

Ambulance handover times		Patients seen within 4 hours	
March 2018	↓	March 2018	↑
20:37 mins		81.61%	
March 2019		March 2019	
14:17 mins		84.74%	

Data Source: Medway SIGMA

Data Source: Medway SIGMA

The Ventilation Inpatient Centre



Aintree has provided a specialist service for ventilatory failure for a number of years. We provide care for patients over the age of eighteen with a variety of complex problems including:

- Neuromuscular diseases such as Duchenne Muscular Dystrophy, Myotonic Dystrophy, Motor Neurone Disease, Charcot Marie - Tooth, Spina Bifida and Post-Polio Disorders
- Restrictive respiratory disorders such as Kyphoscoliosis and Post Tuberculosis Thoracoplasty
- Obesity Hypoventilation Syndrome
- Chronic Obstructive Pulmonary Disease (COPD), Bronchiectasis in Type 2 Respiratory Failure
- Prolonged weaning from critical care due a variety of conditions, including patients requiring long term invasive ventilation.

We have a team of skilled clinicians who deliver acute and long-term non-invasive ventilation (NIV) set up and optimisation.

We are a regional centre that accepts patients who are delayed in their ability to wean from mechanical ventilation. We perform a full assessment of all patients' suitability to transfer and then arrange transfer to our unit. Once the patients arrive on our unit we provide specialist input in a multi-disciplinary environment to progressively reduce ventilatory support with the aim of

We have a team of skilled clinicians who deliver acute and long-term non-invasive ventilation (NIV) set up and optimisation.

liberating patients from full mechanical ventilation and facilitate their discharge home. We provide rehabilitation and have specialist therapy input.

We also care for patients temporarily needing non-invasive ventilation to overcome an acute illness. We initiate patients requiring long term non-invasive ventilation and provide on-going care in the community through clinic appointments, outpatient appointments and inpatient admission for troubleshooting where needed. We also provide a telephone help line and we have approximately 1,050 patients using long term non-invasive ventilation in the community.

Our new inpatient centre was opened during 2018 and includes four weaning beds.

An audit of the acute non-invasive ventilation service for 2018 at Aintree reports that 97% of patients needing non-invasive ventilation received it. The service is overseen by a respiratory consultant 100% of the time. In-hospital mortality was 6.2% compared to 25% nationally (NCEPOD 2017) and 30 day mortality is excellent at 9.2%.

Availability of Specialist Respiratory Consultant Cover		In-hospital Mortality for COPD Patients Requiring NIV	
Other Units	Aintree	National ave.	Aintree
75% of other units <50% of the time	100% of the time	25.1%	6.2%

Data Source: Local audit and NCEPOD 2017

Data source: Local audit and NCEPOD 2017

Improving Heart Failure Services at Aintree

Aintree has established an Ambulatory Atrial Fibrillation Service and an ambulatory heart failure service. Both of these services are delivered by our specialist nursing team with Consultant supervision.

They provide day-case 'outpatient' care for patients presenting with acute symptomatic problems that would hitherto be hospitalised and managed as inpatients. The majority of the patients with atrial fibrillation (up to two thirds) will have more than one readmission in their first year of diagnosis and it is the most common cause of emergency admission and readmission for cardiac arrhythmias. A total of 4,571 patients with primary diagnosis of atrial fibrillation were seen in our atrial fibrillation service between April 2011 and April 2018. The clinical effectiveness of this service is demonstrated by the following outcomes:

- 79% of patients were referred to the service from the A&E or the acute medical unit, 11% of patients were referred following an open access ECG, outpatient clinic attendance and 10% of patients self-referred
- 51% of patients attending the ambulatory heart failure service were discharged the same day avoiding a hospital admission
- 20% of 2,239 patients who needed hospital admission for clinical reasons were discharged within 24 hours of their admission
- The average length of inpatient stay prior to the establishment of the ambulatory atrial fibrillation service was 7.3 days. The average length of stay post the establishment of the atrial fibrillation service is less than 3 days
- 87% of the patients were discharged directly from the service to a GP.

A total of 4,571 patients with primary diagnosis of atrial fibrillation were seen in our atrial fibrillation service between April 2011 and April 2018.

Aintree was the first Trust in the country to establish an ambulatory atrial fibrillation service as acknowledged by UK Arrhythmia Alliance Group and by International Heart Rhythm societies. The clinical effectiveness of our ambulatory heart failure service is demonstrated from data submitted to the National Heart Failure Audit Report and the Doctor Foster database. This data compares service outcomes pre and post the establishment of the service (March 2013 to Feb 2014 and Nov 2016 to Dec 2018). In hospital mortality has reduced from 17% to 9% and the average length of stay has reduced from 12.2 days to 8.3 days.



Ambulatory atrial fibrillation average length of stay		Ambulatory heart failure in hospital mortality	
April 2011	April 2018	Feb 2014	Dec 18
7.3 days	3 days	17%	9%

Data Source: Local in-house registry

Data Source: National Heart Failure Audit Report

Promoting Healthy Lifestyles and Making Every Contact Count

Many long-term diseases in our population are closely linked to known behavioural risk factors including smoking, alcohol misuse, being overweight or being physically inactive. Making changes such as stopping smoking, improving diet, increasing physical activity, losing weight and reducing alcohol consumption can help people to reduce their risk of poor health significantly.

Aintree has implemented the NHS Health Education England strategy of making every contact count. This strategy is an approach to behaviour change that utilises the day to day interactions that NHS staff have with people to support them in making positive changes to their physical and mental health and well-being. The approach maximises the opportunity within routine health and care interactions for a brief discussion on health and well-being factors over a few minutes. These discussions can include:

- Stopping smoking
- Drinking alcohol only within the recommended limits
- Healthy eating
- Being physically active
- Keeping to a healthy weight
- Improving mental health and well-being.



Rather than telling people what to do, Making Every Contact Count is about recognising opportunities to talk to people about their well-being using the skills of asking and listening. It's about enhancing the conversations we have with our patients. Within the Trust we have focused on tobacco and alcohol screening, brief intervention/ advice and onward referral management. We have introduced a number of initiatives for our staff and patients which include:

- Development and implementation of a smoking cessation electronic referral system
- Development of Smoking Cessation Guidelines (Clinical)
- Development of a Nicotine Replacement Therapy Prescribing Standard Operating Procedure.
- Successful bid for the CURE Project
- Development of a 'Stop Smoking' intranet page with access to e-learning
- Support for staff via Occupational Health and Well-being
- Established a Smoke Free Group (open forum for staff, patients, visitors, local residents)
- Quit Kits available for staff upon request



Tobacco Screening			Alcohol Screening		
June 18	↑	March 19	June 18	↓	March 19
85.15%		97.0%	92.08%		90.4%

Data Source: Local audit

Data Source: Local audit

Quality Excellence Support Team Initiatives (QuEST)



Improving the quality of care, patient experience and safety is a key Trust objective. The approach to delivering continual improvements is through the use of formal quality improvement techniques, recognising that sustainability is achieved through capacity and capability training, to enable staff at all levels to bring about changes in care. QuEST is a multi-professional and cross functional team including colleagues from Nursing & Quality, Human Resources, Organisational Development and Infection Prevention and Control.

The aim is to provide expert support and advice to colleagues to help them in delivering consistent, safe patient-focused care. The team works collaboratively with colleagues wanting to make improvements and/ or accelerate outstanding practice and works with wards and teams to develop and achieve their goals. The QuEST approach was implemented with Aintree 2 Home, Ward 21 and 33 with a year-end evaluation for 2018/19 being completed to assist in the identification of other wards and departments for next year. The identification of the improvement priorities for each of selected areas was based on an initial baseline assessment and staff engagement informed through a Safety Cultures Questionnaire, supported by Advancing Quality Alliance.

The voice of the patients /carers was also central to the decision making and specific patients' questionnaires were used to capture detailed feedback as to where improvements could be made. The baseline assessment and engagement results were then used to design the appropriate improvement interventions, which would be agreed with the staff team. Key interventions differed based on the diagnostic assessment.

The key improvement activities delivered include:

- Leading for Quality – Coaching, Staff roles and responsibilities, Team building
- Documentation – Core Nursing Documentation, Training
- Communication – Safety & Governance meetings, Improvement huddles, pain relief training
- Discharge planning – Discharge criteria, Nurse Led Discharge, Safer
- Falls Reduction – Falls training
- Infection Control – Management of patients with MRSA
- Inter team working – Revised office space.

Aintree 2 Home Documentation Compliance			Award Accreditation Assessment		
Pre QuEST	↑	Post QuEST	Pre QuEST	↑	Post QuEST
51%		79%	<AAA rating		AAA rating

Data Source: Local audit

Data Source: Local audit

Our Patient Experience Initiatives

End of Life Care

The Trust’s Palliative Care Service is led by a team of highly specialised and experienced Palliative Care Consultants who provide a range of support and treatment that includes:

- Providing relief from pain and other distressing symptoms
- Integrating the psychological and spiritual aspects of patient care
- Providing support early in the course of an illness in conjunction with other treatments
- Offering a support system to help patients to live as actively as possible until death and to help families to cope during a patient’s illness and in their own bereavement
- Providing support to cancer specific multidisciplinary teams
- Providing an education programme for hospital and community staff and colleagues.



In February 2019, the Trust launched a new strategy for End of Life and Bereavement Care. As part of this strategy the “SAFE TRANSFER” checklist has been developed for use when discharging patients who have a palliative diagnosis from hospital to a community setting. This document is to be used when an individual is considered to be in the last days, weeks, or short months of life.

The checklist provides essential guidance and acts as an aide memoire for staff to ensure all of the necessary resources such as anticipatory medications, care, equipment and unified DNACPR forms are in place to enable the individual to be supported in their preferred place of care and death. It provides advice on what to do if a syringe driver is in use and will guide health professionals as to who they should contact in the community to ensure everyone involved in the patients care is aware of the plan.

Once discharged, the primary care team will review and complete their section of the checklist and ensure everything is updated and communicated to the teams involved in the persons care outside of the hospital setting.

“ ”

This resource will help to promote a seamless transition, readmission avoidance, good communication and the safer transfer of patients from hospital. Suzanne Doolan, Community Nurse Specialist

Department of Medicine for Older People and Stroke – NHS 70th Anniversary Celebrations

The Department of Medicine for Older People and Stroke consistently has a cohort of patients waiting for community placement or support at home. This group of patients can often become restless and disorientated. Consequently, the nursing teams set up a programme of events and activities to provide a different model of care that enhances the well-being of their patients and allows them to remember special events such as Remembrance Day, Valentine’s Day, Pancake Tuesday and many others. The programme also incorporated tea dances, afternoon tea, musical entertainment and games such as play your cards right and bingo.

The Armed Forces day is an example of a particularly successful event which had a positive impact on staff morale and staff engagement which is directly related to patient experience.



Feedback from patients and their relatives:

“ ”

It’s been brilliant, very nice. I live alone so it’s helped me to meet new people which I love.

“ ”

I thought the entertainers were professionals and couldn’t believe they were the ward staff. The singing and dancing was brilliant.

“ ”

I am amazed by what happened today. I am used to being on my own since the passing of my wife and it brings back lovely memories.

“ ”

This event made me cry, seeing my Mum really enjoying herself and talking about her experiences when she was younger. I thought the afternoon was fantastic.

Specialist Weight Management Services (SWMS) – Service User Forum

Aintree provides community based weight management services across a range of locations including Liverpool and Wigan. These services aim to support service users in losing weight. They also aim to increase awareness and personal resilience to weight stigma and encourage self-management using a health coaching model. One of the key success factors in providing specialist weight management services is service user engagement. One key method of engaging service users, adopted by the Wigan specialist weight management service, is to hold an annual open forum which is open to all service users at any stage in their journey. Open questions are used at the forum using the key themes that have emerged through satisfaction questionnaires, verbal feedback, Wigan Council initiatives and changes within the local and national landscape (e.g. new guidance/obesity strategies).

Feedback from each forum is shared with the team and staff work within project groups to ensure the feedback is listened to and acted on. This feedback directs the team's service development work and influences changes to service delivery to meet the needs of service users and improve their weight management journey. The forum facilitates feedback to service users at the next forum in a *'you said, we did'* format, so that they are aware their feedback is valued and the service has responded. Feedback from the Wigan Service User Forum has directly led to numerous improvements in service delivery through 2018/19. These include:



Part 3.2 Performance against relevant indicators and performance thresholds set by NHS Improvement

Aintree is required to report its performance with a list of published key national priorities, against which the Trust is judged. Aintree reports its performance to the Board and the Trust's regulators throughout the year. Actions to address any areas of underperformance are put in place where necessary. These performance measures and outcomes help Aintree to monitor how it delivers its services. Based on the most recently available benchmarked data Aintree is performing as reported for all of the metrics highlighted below. The increased level of demand for hospital services continued to put operational pressure on the Trust during 2018/19 and its ability to achieve a number of our key performance indicators. The following indicators have been subject to an independent audit. These audits did not highlight any data quality concerns.

- A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge - Reported indicator performance has been calculated based on all patients

recorded as having attended A&E. Completeness of this information is therefore dependent on the complete and accurate entry of data at source by the clinician who carries out initial assessment or by A&E reception. Patients leaving the department without being registered correctly will not form part of this indicator calculation.

- All cancers: 62-day wait for first treatment from urgent GP referral for suspected cancer - Reported indicator performance has been calculated based on all urgent patient referrals received either from Primary Care or tertiary referrer. Completeness of this information is dependent on the complete and accurate entry of data at source of paper referrals received by the Trust. The implementation of the national Paper Switch Off programme is increasing the volume of electronic referrals received by the Trust which is therefore reducing the risk associated with patient details being incorrectly registered.

Performance against key national priorities from the Monitor Compliance Framework 2018/19

Indicator	Threshold	2018/19				
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	2018/19
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	>=92%	90.1%	89.0%	89.6%	89.0%	89.0%
A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge (A)	>=95%	86%	87%	87%	86%	86%
All cancers: 62-day wait for first treatment from: • Urgent GP referral for suspected cancer (A)	>=85%	78.3%	74.9%	71.7%	74.9%	75.2%
• NHS Cancer Screening Service referral	>=90%	71.4%	81.8%	65.8%	76.7%	73.8%
Clostridium Difficile (C.difficile) – Total cases	46	8	7	0	12	27
Clostridium Difficile (C.difficile) case variance from plan	N/A	-3.5	-4.5	-11.5	+0.5	-19
SHMI ⁴	100					99.75
6 week diagnostics	1%	1.1%	2.7%	5.2%	0.88%	0.88%
VTE	95%	92.1%	92.4%	91.1%	92.2%	91.9%

⁴ Latest position report in relation to Summary Hospital-level Mortality Indicator (SHMI) is as reported above. This performance is a rolling 12 month position updated on a quarterly basis and covers the period of the last 12 months, as per NHS Digital.

Part 3.3 Additional information for 2018/19

Delivery of Seven Day Services

There are ten national standards for the provision of seven day services; four of these are designated as a priority for delivery by March 2020.

Standard 2: Consultant review within 14 hours of admission

Standard 5: Seven day access to diagnostic tests

Standard 6: 24 hour access, seven days a week to key Consultant-directed interventions

Standard 8: Daily Consultant reviews.

The Trust is fully compliant with the four priority seven day service standards for major trauma, critical care, and heart attack and stroke services.

Overall, Aintree’s performance against Standard 5 (diagnostics) and Standard 6 (Consultant directed interventions) compares well against national benchmarks.

The Trust’s performance against Standard 2 also compares generally well against national benchmarked data although results from the national Case Note Review suggest a slight drop in performance. Case Note Review performance on Standard 8 (twice daily and daily senior reviews) suggests a decrease in performance although feedback reports no change to work patterns.

Current service delivery improvement projects which will be supported by the implementation of seven day services include the on-going work streams linked to patient flow (SAFER programme, led by the Chief Operating Officer) and the review of medical on-call being undertaken by the Deputy Medical Director. A proforma has been developed to support the review and identification of patients in acute areas each Friday, to ascertain weekend treatment requirements or the potential for discharge. Close liaison is required between working groups to ensure that new initiatives satisfy seven day service requirements.

Freedom to Speak Up

The Trust is committed to an open and honest culture where staff feel confident to speak up when things go wrong, recognising this as a key component for safe and effective working. Lorraine Heaton is the Trust’s nominated Freedom to Speak Up Guardian.

The Trust’s Speak out Safely Policy provides the workforce with a framework to encourage and normalise the raising of concerns for the benefit of our patients and staff. The policy is based upon the standard integrated policy produced by NHS Improvement and NHS England following the recommendations of Sir Robert Francis’ review (2013).

The policy provides that framework by outlining its purpose for staff to raise concern with regards to risk, malpractice or wrongdoing and how those concerns will be managed. The policy informs staff who they can raise a concern to and is descriptive with regards to the responsibilities of all staff when a concern has been raised.

The policy assures staff that their concern will be handled in a safe and confidential manner. Staff are reminded that those who raise a concern under the Trust’s Speak out Safely Policy will not be at risk of detrimental impact on their role or reprisal from raising their concern. There is also guidance within the policy where staff may feel unable to raise their concern internally to the Trust.

Once an individual has raised a concern the process of how this will be acknowledged and how staff will be updated or receive feedback from this is also explained.

In addition to the Trust’s Speak out Safely Policy the Trust has launched key enablers, as part of our Safety First Programme, to raising concerns; these include the introduction of safety and governance meetings in operational areas and an anonymous online conversation platform which accompanies the Trust Staff Survey as part of the engagement drivers.

Managing our Medical Workforce

The workforce challenges at Aintree reflect the national picture including meeting increasing demand with reduced supply and turnover with particular pressure in the nursing workforce. Rota gaps, long-term staff vacancies and intensifying workload are major issues across the NHS, and this is felt locally at Aintree.

The average medical rota carries at least one gap, with between 32 – 42 WTE gaps recorded per rotation in 2018/19 across 24 main rotas. The two main hot spot rotas for gaps are General Medicine and General Surgery, which cover generalist on-call for a range of specialities within the respective Divisions.

Aintree is moving to take positive steps to improve the situation around rotas and gaps, in a number of ways.

Work is underway to implement E-Rostering for medics. The increased visibility of rotas will allow for better gap management and help to control doctors working hours to ensure they are working safely. The E-Roster system improves visibility by highlighting the gaps on the rota straight away, giving medical staffing departments more time to fill gaps, helping to improve safety and deliver efficiency savings.

In January 2019, Aintree put into operation a new application called Patchwork which enables doctors to book onto available shifts through the bank via their

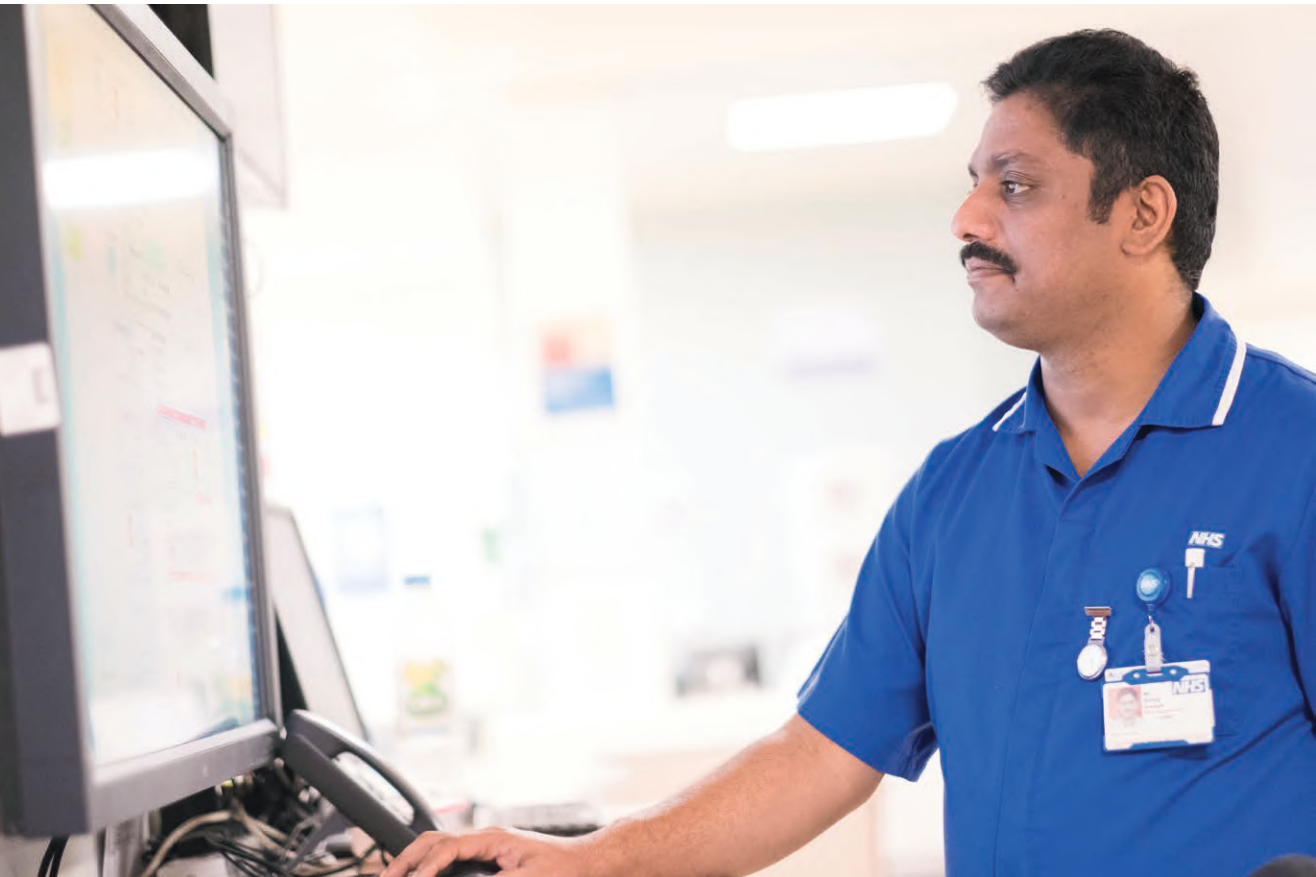
mobile phones. The aim is to increase staff bank fill rates rather than relying on premium spend agency staff to fill the gaps.

Where there is a long term gap created by vacancies in Health Education England Deanery training posts, the Trust continues to appoint locally employed doctors. As a Trust we have also looked at alternative options available to reduce workforce risks. Across 2018/19, a Multi-professional Programme Workforce Group looked at alternative roles available to support medical rotas. Roles such as Advanced Nurse Practitioners, Medical Support Workers and Physician Associates were identified to work on hybrid rotas, supporting the medical workforce and improving capacity.

Aintree currently hosts four sessions of clinical time recruited in 2018 as part of a two year programme, rotating around Acute Medical Unit and Surgical Assessment Unit, two areas that see regular gaps within the generalist on-call rotas that cover a range of specialties within the area. The feedback from these areas is that the roles have been a great support, with Consultants and Junior Doctors describing them as ‘invaluable’ to the service.

Equally, medical support workers have been praised within the services, and improve not just workload of doctors, but allow for them to focus on the task of more educational value.

Freedom to
speak up



Quality Account Statement –
Aintree University Hospital NHS Foundation Trust


Southport and Formby
Clinical Commissioning Group


South Sefton
Clinical Commissioning Group


Knowsley
Clinical Commissioning Group


Liverpool
Clinical Commissioning Group

South Sefton, Liverpool and Knowsley CCGs welcome the opportunity to jointly comment on Aintree University Hospital NHS Foundation Trust's Quality Account for 2018/19. The CCGs have worked closely with the Trust throughout 2018/19 to gain assurances that the services delivered were safe, effective and personalised to service users. The CCGs share the fundamental aims of the Trust and supports their strategy to deliver high quality, harm free care.

It is noted that the Quality Account that is being reviewed is a draft version and the CCGs look forward to receiving the finalised account. The work the Trust has undertaken and described within this Quality Account continues to promote patient safety and the quality of patient experience and endorses the Trust's commitment to promote safety and quality of care.

The Commissioners acknowledge the two year Quality Strategy for 2018-20 and the continued focus of work on the three elements to continuous improvement:

- Care that is Safe
- Care that is Clinically Effective
- Care that provides Positive Experiences for Patients and their families

Commissioners welcome the progress on the Quality Strategy and note:

- For Care that is Safe, progress in relation to safeguarding policies and enhanced monitoring and escalation of patients at risk of deterioration. The CCGs recognise the significant work the Trust has undertaken over the last year in implementing its Safety First Approach including the workstreams on safety culture, human factors and psychological safety of staff. The CCGs have also noted the investment of nursing leadership at divisional level and the planned patient engagement work to ensure feedback on the Trust's Quality Strategy. We also recognise the continued improvement of incident reporting and the learning disseminated specifically from serious incidents within the Trust.

- For Care that is Clinically Effective, the CCGs welcome the development of the End of Life Strategy and training programme to support staff in its implementation.

- Care that provides Positive Experiences for Patients and their Families – The CCGs note the Patient and Family Experience Plan with Executive oversight and the revised complaints process with a decrease in formal complaints and an increase in local resolution.

The commissioners recognise and continue to work with the Trust on the challenging areas of performance, specifically the 18 week referral to treatment (RTT) targets which were not met; the challenges regarding diagnostics which still remain below standard despite

Trust work to improve the position; cancer services challenges which have affected overall performance. Commissioners welcome the Trust's plans to enhance staff experience to ensure staff engagement and motivation which has a direct impact on quality of care.

This is a comprehensive report that clearly demonstrates progress within the Trust. It identifies where the organisation has done well, where further improvement is required and the ambitions moving forward. We understand the Trust's Quality Strategy has a number of individual workstreams that will take into account patient feedback on progress made.

We have reviewed the information provided within the Quality Account and checked the accuracy of data within the account against the latest nationally published data where possible.

Commissioners are aspiring through strategic objectives to develop an NHS that delivers positive outcomes, now and for future generations. This means reflecting the government's objectives for the NHS set out in their mandate to us, adding our own stretching ambitions for improving health and delivering better services to go even further to tailor care to the local health economy. Providing high quality care and achieving excellent outcomes for our patients is the central focus of our work and is paramount to our success.

It is felt that the priorities for improvement identified for the coming year are reflective of how the Trust will further improve services to address the current issues across the health economy.

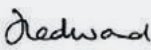
Signed:



Fiona Taylor, Chief Officer
South Sefton and
Southport & Formby CCGs
Date: 17th May 2019

We acknowledge the actions the Trust is taking to improve the quality as detailed in this Quality Account. It is felt that the priorities for improvement identified for the coming year are both challenging and reflective of the current issues across the health economy. We therefore commend the Trust in taking account of new opportunities to further improve the delivery of excellent, compassionate and safe care for every patient, every time.

Signed:



Jan Ledward, Chief Officer
Date: 20th May 2019

Signed:



Dianne Johnson, Accountable Officer
Date: 22nd May 2019



Aintree University Hospital NHS Foundation Trust Quality Account 2018-19 Commentary.

Healthwatch Sefton would like to thank the Trust for the opportunity to comment on the draft Quality Account 2018/19. We attended the Quality Account session on the 3rd May 2019 at which the Trust presented and this was very useful. In reviewing previous accounts we can say that it was really great to see that this year's account has been drafted in a friendlier format, particularly part three which details some great areas of work. The inclusion of a glossary of terms is also welcomed.

We have been encouraged by the recruitment of a lead nurse for workforce. In reviewing the feedback we have gathered over this 12 month period, patients and visitors to the trust speak positively about the attitude of staff but have shared their observations about staff shortages and how busy staff are on the wards. It was therefore positive to read that the overall vacancy rate is 3.15% which is better than both the regional and national average and that this has helped in delivering the CQC improvement plan. We note that the Trust is rated as 'Requires Improvement' at this time.

In reviewing performance in the work to reduce harm, it was again disappointing to note that all grades of hospital acquired pressure ulcers have increased since last year. There has also been an increase of two cases of MRSA this year which again we have noted and a slight reduction in compliance with hand hygiene. In reviewing other quality aims, it was reassuring to see the work to reduce falls, particularly the 40.5% reduction in falls with moderate or above harm and the investment in training for staff with 87% being trained in the Mental Capacity Act/ Deprivation of Liberties.

We are aware of the pressures on the Accident and Emergency department during the past twelve

months and the impact this has had on service delivery. We are aware that the Trust has struggled with this and it is therefore positive to see that the Trust achieved the four hour emergency access standard with an increase from last year (84.2%) and was the most improved Trust nationally.

In reviewing the local commissioning framework (CQUIN) targets, we would like to see the trust improve on the timely discharge of patients from critical care over the next 12 months but it is also reassuring that during this period this has not had any significant impact on elective care. It was great to see the achievements in the work to improve services for people with mental health needs who present at Accident and Emergency and we would like to find out more about this.

In reviewing the Trust's work to learn from deaths, we note the 2 cases reviewed (from 1000) that may have been due to problems with care delivery and one of the actions of improving in the delivery of end of life care. Care at the end of life has been an area we have taken an interest in and we are pleased that this year, the trust launched a new strategy for end of life and bereavement care which includes a 'safe transfer' checklist.

Work to promote healthy lifestyles and the recognition of 'Making Every Contact Count', is encouraging. It would have been good to have seen some more detail in relation to the numbers of staff trained, who delivered the training and the number of staff and patients screened. The use of percentages without actual figures included is a flaw throughout the account and this is something we ask for year on year to support in the reading of the document.

In terms of progress with 7 day

services, it is good to see the progress made. It would have been good to have seen some information about the merger with The Royal Liverpool & Broadgreen University Hospitals NHS Trust within the account.

In our review of last year's account, we reviewed the use of the MUST screening tool for nutrition and hydration and were keen for its use to be improved. There was no mention of this in this account.

The Trust has continued to work in partnership with Healthwatch Sefton. We regularly attend the Patient Experience Executive Led Group and have attended a meeting of the Patient Experience Operational Group to see if this is something we should attend on a regular basis. We continue to hold monthly engagement stands to gather both patient and visitor feedback. There is no reference to our work with the Trust in the account but one of the areas in which the Trust has listened to Healthwatch and worked to improve experience is in the area of car parking. The Standard Operating procedure was updated to include the financial impact on patients when clinics overrun. It is however unclear how patients are being informed about this.

The account does not include any information on the work the trust has undertaken on equality. We had asked the Trust to consider the Navajo Merseyside & Cheshire LGBT Charter Mark but this has yet to be achieved.

Healthwatch Sefton will continue to work in partnership with the Trust to support the on-going work to improve the overall care and services provided to both patients and their visitors, particularly those areas of work/ strategies which are to be developed in the next 12 months.

Aintree University Hospital NHS Foundation Trust Quality Account 2018-19 Commentary.

Healthwatch Liverpool welcomes this opportunity to comment on the Quality Account of 2018/19.

We base these comments on the contents of a draft Quality Account which was provided to us prior to publication, as well as our ongoing engagement with the Trust and feedback received from patients and families.

We know that the previous year (2017-18) was an extremely challenging one for the Trust so it is reassuring to see that progress has been made against some targets.

The Urgent and Emergency Care Programme has resulted in improvements in the emergency department. These improvements are above the national average and the fact that Aintree has shown the most improved performance of any Trust over the past two years is particularly impressive.

The Ventilation Inpatient Centre has achieved mortality figures which are significantly lower than the national average. Patients will no doubt be reassured by the 100% coverage of the service by a Respiratory Consultant. This service is particularly important given the prevalence of respiratory conditions in Liverpool and particularly the north of the city.

Other projects have also achieved improvements for patients. Changes to heart failure services have resulted in reduced admission rates and reduced length of hospital stay for some patients. The Making Every Contact Count (MECC) initiative has seen an increase in tobacco and alcohol screening rates, although it is early days and it remains to be seen whether the initiative will have a positive impact on patient's lifestyles.

As with all Trusts in Liverpool, we hold an annual Listening Event where a team of staff and

volunteers from Healthwatch Liverpool visits the hospital to speak to patients and visitors about their experiences. These events are intended to provide a snapshot of what patients and visitors think about the service. The Trust can then use this feedback in conjunction with other patient experience measures to provide valuable insight. This year we visited Aintree on 12th July 2018 and spoke to a total of 61 people.

A large number of people we spoke to made positive comments about the care and dedication of the staff. People were also generally satisfied with the accessibility of the hospital site and the amount of information they had received about their treatment. However, a significant minority of people raised concerns about staff being overstretched and the impact this has on patient care. All of our findings from the Listening Event have been shared with the Trust.

We are due to hold a further Listening Event at the Trust this year.

Despite the positive impact of some initiatives it is clear that significant challenges remain. Referral to treatment time (RTT) targets have been missed and this may have an adverse impact on patient experience. A&E waiting times continue to be an issue and the four hour waiting time target has been missed again this year. We encourage the Trust to continue their work in these areas as a priority for the forthcoming year.

We do acknowledge that some of these issues, particularly those around staff recruitment and A&E waiting times, are reflective of national pressures and therefore a system-wide approach is needed. We encourage the Trust to work with other local providers and commissioners to share best

practice and address the broader challenges facing the NHS.

The forthcoming year is likely to be even more busy as, in addition to day to day pressures, the Trust will be merging with The Royal Liverpool and Broadgreen NHS Trust. Whilst it offers the opportunity to improve services across the city the merger does hold many potential risks. We therefore encourage the Trust to carry out robust public engagement before decisions are made about service changes to ensure that improvements are realised.

We are hopeful that the Trust will continue to address areas of concern and that this will result in improved experiences for patients and visitors. We look forward to continuing to work closely with the Trust over the forthcoming year.

14 May 2019

Annex ii

Statement of directors' responsibilities for the quality report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2018/19 and detailed guidance for quality reports 2018/19
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes for the period April 2018 to April 2019
 - Papers relating to quality report reported to the board over the period April 2018 to April 2019
 - Feedback from Commissioners; joint response from South Sefton CCG dated 17 May 2019, Liverpool CCG dated 20 May 2019 and Knowsley CCG dated 22 May 2019
 - Feedback from Governors dated 14 April 2019
 - Feedback from local Healthwatch organisations; Healthwatch Sefton dated 16 May 2019 and Liverpool dated 14 May 2019
- The Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, published April 2018 to March 2019
- The 2018 national patient survey published January 2019
- The 2018 national staff survey published March 2019
- Care Quality Commission inspection published 08/04/2019
- The Head of Internal Audit's annual opinion of the Trust's control environment dated 14/05/2019
- The Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered
- The performance information reported in the Quality Report is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- The Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board

Date: 22 May 2019



Chairman

Date: 22 May 2019



Chief Executive

Annex iii

Statement from Trust Governors



Governors have a key role in ensuring that the voice of our patients, members and local community is at the heart of the Trust's decision-making. This provides an opportunity for Governors to get involved where appropriate in the quality initiatives and improvement work undertaken by the Trust during the course of the year.

One of the responsibilities of the Council of Governors is to approve the local quality indicator for the purpose of external audit (as detailed on page 120). Governors discussed this at a session in February 2019 and subsequently ratified their decision at the formal Council of Governors' meeting in March 2019 for the external auditors to review the Summary Hospital-level Mortality Indicator (SHMI).

In 2018/19, Governors continued to support and contribute to improving the quality of care that the Trust provides through, for example, the Patient-Led Assessments of the Care Environment and the ever evolving work on discharge planning including the Multi-Disciplinary Accelerated Discharge Event. We were also involved in the promotion of the Bowel Cancer Screening Programme with two Governors attending local Prisons to support specialist practitioners and they met with health mentors who are a network of offenders

tasked with providing all offenders with a voice on health matters and health promotion. Governors are also involved in other collaborative initiatives - for example, the Catering Food Standards Group where excellent progress has been made on improving the standard and content of food available to patients as well as working towards the removal of all single plastic cups. Governors also participated in Nutrition & Hydration week, during March 2019, in the distribution of Afternoon Tea to all inpatients. We also took the opportunity to review the content of the Quality Account at two sessions in April and May 2019. There has also been an opportunity for Governors to be part of the revised Aintree Assessment & Accreditation Framework, which provides a more in-depth analysis of the quality standards on wards over the course of 3 days and includes an opportunity to visit the areas and assess them against these standards. We have also been provided with bespoke training sessions from executive directors and senior managers on Patient Experience, the Corporate Performance Report and Mortality which have provided Governors with further insight into the systems and processes within the Trust. This training is an important part of the Governor development programme as it deepens our knowledge and gives

us the opportunity to challenge the quality agenda.

At the Governor-led Quality of Care Committee, executive directors and senior managers are asked to provide information to assist Governors in understanding, supporting and engaging with the three key elements of the Trust's Quality Strategy (i.e. care that is safe, care that is clinically effective and provides a positive experience for patients and their families). The Committee has received reports on the Trust's progress with its Safeguarding agenda and Quality Strategy Delivery Plan as well as some insightful presentations on Safe Nurse Staffing, Quality Improvements and development of the Safety First programme. At formal Council of Governors' meetings, Governors have the opportunity to challenge the Non-Executive Directors and seek assurance on quality, performance and system issues. We also take part in the Director Walk Rounds which provide an opportunity for Governors to observe how the Trust is working and how the Quality Strategy and its Quality Priorities are being delivered.

Governors keep themselves abreast of local and national developments by attending local and regional externally facilitated workshops and seminars, where appropriate, enabling them to be more informed when reviewing Aintree's Quality Account which they do at the beginning of each financial year. Governors also comment on the accessibility of the Quality Account for members and wider stakeholder groups.

Signed on behalf of Aintree's Council of Governors



Pamela Peel-Read
Lead Governor



Independent Auditor’s Limited Assurance Report to the Council of Governors of Aintree NHS Foundation Trust on the Annual Quality Report

We have been engaged by the Council of Governors of Aintree University Hospital NHS Foundation Trust to perform an independent assurance engagement in respect of Aintree University Hospital NHS Foundation Trust’s Quality Report for the year ended 31 March 2019 (the ‘Quality Report’) and specified performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to limited assurance (the “specified indicators”) marked with the symbol (A) in the Quality Report, consist of the following national priority indicators as mandated by Monitor (operating as NHS Improvement) (“NHSI”):

Specified Indicators	Specified indicators criteria (Monitor’s Detailed Guidance)
Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge.	In line with the definition included within NHS Improvement’s “Detailed requirements for external assurance for quality reports 2018/19” Annex C (page 27 and 28). https://improvement.nhs.uk/resources/nhs-foundation-trust-quality-reports-requirements/
Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers	In line with the definition included within NHS Improvement’s “Detailed requirements for external assurance for quality reports 2018/19” Annex C (page 29). https://improvement.nhs.uk/resources/nhs-foundation-trust-quality-reports-requirements/

Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the NHS Foundation Trust Annual Reporting Manual (“FT ARM”) and the ‘Detailed requirements for quality reports 2018/19’ issued by NHSI. The Directors are also responsible for the conformity of the specified indicators criteria with the assessment criteria set out in the FT ARM and the ‘Detailed requirements for external assurance for quality reports 2018/19’ issued by NHSI and for reporting the specified indicators in accordance with those criteria, as referred to on the pages of the Quality Report listed above.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- The Quality Report does not incorporate the matters required to be reported on as specified in the FT ARM and the ‘Detailed requirements for quality reports 2018/19’;

- The Quality Report is not consistent in all material respects with the sources specified below; and

- The specified indicators have not been prepared in all material respects in accordance with the criteria set out in the FT ARM and the ‘Detailed requirements for external assurance for quality reports 2018/19’.

We read the Quality Report and consider whether it addresses the content requirements of the FT ARM and the ‘Detailed requirements for quality reports 2018/19’; and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially consistent with the following documents:

- Board minutes for the period, April 2018 to April 2019;
- Papers relating to quality, reported to the Board over the period, April 2018 to April 2019;

- Feedback from the Commissioners, joint response from South Sefton CCG dated 17/05/2019, Liverpool CCG dated 20/05/2019 and Knowsley CCG dated 22/05/2019;

- Feedback from Governors dated 14/04/2019;
- Feedback from local Healthwatch organisations, Healthwatch Sefton dated 16/05/2019 and Healthwatch Liverpool dated 14/05/2019;

- The Trust’s complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, published April 2018 to March 2019;

- The 2018 national patient survey published January 2019;
- The 2018 national staff survey published March 2019;
- Care Quality Commission inspection, published 08/04/2019;
- The Head of Internal Audit’s annual opinion over the Trust’s control environment dated 14/05/2019.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the “documents”). Our responsibilities do not extend to any other information.

Our Independence and Quality Control

We complied with the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics, which includes independence and other requirements founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality and professional behaviour. We apply International Standard on Quality Control (UK) 1 and accordingly maintain a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

Use and distribution of the report

This report, including the conclusion, has been prepared solely for the Council of Governors of Aintree University Hospital NHS Foundation Trust as a body, to assist the Council of Governors of Aintree University Hospital NHS Foundation Trust’s quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Aintree University Hospital NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) ‘Assurance Engagements other than Audits or Reviews of Historical Financial Information’ issued by the International Auditing and Assurance Standards Board (‘ISAE 3000 (Revised)’). Our limited assurance procedures included:

- reviewing the content of the Quality Report against the requirements of the FT ARM and the ‘Detailed requirements for quality reports 2018/19’;
- reviewing the Quality Report for consistency against the documents specified above;
- obtaining an understanding of the design and operation of the controls in place in relation to the collation and reporting of the specified indicators, including controls over third party information (if applicable) and performing walkthroughs to confirm our understanding;
- based on our understanding, assessing the risks that the performance against the specified indicators may be materially misstated and determining the nature, timing and extent of further procedures;
- making enquiries of relevant management, personnel and, where relevant, third parties;
- considering significant judgements made by the NHS Foundation Trust in preparation of the specified indicators;
- performing limited testing, on a selective basis, of evidence supporting the reported performance indicators, and assessing the related disclosures; and
- reading the documents.

A limited assurance engagement is less in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable, measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the

Quality Report in the context of the criteria set out in the FT ARM and ‘Detailed requirements for quality reports 2018/19’.

The nature, form and content required of Quality Reports are determined by NHSI. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS Foundation Trusts.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators in the Quality Report, which have been determined locally by Aintree University Hospital NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that for the year ended 31 March 2019:

- The Quality Report does not incorporate the matters required to be reported on as specified in the FT ARM and the ‘Detailed requirements for quality reports 2018/19’;
- The Quality Report is not consistent in all material respects with the documents specified above; and
- The specified indicators have not been prepared in all material respects in accordance with the criteria set out in the FT ARM and the ‘Detailed requirements for external assurance for quality reports 2018/19’.

PricewaterhouseCoopers LLP

PricewaterhouseCoopers LLP
Manchester
28 May 2019

The maintenance and integrity of Aintree University Hospital NHS Foundation Trust’s website is the responsibility of the directors; the work carried out by the assurance providers does not involve consideration of these matters and, accordingly, the assurance providers accept no responsibility for any changes that may have occurred to the reported performance indicators or criteria since they were initially presented on the website.

Glossary of Terms

AAA	Aintree Assessment and Accreditation
AAGA	Accidental Awareness under General Anaesthesia
aBI	Aintree Business Intelligence
A&E	Accident & Emergency Department
AKI	Acute Kidney Injury
AWaRe	Access, Watch, Reserve Antibiotic Groups
BAUS	British Association of Urological Surgeons
BOAST	British Orthopaedic Association Standards for Trauma
CAP	Community Acquired Pneumonia
CMP	Case Mix Programme
CCG	Clinical Commissioning Group
C.difficile	Clostridium Difficile infection
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation (payment framework)
CRM	Cardiac Rhythm Management
DNA	Did Not Attend
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation
EPMA	Electronic Prescribing and Medicines Administration
FFFAP	Falls and Fragility Fractures Audit programme
HbA1c	A blood test to determine how well diabetes is being controlled
HSMR	Hospital Standardised Mortality Rate
IBD	Inflammatory Bowel Disease
IPC	Infection Prevention & Control
LeDeR	Learning Disabilities Mortality Review
Medway SIGMA	Trust patient administration system
MINAP	Myocardial Ischaemia National Audit Project
MRSA	Methicillin-Resistant Staphylococcus Aureus
NABCOP	National Audit of Breast Cancer in Older People
NACEL	National Audit of Care at the End of Life
NaDia	National Diabetes Inpatient Audit
NCAA	National Cardiac Arrest Audit
NCAP	National Cardiac Audit Programme
NATSSIPS	National Safety Standards for Invasive Procedures
NBOCA	National Gastrointestinal Cancer Programme - National Bowel Cancer Audit
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NEIAA	National Early Inflammatory Arthritis Audit
NELA	National Emergency Laparotomy Audit
NHS	National Health Service
NICE	National Institute of Clinical Effectiveness
NIV	Non-Invasive Ventilation
NJR	National Joint Registry
NLCA	National Lung Cancer Audit

NOD	National Ophthalmology Audit
NOGCA	National Gastrointestinal Cancer Programme - National Oesophago-gastric Cancer
PAINAD	Pain Assessment in Advanced Dementia
PCNL	Percutaneous Nephrolithotomy
PROMS	Patient Reported Outcomes
QuEST	Quality Excellence Support Team
RLBUHT	Royal Liverpool and Broadgreen University Hospitals NHS Trust
RTT	Referral to Treatment
SACT	Systemic Anti-cancer Therapy
SAFER	S (senior review), A (all patients), F (flow), E (early discharge), R (review)
SHMI	Summary Hospital Level Mortality Indicator
SSNAP	Sentinel Stroke National Audit Programme
SHOT	Serious Hazards of Transfusion
VTE	Venous-Thromboembolism
WTE	Working Time Equivalent



4

Governance & Organisational Arrangements

Governance & Organisational Arrangements

Corporate governance relates to the processes, customs, policies, laws, and institutions which have an impact on the way an organisation is controlled. An important theme of corporate governance is the nature and extent of accountability of people in the business, and mechanisms that try to decrease the risks. This section details the organisational arrangements in place to deliver good corporate governance.

Code of Governance

Aintree University Hospital NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most

recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

The Board confirms that the Trust complies with all provisions of the Code of Governance.

Council of Governors

The Trust’s relationship with its Governors, and through them with its members, is constructive and useful. It provides valuable public accountability for the work of the Trust.

The Council of Governors and the Board of Directors have a clear understanding of the roles and responsibilities of each party in accordance with the Constitution. The Board of Directors’ role is to manage the business of the Trust and the Council of Governors is responsible for representing the interests of public and staff members, and local partner organisations in the governance of the Trust. Amongst other statutory duties, the Council of Governors holds the non-executive directors to account for the performance of the Board of Directors and appoints the Chairman and Non-Executive Directors (NEDs), and the Trust’s external auditors. The Council of Governors also approves the appointment of the Chief Executive, the remuneration and terms of office of the Chairman and Non-Executive Directors, receives the Trust’s annual report and accounts and gives views and advice on the forward plans of the Trust. The Trust’s Constitution details the process to be adopted should there be any disagreement between the Council of Governors and the Board of Directors and how this would be resolved.

During 2018/19, the NEDs continued with the practice of giving

presentations to the Council of Governors. This year, the focus has been on the top priorities, key issues and assurance they have received on the Trust’s financial and operational performance, quality and safety and audit committee activity. Updates are also provided at formal Council meetings on the Trust’s strategic direction and activity by the Chairman and Chief Executive. This provides Governors with the opportunity to hold the NEDs to account for the performance of the Board, and to seek further advice and clarification, if required. This approach also assists Governors in their appraisal of the NEDs. Details of key issues discussed at each formal Council of Governors’ meeting are submitted to the Board of Directors. Furthermore, the Chairman holds a feedback session with Governors on key matters arising from the Board’s discussions at its formal meetings. The Governors, in turn, recognise their responsibility for regularly feeding back information about the Trust, its vision and performance to their constituencies and partner organisations. The Lead Governor provides a quarterly report to the formal Council meetings detailing the key activities undertaken by Governors during the period in question.

The Governors have input into the Annual Business Plan through discussions with the Trust on the priorities for development and improvement of the organisation,

as seen by their constituencies and partner organisations. This information impacts positively and materially on the preparation of the Trust’s Annual Business Plan. Each year, the Governors and members are presented with the Annual Report and Accounts and the Annual Plan at the annual members’ meeting. Governors are also involved in reviewing the Quality Account providing feedback on its content and contributing to the statement from the Lead Governor on governor activity and involvement during the year in support of the Trust’s quality improvements.

In addition to the Governor-Led Membership Committee, a Governor-Led Quality of Care Committee acts as a central point for work involving the care and safety of patients. It also enables Governors to become better informed on issues of concern to members and the public.

The Council of Governors consists of the Chairman of the Trust and 21 elected and appointed Governors.

All elected governors have a three year term of office. The last elections for appointment as an elected governor were undertaken during January to March 2018 with the successful candidates taking up office from 1 August 2018. The elections were administered by Electoral Reform Services in accordance with the model election rules in the Trust’s Constitution.

Elected Governors			
Public Governors	Term of Office	Expiry Date	Attendance at Council of Governors’ Meetings
Sharon Bird	3 years	31 July 2021	4/4
Mike Bowker	3 years	31 July 2020	1/4
Elaine Carter	3 years	31 July 2020	4/4
Rob Cannon	3 years	31 July 2021	3/3
Jennifer Ensor	3 years	31 July 2020	4/4
Jim Ford	3 years	31 July 2020	4/4
Ray Humphreys	3 years	31 July 2020	4/4
Colin Maher	3 years	31 July 2020	3/4
Rose Milnes	3 years	31 July 2020	3/4
Andrew Moran	3 years	31 July 2021	3/3
Raj Mungur	3 years	31 July 2021	2/3
Terry Owen	3 years	31 July 2021	0/3
Pamela Peel-Reade	3 years	31 July 2020	4/4
Anne Trevor	3 years	31 July 2021	3/3

Elected Governors			
Staff Governors	Term of Office	Expiry Date	Attendance at Council of Governors’ Meetings
Sally Aindow (Nursing)	3 years	31 July 2021	2/3
Andrea Connolly (AHP / Scientists)	3 years	31 July 2021	3/3
Kerry McManus (All Other Staff)	3 years	9 March 2021	3/4
Andrew Swift (Medical)	3 years	9 March 2021	3/4

Appointed Governors			
Liz Cooper (Edge Hill University)	3 years	31 July 2021	2/3
Professor Terry Jones (University of Liverpool)	3 years	31 July 2021	2/3
Paulette Lappin (Sefton MBC)	3 years	31 July 2021	2/3

Table 12: Composition of the Council of Governors

Pamela Peel-Reade was re-appointed as Lead Governor with effect from 1 August 2018.

Members of the public can gain access to the Register of Governors’ Interests on the Trust’s website or by writing, telephoning or emailing the Trust Headquarters:

Aintree University Hospital NHS Foundation Trust,
Aintree Lodge, Lower Lane, Liverpool L9 7AL

Telephone: 0151 529 4766

E-mail: governors@aintree.nhs.uk.

Nominations Committee

The Council of Governors’ Nominations Committee met on one occasion in 2018/19 and made recommendations to the Council of Governors in relation to the re-appointment of a Non-Executive Director (NED) and the extension of the term of office for another NED.

The Trust’s approach to non-executive director appointments is to engage with key stakeholders via focus groups, followed by an interview with the Nominations Committee. A formal recommendation is then taken to the Council of Governors for approval. There were no external appointments in 2018/19.

Members’ attendance was as follows:

Member	Attendance
David Fillingham (Acting Chairman)	1/1
Terry Jones	1/1
Colin Maher	1/1
Kerry McManus	1/1
Rose Milnes	1/1

Table 13 Nominations Committee Member Attendance

Membership & Membership Committee

The Trust aims to build a successful Membership Scheme as an integral part of its vision to be a leading provider of the highest quality health care. The Council of Governors has a Membership Committee to lead the process of developing and implementing the Membership Scheme and ensure a representative membership. The Membership Committee has adopted a strategy of membership engagement as well as targeted recruitment, predominantly aimed at low represented groups.

The membership engagement strategy was approved in 2015/16, with a view to encouraging all Governors to participate in membership engagement. To support this, a toolkit was developed for Governors to use which includes template presentations and key information about the Trust. During 2018/19, the Membership Committee, supported by the Trust, considered governor engagement with members in general terms and how this could be improved through the use of the membership stand in locations within the hospital. Its purpose was to engage with and obtain the views from members and the general public about the governor role and the services provided by the hospital as well as recruit new members through this interaction. The Committee also continued to develop relationships with the Get Involved with Aintree Group of members who have expressed an interest in being more involved in activities within the hospital. A calendar of Trust events/activities is made available to the group who are encouraged to get involved, with support being provided by Governors and the Trust to ensure that there is appropriate interaction. The Committee has also taken a keen interest in the proposed merger of the Trust with The Royal Liverpool & Broadgreen University Hospitals NHS Trust from the perspective of stakeholder engagement and has received regular updates on progress in this regard. Governor involvement in patient experience activities is a topic that will be progressed by the Committee during 2019/20.

Membership presentations continue at the Trust’s volunteers’ induction. As the Trust has no paediatric services and patients are generally older, this provides an opportunity to attract younger FT members. In line with the aim of engaging more members through digital and social media, an electronic version of the member newsletter was circulated on a quarterly basis to the 1,600+ FT public members who have provided the Trust with an email address. Following the implementation of the new General Data Protection

Regulation on 25 May 2018, all Trust members received a letter asking them to verify their contact details and consent to receiving periodic information from the Trust. The outcome of this exercise, coupled with the recruitment of new members enabled the Trust to bolster the number of member email addresses on the database by 600. The Trust’s membership application form was also revised to take account of the GDPR requirements. Staff Governors continue to attend the Trust bi-monthly Corporate Inductions, alongside the Chairman and Chief Executive, to promote the benefits of membership to new members of staff, as well as highlighting the role of the Staff Governor representing their constituency.

In 2018/19, the number of FT public members decreased from 8,711 to 8,634. Membership figures are set out in the table below:

FT members as of 31 March 2019, by constituency	
Public	8,634
Allied Health Professionals/Scientists	701
All Other Staff	2,760
Medical Staff	427
Nursing Staff	1,307
Staff total	5,195
Total membership (public and staff)	13,829

Table 14: Membership Numbers (31 March 2019)

The Trust’s Constitution includes the eligibility requirements for staff and identifies the boundaries for public membership. The Membership Strategy is available on request. Members of the public wishing to contact Governors can do so by writing, telephoning or emailing the Corporate Governance Team:

Aintree University Hospital NHS Foundation Trust,
Lower Lane, Liverpool, L9 7AL

Telephone: 0151 529 4766
e-mail: governors@aintree.nhs.uk

Board of Directors

The Board of Directors comprises six Non-Executive Directors, including the Chairman and up to five Executive Directors, including the Chief Executive. The Board of Directors has overall responsibility for strategic development, approving policy and monitoring performance. This includes ensuring the delivery of effective financial stewardship, high standards of clinical and corporate governance and promoting effective relations with the local community served by the Trust.

The Board has a formal schedule of matters reserved for Board decisions. Some decisions are delegated to its Board committees and these are clearly set out in those committees’ terms of reference, which are reviewed regularly by the Board. The Board has the following committees in place:

- Audit
- Quality
- Finance & Performance
- Remuneration and Nominations
- Charitable Funds.

All Directors have full and timely access to relevant information to enable them to discharge their responsibilities. The Board of Directors meets monthly and at each formal meeting reviews the Trust’s key performance information, including reports on quality and safety, patient experience and care, operational activity, financial analyses and strategic matters.

The Board of Directors monitors compliance with the Trust’s objectives and is responsible for approving major capital investment and any borrowing. It meets with the Trust’s Council of Governors, senior clinicians and divisional managers, and uses external advisors to facilitate strategic discussion.

The Board of Directors considers that its composition is appropriate with a balanced spread of expertise to fulfil its function and terms of authorisation, with the Chairman and Non-Executive Directors meeting the independence criteria laid down in the NHS Foundation Trust Code of Governance. The Trust continued to ensure that all Board Directors met the criteria of the Fit & Proper Persons Test. The performance of the Executive Directors is evaluated by the Chief Executive, and that of the Chief Executive and Non-Executive Directors by the Chairman, on an annual basis.

The Trust has a formal, rigorous and transparent procedure for

the appointment of directors, both executive and non-executive. Appointments are made on merit, based on objective criteria. Assurances are sought from non-executive director candidates that they have sufficient time to fulfil their duties. Appointments among non-executive directors are reviewed annually and their terms of office are staggered over three years to ensure an orderly succession to the Board. Non-Executive Director appointments may be terminated on performance grounds or for contravention of the qualification criteria set out in the Constitution, with the approval of three-quarters of the members of the Council of Governors, or by mutual consent for other reasons. The Trust uses either an external search consultancy or open advertising in relation to board appointments.

The Trust’s Executive Team provides organisational leadership and takes appropriate action to ensure that the Trust delivers its strategic and operational objectives. It maintains arrangements for effective governance throughout the organisation, monitors performance in the delivery of planned results and ensures that corrective action is taken when necessary. The Hospital Management Board (HMB) includes senior managers and clinicians in its membership and supports the Chief Executive in providing assurance to the Board of Directors on the direction and operational management of the Trust. The HMB takes on the leadership of the Trust in developing the overall strategy and ensuring delivery of strategic objectives and mitigation of risk through a focus on clinical quality, performance and delivery.

Board Leadership and Development

The performance of the Board Committees was kept under review through regular reports submitted to the Board of Directors and through a review of their terms of reference and evaluation of their effectiveness. During the course of the year, the Board held a number of development sessions, including an externally facilitated session on what difference the Board can make when working optimally. Other topics at development sessions included a cultural assessment of Aintree and staff engagement; authority & accountability framework; review of risk management; and Board evaluation.

During 2018/19, the Board also continued with its Engagement Programme which includes:

- Director Walk Rounds – Executive Directors, Non-Executive Directors and Governors visit each of the wards and departments within the hospital to learn more about the daily challenges they face as well as the improvements made and achievements to date
- Ask the Board – provides staff with the opportunity to ask questions on any subject matter with answers provided each month via the intranet and internal communications
- Conversations with the Board – provides an opportunity for the Board to hear the views of staff from each of the Divisions on key issues arising from the Staff Survey and patient safety.

Directors may seek individual professional advice or training at the Trust’s expense in the furtherance of their duties. The Board has direct access to the Director of Corporate Governance/Trust Secretary who advises on compliance with relevant regulations and ensures that Board and Committee procedures are followed. The proceedings at all Board and Committee meetings are fully recorded, enabling any concerns of Directors to be minuted. The appointment or removal of the Director of Corporate Governance/Trust Secretary is a matter for the Board as a whole.

There is a clear division of responsibilities between the chairman and chief executive. The chairman is responsible for the leadership of the Board of Directors and Council of Governors, ensuring their effectiveness individually, collectively and mutually. The chairman is also responsible for ensuring that members of the Board of Directors and Council of Governors receive accurate, timely and clear information appropriate for their respective duties and for effective communication with patients, members, clients, staff and other stakeholders. It is the chairman’s role to facilitate the effective contribution of all directors, ensuring that constructive relationships exist between them and the Council of Governors. The chief executive is responsible for the performance of the executive directors, the day to day running of the Trust and implementing approved strategy and policy.

Board of Directors' Pen Portraits

Board of Directors

Dr Neil Goodwin, CBE

Steve Warburton

Dianne Brown

Joanne Clague

Dr Tristan Cope

David Fillingham

Tim Johnston

Ian Jones

Kevan Ryan

Angie Smithson

Mandy Wearne

Ruth Hoyte

Beth Weston

Committee membership is indicated by the following symbols:			
Audit Committee	▲	Quality Committee	◆
Remuneration & Nominations Committee	□	Charitable Funds Committee	■
Finance & Performance Committee	●		

Dr Neil Goodwin, CBE
Chairman

Neil Goodwin is an experienced board chair, leadership academic and a former chief executive in the NHS. He was appointed Chairman from October 2014 having previously been a non-executive director of the Trust. Neil has chaired the Board of Onward Homes Ltd, the largest social landlord in the north west, since 2015; and has been the chair of Liverpool Health Partners, the regional academic health science partnership, since 2017.

Neil is the former chair of the Cheshire East Partnership Board, and a former NHS university hospital and strategic health authority chief executive. As a leadership academic Neil was visiting professor of leadership studies at Manchester Business School for over ten years, when he also consulted on strategy and leadership development, and undertook confidential inquiries into board governance. He is the author of Leadership in Healthcare, the first book of its kind set in a European context. Neil holds postgraduate degrees from London and Manchester Business Schools and in 2007 he was appointed CBE for services to the NHS.

Steve Warburton
Chief Executive

Steve was appointed Chief Executive in December 2015, having previously been Acting Chief Executive from 1 April 2015. Prior to that, he was Director of Finance & Business Services/Deputy CEO. Before joining Aintree University Hospital in July 2006, he was the Director of Finance & Performance/Deputy Chief Executive at South Sefton Primary Care Trust and before that, Deputy Director of Finance at the Royal Liverpool Children's NHS Trust. Steve joined the NHS in 1989 as a Graduate Finance Trainee and qualified as an accountant in 1993. Steve is a Director of Aintree Healthcare Ltd (a non-trading company) and a Director of Liverpool Health Partners.

Dianne Brown
Chief Nurse

Dianne trained in the 1980s with Wrightington, Wigan and Leigh NHS Trust and then chose to specialise in women's health, working at Billinge Hospital for 17 years in all areas of women's health including reproductive medicine, general gynaecology and early pregnancy.

An experienced Board Director, Dianne joined Aintree in April 2017, following her previous role of Director of Nursing and Midwifery at Liverpool Women's NHS Foundation Trust which she held for three years. She has had a variety of leadership and managerial roles prior to her successful appointment as Chief Nurse here at the Trust. Dianne is passionate about providing safe, effective and compassionate care for all patients and their families at Aintree University Hospital NHS Foundation Trust. She also holds a voluntary position on the Board of Trustees of Woodland Hospice.

Joanne Clague
Non-Executive Director

Joanne was Director of Operations in the Faculty of Biology, Medicine and Health at the University of Manchester, having previously been the Chief Operating Officer at the Academic Health Science Network. Prior to that she was Director of Operations for the Faculty of Health and Life Sciences at the University of Liverpool. As a member of the University of Liverpool's Senior Executive Group, Joanne provided leadership for the delivery of world-leading research excellence, a dynamic knowledge exchange economy contribution, and a first-rate staff and student experience.

Having undertaken her professional training with Deloitte, Joanne is a qualified chartered accountant with 14 years of post-qualification experience and significant experience of leading transformational change. Joanne joined the Aintree Board in April 2015 and has previous experience as a Non-Executive Director and Chair of Finance Committee in both the charitable and independent school sectors.

Joanne left the Trust in March 2019.

Dr Tristan Cope
Medical Director

Tristan was appointed Medical Director in April 2017. He graduated from Aberdeen University in 1992 and subsequently trained in Anaesthesia and Intensive Care Medicine in North Wales and Merseyside.

He was appointed as a Consultant in Anaesthesia and Critical Care at Aintree in 2001, and has held positions as Clinical Director of Critical Care, Clinical Director of Anaesthesia, Director of the Cheshire and Mersey Simulation Centre, Clinical Head of Division of Surgery and most recently Deputy Medical Director. Tristan received a Master's degree in Medical Leadership from Birkbeck, University of London. He has particular interests in Human Factors and leadership development. In addition to his duties as Medical Director, Tristan continues to work part time as a consultant in Critical Care Medicine. He is the Medical Director for North West Recompressions Unit/ Hyperbaric Treatment & Training and a Diving Medicine Adviser for International SOS/Iquarus.

David Fillingham, CBE
Non-Executive Director / Deputy Chairman

David Fillingham was appointed as the first Chief Executive of AQUA (Advancing Quality Alliance) in April 2010. AQUA is a membership funded improvement organisation based in the North West of England. Its mission is to support its members to improve health and the quality of healthcare.

David joined the NHS in 1989 from a career in manufacturing. He went on to take a number of Chief Executive posts including Wirral FHSA, St Helens and Knowsley Health Authority, North Staffordshire Hospitals NHS Trust, and Royal Bolton Hospital NHS FT. From 2001 to 2004 David was Director of the NHS Modernisation Agency developing new ways of working and promoting leadership development across the NHS as a whole. He was awarded the CBE for this work. David is also a Visiting Senior Fellow at The King's Fund. He was appointed to the Board in October 2013. David also chairs the Trafford Local Care Alliance and Healthier Wigan Partnership.

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Aintree University Hospital NHS Foundation Trust 131

Tim Johnston
Non-Executive Director



Tim was appointed to the Board in January 2013 and became the Deputy Chairman in November 2013, a position he relinquished in December 2014. He is a graduate economist and a Chartered Accountant. He is a major shareholder and senior partner in AMION Consulting – an economics and business planning consultancy. Tim was previously the National Partner in KPMG with responsibility for its Infrastructure and Government line of business. He was also a leading partner in KPMG’s national regeneration team. He is Chairman and Director of Langtree Property Partners Ltd, a national commercial property developer. He is also a Director of The Big Trust.

Ian Jones
Director of Finance & Business Services



Ian was appointed Director of Finance & Business Services in December 2015, having previously been acting up in that role since April 2015. Ian was previously the Deputy Director of Finance at Aintree. He is a qualified Chartered Accountant, having trained with a major national firm, before moving into the NHS in 1993.

Kevan Ryan
Non-Executive Director



Kevan was appointed to the Board in November 2015. He is an experienced solicitor and in his current role as the Director of Legal, Risk & Compliance at the University of Liverpool, he is responsible for providing strategic legal advice to the University, as well as providing direction and oversight to the various risk and compliance functions. He previously worked as a commercial solicitor with leading national law firms, Eversheds and Addleshaw Goddard and in-house with Royal Liver Assurance and Royal & Sun Alliance. Kevan is also a Director of the University of Liverpool Construction Company.

Angie Smithson
Deputy Chief Executive / Integration Director

Angie joined Aintree as Chief Operating Officer in April 2014 and was appointed Deputy Chief Executive in December 2015. Angie subsequently became Integration Director in October 2017. She was previously Chief Operating Officer/Deputy Chief Executive at Northern Lincolnshire & Goole NHS Foundation Trust, where she had also held the posts of Director of Operations and Director of Service and Business Development from 2008. Angie qualified from Cambridge & Huntingdon School of Nursing in 1989 and held a variety of nursing posts in London hospitals before moving into general management roles, including a brief spell in the private sector. During this period Angie received an MBA from Kingston University.

Mandy Wearne
Non-Executive Director



Mandy set up her own independent company, seven years ago, to continue to inspire excellence in the quality of care experience. She has an extensive background in NHS leadership, management, clinical practice and public health, working in a variety of health care settings. She has held a number of executive director roles, including health care strategy, performance, and provider and market development, as well as being policy advisor to the Department of Health (DH) on the development of social value led provider models. As the first regional director of service experience in England in 2008, she led the DH Patient Experience Policy Programme working on the development of national indicators and a review of the national survey architecture.

Acclaimed as a passionate and practical force for change, she was nominated for the NHS Inspiration Leadership Award in 2010. Mandy is committed to supporting NHS leadership and service experience improvement through her role as an executive coach and mentor to many aspiring and future leaders. She joined the Board as a Non-Executive Director in January 2017 and from April became the Chair of the Quality Committee.

Ruth Hoyte, Director of HR & Organisational Development ⁵



Ruth was appointed to the post of Director of HR & OD in April 2018 and has a strong commitment to developing the workforce to deliver safe and effective patient care. In 2014, an interest in workforce, engagement and culture led her into a senior role within HR & OD and she was awarded an MSC in Leadership Development from Edgehill University in 2013.

Ruth originally trained as a Dietitian in the 1980s in Scotland and worked in a range of clinical roles in the West Midlands. She came to Liverpool in 1990 and specialised in Diabetes before progressing into a Clinical Manager role. Since then she has held a range of leadership roles in clinical, operational and corporate services.

Beth Weston
Chief Operating Officer ⁶



Beth joined the Trust in April 2015 and was appointed Acting Chief Operating Officer in October 2017, with the role being made substantive from 1 February 2019. She previously worked at Central Manchester University Hospitals (CMFT) for 12 years as Director for a number of hospitals, more latterly as Director of Trafford Hospital following its acquisition by CMFT in 2011. Beth joined the NHS in 1995 and graduated from the NHS Graduate Management Training Scheme in 1997. During this period Beth also graduated from Manchester University with a Masters in Managing Healthcare Organisations.

	Date of Appointment	Date of appointment for 2nd term (if applicable)	Length of Appointment
Non-Executive Director			
Neil Goodwin	April 2014	April 2017	3 years
Joanne Clague	April 2015	April 2018	3 years ¹
David Fillingham	October 2013	October 2016	3 years
Tim Johnston	January 2013	January 2016	3 years ²
Kevan Ryan	November 2015	October 2018	3 years
Mandy Wearne	January 2017	April 2018	2 years

	Title	Date of Appointment
Executive Director		
Steve Warburton	Chief Executive	December 2015
Dianne Brown	Chief Nurse	April 2017
Tristan Cope	Medical Director	April 2017
Ruth Hoyte	Director of HR & Organisation Development	March 2018
Ian Jones	Director of Finance & Business Services	December 2015
Angie Smithson	Deputy Chief Executive/Integration Director	April 2014
Beth Weston	Chief Operating Officer	October 2017

Table 15: Board Members’ Terms of Office

¹ Joanne Clague left the Trust with effect from 31 March 2019

² Tim Johnston’s term of office was extended for a further 12 months by the Council of Governors with effect from 1 January 2019. This decision was taken in light of the proposed merger with The Royal Liverpool & Broadgreen University Hospitals NHS Trust and would provide continuity and stability at a critical time.

Non-Executive Directors are required to give the Trust three months’ notice of their intention to leave. The Trust’s Constitution also refers to the Council of Governors’ ability to remove the Chairman and other Non-Executive Directors should the need arise.

Executive Board members are required to work a notice period of 6 months.

⁴ Non-voting member ⁵ Non-voting member



Board & Board Committees

Member	Committees							
	Board of Directors	Audit	Remuneration & Nominations Committee	Quality Committee	Finance & Performance Committee	Charitable Funds	Council of Governors	Annual Members' Meeting
Neil Goodwin	8/8		4/4				3/4	1/1
Dianne Brown	7/8			10/11	7/12		4/4	1/1
Joanne Clague	7/8	5/5	4/4		11/12		3/4	1/1
Tristan Cope	8/8			8/11	4/12		1/4	1/1
David Fillingham	8/8		4/4	7/11	11/12		2/4	1/1
Ruth Hoyte	6/6			7/11	12/12		0/4	0/1
Tim Johnston	8/8	5/5	4/4		11/12	4/4	3/4	1/1
Ian Jones	7/8			7/11	11/12	4/4	0/4	1/1
Mandy Wearne	8/8			11/11			4/4	1/1
Kevan Ryan	8/8	5/5	4/4	11/11		4/4	4/4	1/1
Angie Smithson	8/8						2/4	0/1
Steve Warburton	7/8			7/11	10/12		1/4	1/1
Beth Weston	8/8			6/11	8/12		2/4	1/1

Table 16: Board & Board Committees Attendance

Audit Committee

The role of the Audit Committee is to provide to the Board of Directors an independent and objective review over the establishment and maintenance of effective systems of integrated governance, risk management and internal control across the organisation's clinical and non-clinical activities. It also provides assurance on the independence and effectiveness of both external and internal audit and ensures that standards are set and compliance with them is monitored in the non-financial and non-clinical areas of the Trust that fall within the remit of the Committee. The Audit Committee is significantly instrumental in reviewing the integrity of the Annual Accounts, and related External Auditor's Reports. In addition, it reviews the Annual Governance Statement prepared by the Chief Executive in his role as the Accounting Officer along with related internal audit reports. The Audit Committee takes a risk-based approach to its work with a continued focus on the Board Assurance Framework.

Composition of the Audit Committee

The Audit Committee operates in accordance with the Terms of Reference agreed by the Board of Directors. It has met on five occasions during the last financial year and details of each member's attendance at meetings are provided below. The committee membership comprises at least three Non-Executive Directors including one with "recent and relevant financial experience".

The Audit Committee Members during 2018/19 were:

Tim Johnston — Chair of Committee

Member	Actual/Possible
Tim Johnston	5/5
Joanne Clague	5/5
Kevan Ryan	5/5

Table 17: Audit Committee Member Attendance

In addition to the Committee members, standing invitations are extended to the Director of Finance & Business Services, the Chief Nurse, the Chief Executive (for specific items), Internal Auditors, External Auditors, Local Counter Fraud Specialist, Director of Corporate Governance/Trust Secretary and the Head of Corporate Finance. Other officers of the Trust may be invited to the Committee to answer any points which may arise.

A Board Committee Assurance Report is considered at the Board of Directors' meetings following each Audit Committee meeting and the Committee Chair brings any significant matters to the attention of the Board.

Audit Committee Activities

In discharging its duties, the Committee meets its responsibilities through utilising the work of Internal Audit, External Audit and other assurance functions, along with assurances from Trust officers (where required) and directing

and receiving reports from the auditors and fraud specialists.

Financial

The Audit Committee has played a key role in endorsing the accounting policies in operation at the Trust and in reviewing both the annual accounts and the external audit review of the accounts.

The Audit Committee reviewed the 2018/19 annual accounts at its meetings on 26 April 2019 and 17 May 2019 and subsequently recommended their adoption to the Board of Directors.

Quality Account

Whilst the Audit Committee is responsible for monitoring the process for production of the Quality Account, the content of the Quality Account is the remit of the Quality Committee. To that end, at its meeting on 26 April 2019, the Audit Committee noted the process undertaken by the Trust to comply with the statutory requirements for the 2018/19 Quality Account and recommended at its meeting on 17 May 2019, the adoption of the Quality Account to the Board of Directors.

General Data Protection Regulations (GDPR) and Information Governance

GDPR came into force across the European Union on 25 May 2018 and brought with it the most significant changes to data protection law in the last two decades. The Trust's approach was to involve the Senior Independent Risk Officer (SIRO), Caldicott Guardian and Data Protection Officer to lead and manage the progress of GDPR and implementation of information governance as a whole in the Trust to ensure appropriate systems and processes were in place and fit for purpose. Several initiatives were established as part of an overarching plan to ensure compliance towards GDPR being business as usual for the Trust. The Committee received regular reports throughout the year to monitor progress and compliance and received a positive report from an Internal Audit review of the Trust's governance arrangements for GDPR.

The new Data Security & Protection Toolkit (DSPT) was introduced in 2018/19, designed to encompass the National Data Guardian's 10 data security standards, which placed more onerous responsibility on providing the necessary evidence. The Committee received a mid-year update on progress against the new requirements which highlighted that there were some areas of non-compliance but these had been resolved and all mandatory assertions were completed resulting in the status of "Standard Met" being achieved in all 10 data security standards by the time of the year-end submission.

The Committee received regular reports on Information Governance and security incidents, the majority of which were classed as minor errors. Nevertheless, communications raising awareness of the responsibility on individuals to protect data were issued regularly throughout the year.

The Trust reported four Information Governance breaches during the year to the Information Commissioner's Office (ICO) – see Annual Governance Statement on page 148 for further details. Two cases remain open with the ICO and two cases were closed with no further action required.

Cyber Security

The Committee continued to focus on the Trust's IT security systems to maintain and enhance its cyber security systems and processes. The Committee received two updates during the year on the progress being made which had been bolstered by the Trust receiving £1m of funding from the Department of Health to purchase, install and implement several IT initiatives to strengthen security. NHS Digital had undertaken its audit and highlighted a number of vulnerability areas particularly in relation to weak passwords and actions were being progressed to improve the Trust's position. An internal Phishing exercise was undertaken tempting staff to provide their details to a fake website highlighting the need for regular communications to staff to raise awareness and remind them to be vigilant. The Committee had welcomed the good progress that had been made but acknowledged that the Trust should not be complacent and agreed to undertake an annual review of cyber security.

Clinical Audit

The Committee received a report on the Phase 2 audit work on the testing of the Clinical Audit Management System (CAMS) and it was confirmed that there was full compliance with the system and evidence to support the closure of actions. However, as part of the testing further actions had been identified to strengthen the process around the closure of actions and the Internal Auditors would undertake a sample check of evidence once per year. The Committee obtained an update from Internal Audit on the progress against the outstanding actions in April 2019 and noted that the report was to be finalised but was currently rated as 'Substantive Assurance'.

Corporate Governance

The Audit Committee has gained assurance on all areas within its remit by reviewing:

- the Annual Governance Statement
- the process for managing the Board Assurance Framework (BAF)
- the linkages between the strategic and operational risks and how the Board Assurance Framework dovetails with the Corporate Report of the Trust Risk Register
- the Corporate Governance Framework Manual (including the Scheme of Delegation and Standing Financial Instructions)
- regular reports from both Internal and External Audit in relation to the adequacy of the systems of internal control.

The Audit Committee Chair consults with the Chair of the Quality Committee as appropriate to ensure that the process of gaining assurance in non-financial matters is in line with the Audit Committee's responsibility to discharge its duties to the Board correctly. The Audit Committee Chair also ensures that Internal Audit plans and reports that refer to matters of relevance to the Quality Committee are shared.

The Trust's Annual Governance Statement was presented by the Chief Executive for consideration at the meeting held on 26 April 2019 and recommended to the Board of Directors for approval following the meeting on 17 May 2019.

External Audit

The provision of external audit services is currently delivered by PricewaterhouseCoopers LLP (PwC). Their work focussed upon the audit and opinion on the financial



statements. In January 2019, the Committee approved an External Audit Plan for the year to 31 March 2019 and has received regular updates on the progress of work. In addition, reports and briefings (as appropriate) have been received from PwC in accordance with the requirements of the Audit Code.

In addition to the audit of the annual accounts, PwC has also undertaken assurance work on the Trust's Quality Account for 2018/19 in accordance with the guidelines set out by NHS Improvement in the Annual Reporting Manual (ARM).

Internal Audit

Our Internal Audit service is provided by RSM Risk Assurance Services LLP (RSM). Their role is to provide an independent and objective internal audit service providing an opinion to the Accounting Officer, the Board of Directors and the Audit Committee on the degree to which risk management, control and governance support the achievement of the organisation's agreed objectives.

The Internal Audit Plan was driven from the risks set out in the Trust's own Board Assurance Framework (BAF) as well as areas specifically identified by Executive Directors for audit review and was subsequently approved by the Audit Committee.

During the course of the year, the Committee ensured that regular progress reports were received on the delivery of the Internal Audit Plan. The plan also included issues identified by the Quality Committee. As part of this process, the Committee has influenced changes to the plan to direct work to risk areas identified during the course of the year. The Internal Audit annual report highlights certain areas for inclusion in the Annual Governance Statement and these have been reflected in that section of the report.

The overall conclusion from the work undertaken in 2018/19 is that the organisation has an adequate and effective framework for risk management, governance and internal control. This is based on testing undertaken. However, the work undertaken has identified further enhancements to the framework for risk management, governance and internal controls to ensure that it remains adequate and effective.

Fraud

As with the Internal Audit Service, RSM is the service provider for the Local Counter Fraud Specialist (LCFS). The Committee is fully supportive of counter fraud work within the Trust and regularly reviews the risk of fraud and work completed in accordance with Service Condition 24 of the Provider Contract. The Committee receives and approves an annual proactive work plan, regular progress reports against the work plan and a final annual report detailing all proactive and reactive work undertaken by the LCFS.

2018/19 has witnessed an increase in staff reporting fraud allegations and requests for information and advice. The LCFS has undertaken ward and department visits to provide advice on fraud related matters. The LCFS has also completed an extensive awareness programme with the inclusion of an e-learning package within the Essential Training; to date 3,474 members of staff have completed the training. This, together with ongoing joint work with the Corporate Governance team on Declarations of Interest to ensure the Trust is compliant with recent changes to NHS guidance, ensures that the Trust is targeting those key risk areas.

Liaison with Trust HR, NHS Counter Fraud Authority, formerly NHS Protect, the Home Office, local authorities and neighbouring NHS organisations has continued throughout the year resulting in the assistance in third party external investigations.

Other work of Audit Committee

The Committee also contributed to the following:

- An update on the improvements made to discharge management at ward level, as part of the Non-Elective Flow programme, to ensure that the actions taken provided assurance that the controls and processes in place were fit for purpose
- A continued focus on enhancing and strengthening the authorisation process as part of the compliance standards for Additional Clinical Activity Sessions with a view to ensuring that there was a consistent approach and that controls were embedded. This would be tracked through the management tracking system for audit actions
- A review of the Theatre Stock Controls process revealed potential exposure to the risk of theft or misplacement of valuable stock items. An appropriate action plan was put in place to improve the systems and controls including the re-instatement of the Genesis system with staff training on the system and its functionality
- A review of the audit for governance and reporting with Third Parties in Estates & Facilities identified weaknesses in the control framework. This resulted in Service Level Agreements being put in place which included the management actions in the contract terms
- A number of areas for improvement in compliance with the Adults Safeguarding Policy had been identified and progress against the management actions would be tracked through the system.

Tim Johnston
Chair, Audit Committee
22 May 2019

Remuneration & Nominations Committee

The purpose of the Remuneration & Nominations Committee is to decide the pay and allowances and other terms and conditions of the executive directors. Membership of this Committee wholly comprises of non-executive directors, who are viewed as independent.

The Committee is chaired by the Trust chairman with all non-executive directors as members. Committee members have no financial interest in matters to be decided. The Chief Executive and Director of HR & OD normally attend committee meetings in an advisory capacity and provide assistance to the Committee as required, except where their own salaries are discussed. The Committee met on four occasions during the year. The Remuneration Report is set out on page 60.

Member	Actual/Possible
Neil Goodwin (Chair)	4/4
Joanne Clague	4/4
David Fillingham	4/4
Tim Johnston	4/4
Kevan Ryan	3/4
Mandy Wearne	4/4

Table 18: Remuneration & Nominations Committee Member Attendance

Annual Remuneration Statement

This statement refers to senior managers employed by the Trust. Senior Managers are defined as the Chairman, the Chief Executive, Non-Executive Directors, Executive Directors and any person in a senior position having authority or responsibility for directing or controlling the major activities of the Trust i.e. those who influence the decision of the Trust as a whole.

For the year 2018/19, the Remuneration Committee reviewed a comparison and benchmark salary position against the national and regional position, as published by Capital NHS Trust Remuneration Report in January 2018. It agreed that the remuneration for Executive and Non-Executive Directors should remain unchanged with the exception of the Chief Nurse's salary which was below the benchmarked level. The Committee also determined to apply the principle of the National Pay Award irrespective of role/level whilst uplifting those staff beneath the national minimum wage in line with national requirements. It also supported a review of those staff on spot salaries to identify where assimilation onto the national pay, terms and conditions was appropriate.

During the year, the Committee reviewed its Board arrangements in light of the potential merger and agreed to the Director of Integration (Deputy Chief Executive) becoming substantive with effect from 1 February 2019. The current Acting Chief Operating Officer (COO) was to be made substantive as COO with effect from 1 February 2019, with an increase in salary to achieve parity with the salaries of the Director of Finance and Chief Nurse.

The Committee also considered the Chief Executive's performance appraisal for 2017/18 and the report of the Chief Executive on the summary of Executive Director appraisals for 2017/18.

Neil Goodwin

Neil Goodwin
Chair, Remuneration Committee
22 May 2019

Head of Internal Audit Opinion

In accordance with Public Sector Internal Audit Standards, the head of internal audit is required to provide an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes. The opinion should contribute to the organisation's annual governance statement.

For the 12 months ended 31 March 2019, the head of internal audit opinion for Aintree University Hospital NHS Foundation Trust is as follows:

Head of internal audit opinion 2018/19

"The organisation has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective."

The formation of our opinion is achieved through a risk-based plan of work, agreed with management and approved by the audit committee, our opinion is subject to inherent limitations.

We have issued 22 reports during 2018/19, none of which have provided 'no assurance' on the areas audited. However, we also issued eight 'partial assurance' reports in the following areas:

- Payroll – Contract Management
- Authorisation Process for Additional Clinical Activity
- Bank and Agency – Medics and Junior Consultants
- Estates and Facilities (Governance and reporting with third parties)
- Management of Employee Relations – Employee Suspension Processes
- Consultant Job Planning – Educational Supervision
- Adult Safeguarding Policy – Compliance
- Medicines Management.

Our work in 2018/19 has continued to look at the progress made by the Trust in addressing / embedding the actions which have resulted from the particular areas where the Trust requested we focused our work – areas of concern from a management perspective. Whilst we have provided eight 'partial assurance' opinions during 2018/19, a number of these areas (Safeguarding, Authorisation Process for Additional Clinical Activity and Payroll) had previously been reported as 'no assurance'; therefore, we are pleased to acknowledge the progress that has been made by the Trust in addressing the actions raised and in embedding the process changes.

We are able to confirm that management have continued to work on strengthening control where weaknesses have been identified.

Statement of the Chief Executive's Responsibilities as the Accounting Officer of Aintree University Hospital NHS Foundation Trust

The NHS Act 2006 states that the Chief Executive is the Accounting Officer of the NHS foundation trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Aintree University Hospital NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Aintree University Hospital NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Account Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements;
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance;
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy; and
- prepare the financial statements on a going concern basis.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.



Steve Warburton
Chief Executive
22 May 2019

Independent Auditor's Report to the Council of Governors of Aintree University Hospital NHS Foundation Trust

Report on the audit of the financial statements

Opinion

In our opinion, Aintree University Hospital NHS Foundation Trust's financial statements (the "financial statements"):

- give a true and fair view of the state of the Trust's affairs as at 31 March 2019 and of the Trust's income and expenditure and cash flows for the 31 March 2019; and
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2018/19.

We have audited the financial statements, included within the Annual Report and Accounts (the "Annual Report"), which comprise: the Statement of Financial Position as at 31 March 2019; the Statement of Comprehensive Income for year then ended; the Statement of Cashflows for the year then ended; the Statement of Changes in Equity for the year then ended; and the notes to the financial statements, which include a description of the significant accounting policies.

Basis for opinion

We conducted our audit in accordance with the National Health Service Act 2006, the Code of Audit Practice and relevant guidance issued by the National Audit Office on behalf of the Comptroller and Auditor General (the "Code of Audit Practice"), International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities under ISAs (UK) are further described in the Auditors' responsibilities for the audit of the financial statements section of our report. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Independence

We remained independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, which includes the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

Material uncertainty relating to going concern

In forming our opinion on the financial statements, which is not modified, we have considered the adequacy of the disclosure made in note 1.2 to the financial statements concerning the Trust's ability to continue as a going concern.

The Trust has recorded a deficit for 2018/19, and is forecasting a deficit in 2019/20. The forecast deficit is based on a number of assumptions including the delivery of cost improvement plans and the receipt of financial support from the Department of Health and Social Care

during the course of 2019/20 in order to meet its liabilities as they fall due and continue to provide healthcare services. The nature of the financial support from the Department of Health and Social Care, including whether such support will be forthcoming or sufficient, is currently uncertain, as are any terms and conditions associated with the funding.

These conditions, along with the other matters explained in note 1.2 (accounting policies) to the financial statements, indicate the existence of a material uncertainty which may cast significant doubt about the Trust's ability to continue as a going concern. The financial statements do not include the adjustments that would result if the Trust were unable to continue as a going concern.

Explanation of material uncertainty

The Department of Health and Social Care Group Accounting Manual 2018/19 requires that the financial statements of the Trust should be prepared on a going concern basis unless management either intends to apply to the Secretary of State for the dissolution of the NHS foundation trust without the transfer of the services to another entity, or has no realistic alternative but to do so.

The Trust recorded a deficit in 2018/19 of £29.1m.

In 2018/19 the Trust has drawn down an additional £24.2m of loans from the Department of Health and Social Care. The Trust plans to draw down an additional £10m in 2019/20 (as projected in its cash flow plan) which has not been formally agreed. The Trust is forecast to hold approximately £83.2m in loans with the Department of Health and Social Care at the end of 2019/20. The Trust's plan also includes the assumption that the Trust will need to deliver £7.1m of cost improvement plans (financial savings), which the board believe will be challenging but achievable.

What audit work we performed

In considering the financial performance of the Trust and the appropriateness of the going concern assumption in the preparation of the financial statements, we obtained the 2019/20 annual plan and the Trust's forecasted cash flows to May 2020 and:

- understood the Trust's budget, cash flow forecast and levels of reserves, and the impact of cash flow sensitivities on the Trust's ability to meet its liabilities as they fall due; and
- understood and challenged the assumptions behind the Trust's financial forecasts and cash flows.

These conditions, along with the other matters explained in note 1.2 to the financial statements, indicate the existence of a material uncertainty which may cast significant doubt about the Trust's ability to continue as a going concern. The financial statements do not include the adjustments that would result if the Trust were unable to continue as a going concern.

Our audit approach

Context

Our audit for the year ended 31 March 2019 was planned and executed having regard to the fact that the Trust's operations and financial stability were largely unchanged in nature from the previous year. In light of this, our approach to the audit in terms of scoping and key audit matters was largely unchanged.

Overview

Overall materiality:

£6,915k (2018: £7,020k) which represents 2 % of total revenue.

We performed our audit of the financial information for the Trust at Aintree House which is where the Trust's finance function is based.

In establishing our overall approach, we assessed the risks of material misstatement, taking into account the nature, likelihood and potential magnitude of any misstatement. Following this assessment, we applied professional judgement to determine the extent of testing required over each balance in the annual accounts.

Our principal risks and key audit matters were:

- Management override of control and the risks of fraud in revenue recognition;
- Going concern;
- Valuation of the Trust's land and buildings (including dwellings)



The scope of our audit

As part of designing our audit, we determined materiality and assessed the risks of material misstatement in the financial statements. In particular, we looked at where the directors made subjective judgements, for example in respect of significant accounting estimates that involved making assumptions and considering future events that are inherently uncertain.

As in all of our audits we also addressed the risk of management override of internal controls, including evaluating whether there was evidence of bias by the directors that represented a risk of material misstatement due to fraud.

Key audit matters

Key audit matters are those matters that, in the auditors' professional judgement, were of most significance in the audit of the financial statements of the current period and include the most significant assessed risks of material misstatement (whether or not due to fraud) identified by the auditors, including those which had the greatest effect on: the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. These matters, and any comments we make on the results of our procedures thereon, were addressed in the context of our audit of the financial statements as a

whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters. In addition to going concern, described in the 'Material uncertainty relating to going concern' section above, we determined the matters described overleaf to be the key audit matters to be communicated in our report. This is not a complete list of all risks identified by our audit.



Key audit matter	How our audit addressed the Key audit matter	Key audit matters	How our audit addressed the Key audit matter						
<p>Management override of control and the risks of fraud in revenue recognition</p> <p><i>See note 1 to the financial statements for the directors’ disclosures of the related accounting policies, judgements and estimates relating to the recognition of income and note 3 to 5 for further information.</i></p> <p>Under ISAs (UK) 240 there is a (rebuttable) presumption that there are risks of fraud in revenue recognition and management override of controls.</p> <p>We focused on this area because there is a heightened risk due to the Trust being under increasing financial pressure.</p> <p>Whilst the Trust is looking at ways to maximise revenue and reduce costs, there is significant pressure to report results in line with its annual plan to attain set key performance indicators.</p> <p>We considered the key areas to be:</p> <ul style="list-style-type: none">• recognition of revenue; and• manipulation through journal postings to the general ledgers.	<p>Recognition of revenue</p> <p>We evaluated and tested the accounting policy for revenue recognition to ensure that it is consistent with the requirements of the Department of Health and Social Care Group Accounting Manual 2018/19 and IFRS 15.</p> <p>For income/receivable transactions (for NHS and non-NHS income), we tested on a sample basis that the transactions and the associated income had been posted to the correct financial year by tracing them to invoices, subsequent cash received or other documentary evidence. We further sampled invoices raised pre and post year end to assess whether they were recognised in the correct period.</p> <p>We tested a sample of items of contract revenue across Clinical Commissioning Groups (“CCG”) and NHS England and management’s recognition of income received during the year was in line to the contract value. We agreed the income recognised in the year to correspondence between the Group and the CCG regarding over/under performance. We agreed income back to invoices and cash receipts and ensured it was accounted for in the correct accounting period.</p> <p>Manipulation through journal posting</p> <p>We used data analysis techniques to select a sample of manual and automated journal transactions that had been recognised in revenue, focusing in particular on those with unusual characteristics. We performed other journal tests which were focused on identifying unusual account combinations.</p> <p>We traced the journal entries selected for testing, to supporting documentation to check that the transaction had was valid and could be supported.</p> <p>Our testing identified no issues that required further investigation.</p>	<p>Valuation of the Trust’s land and buildings (including dwellings)</p> <p><i>Management’s accounting policies, key judgements and use of experts relating to the valuation of the Trust’s estate are disclosed in Note 1 to the financial statements.</i></p> <p>We focused on this area because Property, Plant and Equipment (PPE) represents the largest balance in the Trust’s statement of financial position. The PPE balance at 31 March 2019 is £190.9m (31 March 2018: £185.8m).</p> <p>Land and buildings are measured at fair value based on periodic valuations. The valuations are carried out by a professionally qualified valuer in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual, and performed with sufficient regularity to ensure that the carrying value is not materially different from fair value at the reporting date.</p> <p>The Trust carried out a full revaluation during 2017/18, with a desktop valuation exercise being carried out to bring it in line to the yearend position. During 2018/19, the Trust has used the indices from the Office for National Statistics to revalue PPE, this resulted in an increase of £4.6m. There was also one revaluation performed on a specific part of the property held by the Trust. This resulted in an immaterial increase of £0.6m.</p>	<p>As part of our work around valuation of property, plant and equipment we:</p> <ul style="list-style-type: none">• Engaged our in-house valuation experts to consider the reasonableness of the indices percentage applied by the Trust during the course of the valuation. This exercise considered whether percentage used fell in line with an expected range;• Checked that the valuer had a UK qualification, was part of an appropriate professional body and was not connected with the Trust;• Tested a sample of the asset additions to supporting documentation;• Tested that the accounting treatment of the valuation at year end was appropriate and considered the reasonableness of the remaining property asset lives; and• Physically inspected a sample of assets across land, buildings to check existence and to confirm they were in use. <p>Our testing identified no matters that required amendment within the financial statements.</p>						
		<p>How we tailored the audit scope</p> <p>We tailored the scope of our audit to ensure that we performed enough work to be able to give an opinion on the financial statements as a whole, taking into account the structure of the Trust, the accounting processes and controls, and the environment in which the Trust operates.</p>	<p>Materiality</p> <p>The scope of our audit was influenced by our application of materiality. We set certain quantitative thresholds for materiality. These, together with qualitative considerations, helped us to determine the scope of our audit and the nature, timing and extent of our audit procedures and to evaluate the effect of misstatements, both individually and on the financial statements as a whole.</p> <p>Based on our professional judgement, we determined materiality for the financial statements as a whole as follows:</p>						
		<table><tr><td>Overall materiality</td><td>£6,915k (2018: £7,020k)</td></tr><tr><td>How we determined it</td><td>2% of revenue (2018: 2% of revenue)</td></tr><tr><td>Rationale for benchmark applied</td><td>Consistent with last year, we have applied this benchmark, a generally accepted auditing practice, in the absence of indicators that an alternative benchmark would be appropriate.</td></tr></table>		Overall materiality	£6,915k (2018: £7,020k)	How we determined it	2% of revenue (2018: 2% of revenue)	Rationale for benchmark applied	Consistent with last year, we have applied this benchmark, a generally accepted auditing practice, in the absence of indicators that an alternative benchmark would be appropriate.
Overall materiality	£6,915k (2018: £7,020k)								
How we determined it	2% of revenue (2018: 2% of revenue)								
Rationale for benchmark applied	Consistent with last year, we have applied this benchmark, a generally accepted auditing practice, in the absence of indicators that an alternative benchmark would be appropriate.								
		<p>We agreed with the Audit Committee that we would report to them misstatements identified during our audit above £300,000 (2018: £300,000) as well as misstatements below that amount that, in our view, warranted reporting for qualitative reasons.</p>							

Reporting on other information

The other information comprises all of the information in the Annual Report other than the financial statements and our auditors’ report thereon. The directors are responsible for the other information. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except to the extent otherwise explicitly stated in this report, any form of assurance thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify an apparent material inconsistency or material misstatement, we are required to perform procedures to conclude whether there is a material misstatement of the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report based on these responsibilities.

With respect to the Performance Report and the Accountability Report, we also considered whether the disclosures required by the NHS Foundation Trust Annual Reporting Manual 2018/19 have been included.

Based on the responsibilities described above and our work undertaken in the course of the audit, ISAs (UK) and the Code of Audit Practice require us also to report certain opinions and matters as described below.

Performance Report and Accountability Report

In our opinion, based on the work undertaken in the course of the audit, the information given in the Performance Report and Accountability Report for the year ended 31 March 2019 is consistent with the financial statements and has been prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2018/19.

In light of the knowledge and understanding of the Trust and its environment obtained in the course of the audit, we did not identify any material misstatements in the Performance Report or Accountability Report.

In addition, the parts of the Remuneration and Staff reports to be audited have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2018/19.

Responsibilities for the financial statements and the audit

Responsibilities of the directors for the financial statements

As explained more fully in the Accountability Report, the directors are responsible for the preparation of the financial statements in accordance with the Department of Health and Social Care Group Accounting Manual 2018/19, and for being satisfied that they give a true and fair view. The directors are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the Trust’s ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Trust or to cease operations, or have no realistic alternative but to do so.

The Trust is also responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Auditors’ responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors’ report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the FRC’s website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditors’ report.

We are required under Schedule 10 (1) of the National Health Service Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report to you where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust’s arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively. We have undertaken our work in accordance with the Code of Audit Practice, having regard to the criterion determined by the Comptroller and Auditor General as to whether the Trust has proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary.

Our audit did not consider any impact that the United Kingdom’s withdrawal from the European Union may have on the Trust as the terms of withdrawal are not clear, and it is difficult to evaluate all of the potential implications on the Trust’s activities, patients, suppliers and the wider economy.

Use of this report

This report, including the opinions, has been prepared for and only for the Council of Governors of Aintree University Hospital NHS Foundation Trust as a body in accordance with paragraph 24 of Schedule 7 of the National Health Service Act 2006 and for no other purpose. We do not, in giving these opinions, accept or assume responsibility for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

Other required reporting

Arrangements for securing economy, efficiency and effectiveness in the use of resources

Under the Code of Audit Practice we are required to report, by exception, if we conclude we are not satisfied that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019.

We draw your attention to the Trust’s Annual Governance Statement and Accounting policies within the Annual report which includes further details on the matters noted below and the Trust’s actions to address the issues.

Adverse opinion

As a result of the matters set out in the Basis for adverse opinion section immediately below, we have concluded that the Trust has not put in place proper arrangements for securing economy, efficiency and effectiveness in the use of its resources for the year ended 31 March 2019.

Basis for adverse opinion and Key Audit Matter

The Trust set a planned deficit target for 2018/19 of £29.1m which was met, however had not been agreed with NHS Improvement. The Trust met their target cost improvement plan (financial savings) of £6.6m for 2018/19. The Trust Board papers note that approximately 58% of these savings were driven from non-recurrent schemes. We understand that management are forecasting future savings of £7.1m for 2019/20, which the Board believe will be challenging but achievable.

In 2018/19 the Trust has drawn down £24.2million of agreed loan facilities from the Department of Health and Social Care. The cash position in 2019/20 will be reliant on further loans from the Department of Health and Social Care which the Trust believes will need to be in the region of £10m. The Trust is forecast to hold approximately £83.2m in loans with the Department of Health and Social Care at the end of 2019/20.

The Trust had a Care Quality Commission (CQC) inspection of the Trust in 2017/18 and received an overall rating for the Trust as Requires Improvement. The Trust also received a combined rating for quality and use of resources as Requires Improvement. There has been no CQC inspection during the current financial year and therefore the results of the inspections noted still remain in place. The Trust is developing an action plan to address the findings.

Certificate

We certify that we have completed the audit of the financial statements in accordance with the requirements of Chapter 5 of Part 2 to the National Health Service Act 2006 and the Code of Audit Practice.



Rebecca Gissing (Senior Statutory Auditor)
for and on behalf of PricewaterhouseCoopers LLP
Chartered Accountants and Statutory Auditors
Manchester
28 May 2019

In considering the Trust’s arrangements we:

- understood the Trust’s 2018/19 and 2019/20 financial plan, including its cash flow and assumptions; and
- reviewed the outcomes of the latest regulatory findings including NHS Improvement’s single oversight framework, Well-led reviews and CQC inspections.

Our procedures in respect of going concern are explained in the “Material uncertainty related to going concern” section above.

Other matters in which we report by exception

We are required to report to you if:

- the statement given by the directors, within the Statement of the Chief Executive’s responsibilities as Accounting Officer section, in accordance with provision C.1.1 of the NHS Foundation Trust Code of Governance, that they consider the Annual Report taken as a whole to be fair, balanced and understandable, and provides the information necessary for patients, regulators, and other stakeholders to assess the Trust’s performance, business model, and strategy is materially inconsistent with our knowledge of the Trust acquired in the course of performing our audit.
- the section of the Annual report, within the Board of Directors section, as required by provision C.3.9 of the NHS Foundation Trust Code of Governance, describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee.
- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2018/19 or is misleading or inconsistent with our knowledge acquired in the course of performing our audit. We have not considered whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.
- we have referred a matter to Monitor under Schedule 10 (6) of the National Health Service Act 2006 because we had reason to believe that the Trust, or a director or officer of the Trust, was about to make, or had made, a decision which involved or would involve the incurring of expenditure that was unlawful, or was about to take, or had taken a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.
- we have issued a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006.
- we have not received all the information and explanations we require for our audit.

We have no exceptions to report arising from this responsibility.

Annual Governance Statement

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Aintree University Hospital NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Aintree University Hospital NHS Foundation Trust for the year ended 31 March 2019 and up to the date of approval of the annual report and accounts.

Capacity to Handle Risk

The Trust's Risk Management Strategy sets out the role and responsibilities of the Chief Executive, Executive Directors and managerial roles key to the co-ordination of risk management throughout the Trust. The Strategy clearly states that all staff have a responsibility for risk management. Its key elements

include a description of individual and collective responsibilities of the Board of Directors, its committees and other groups within the Trust that are concerned with risk management. The Strategy was revised in October 2018 and approved by the Board of Directors following review by the Audit Committee. It is reinforced by the Assurance & Escalation Framework which provides further assurance of the risk management processes in place in the Trust.

The Trust has a governance structure in place that supports the process of risk escalation and management. The Board has a committee structure with risk managed and monitored through the following Board committees – Audit, Quality and Finance & Performance – with further assurance being provided by the Hospital Management Board which also has responsibility for the performance management of the organisation.

Staff are trained to manage risk in a way that is appropriate to their authority and duties

The structure is based on the Care Quality Commission's domains of care quality, which enhances clinical engagement, influence and ownership of leadership actions. It allows for discussions to take place within Executive-Led Groups on performance, risks and improvement actions prior to scrutiny of progress taking place in the relevant Board Committees for assurance purposes. It also enables us to learn from good practice.

The Trust has a strategic vision and agreed objectives to achieve that. The Trust's strategic risks are encapsulated within the Risk Management Framework and the Board monitors these principally through the quarterly Board Assurance Framework (BAF) Report, with high scoring operational risk being reviewed at least quarterly at the Quality Committee and Executive Led Groups. Less significant risks are addressed through Divisional management and

assurance arrangements. Throughout the year, the Board received regular reports on the key risks to compliance with the Trust's licence and the action taken with regard to the most significant risks identified on the Trust Risk Register.

The Audit Committee has oversight of the system of risk management and assurance, including the BAF, and has a cycle of business that requires attendance by members of the senior management team to provide assurance in relation to the development of local systems of control. In 2018/19, the Audit Committee reviewed the revised BAF which had been enhanced through the inclusion of the strength of assurance against the various controls and assurances. The Committee also considered the supporting systems and processes, including the high scoring operational risks and their alignment to the BAF with each of the Board Committees giving consideration to the relevant linkage to ensure they were fit for purpose.

Divisional governance arrangements have been established to ensure effective risk management across all Divisions. This includes appropriate identification and escalation of risk to the Executive-Led Groups and the Hospital Management Board, and the maintenance of Divisional Risk Registers. Staff are trained to manage risk in a way that is appropriate to their authority and duties. This is supported by a robust training programme on risk management from induction and included within mandatory training. This is monitored by the Workforce Executive-Led Group. Both the induction and the mandatory training programmes are aligned to statutory requirements, best practice and Trust policy. The training programmes are also available to volunteers who work for the Trust.

Other risk management training is provided both on a formal and on an ad hoc basis. This includes training on risk management capability, risk identification and scoring criteria. Bespoke risk management training is provided annually for the Board.

The Trust also trains its staff on the use of investigation techniques (including root cause analysis) to review serious incidents, health and safety incidents as well as complaints investigations. It also covers the use of human factors techniques and other investigation tools. This ensures that there is a clear focus on learning from incidents across the organisation in order to review and enhance the control environment.

The Trust continues to monitor the system for managing its policies and procedural documents to ensure appropriate guidance is available for all staff. The Document Management System provides staff with access to all approved Trust policies, procedures and guidance in one location on the intranet. Trust policies are cascaded to all staff through Team Brief, the All About Aintree e-briefing and other reporting mechanisms.

Good practice and lessons learned from a variety of local and national sources on incidents, complaints, concerns, claims and audits are shared through a range of methods including newsletters, service improvement work, education and training programmes, and through the divisional governance arrangements. Lessons and shared learning are also identified through, for example, the Practice Improvement and Lessons Learned, Patient Experience and Complaints & Concerns Reports, which are considered through the governance structure. In addition, the Trust continues to be a member of the Advancing Quality Alliance (AQuA) and has been actively involved in sharing their collaborative work and participating in specific programmes on reducing avoidable mortality, quality improvement and patient safety.

The Risk and Control Framework

The Trust's Risk Management Strategy, Risk Management Policy & Procedure and operational risk management processes are embedded throughout the organisation. The level and nature of operational risk information that should be subject to Board scrutiny has been determined by the Board of Directors within its Risk Appetite Statement. This was reviewed in 2018/19 against risk appetite themes, all of which were considered critical in the achievement of the Trust's strategic objectives. The aim of the revised statement was to improve

the way risk is considered as part of the Board discussions on strategic decision making. The Board identified how the risk appetite would be applied through the existing Trust risk management framework and this is included in our Risk Management Strategy and the associated Policy. The Strategy also contains an escalation process for the rapid identification and reporting to the Board of emerging risks or concerns around risk mitigation.

The Audit Committee continued with its commitment to undertake a deep dive on the Trust's cyber security arrangements at least annually in light of the 'WannaCry' cyber-attack in May 2017

The BAF provides an effective focus on strategic and reputational risk rather than operational issues, and highlights any gaps in controls or assurances. It provides the Board of Directors with confidence that systems and processes in place are operating in a way that is safe and effective. It is a dynamic tool which is regularly reviewed throughout the year by the Board Committees and the Board of Directors and supports me in making an assessment of the robustness of the Trust's risk and control environment.

Quality drives the Trust's strategy and annual plan and the Board of Directors is aware of potential risks to Quality via the process outlined above. To that end, the Trust reviewed and refreshed its Quality Strategy for 2018-20 to directly inform the priorities for the coming two years. It was informed through the concerns and risks identified through the Care Quality Commission (CQC) inspection in October 2017, the Quality Risk Profile (QRP) process, reported 'never events' during 2017/18, intelligence data from the last three years, and following consultation with patients, staff and key stakeholders. Quarterly reports are provided to the Quality Committee on progress against the achievement of our aspirational objectives.

The new Data Security Protection Toolkit (DSPT) was launched in April 2018 with all organisations that have access to NHS patient data and systems required to use the toolkit

to provide assurance that good data security is being practised and that personal information is handled correctly. The Trust was required to undertake a self-assessment review against the 10 Data Security Standards on the DSPT during 2018/19. I am pleased to report that the Trust reported that all its mandatory assertions were completed and met all the Standards required of it. The information is published by NHS Digital and was shared with the CQC as well as being made available for commissioners, partner organisations and public viewing. Information Governance risks are managed as part of the processes described above and assessed using the scoring matrix within the DSPT. The Risk Register is updated with the currently identified information risks.

Data quality and data security risks are managed and controlled via the risk management system. Risks to data quality and data security are continuously assessed and added to the relevant section of the Risk Register and reviewed by the Information Governance, Cyber Security & Data Quality Group which reports through to the Safety & Risk Executive-Led Group. The Audit Committee continued with its commitment to undertake a deep dive on the Trust's cyber security arrangements at least annually in light of the 'WannaCry' cyber-attack in May 2017. The Committee received acceptable assurance that appropriate security arrangements were in place within the IT systems and processes to minimise the level of risk placed on the Trust. The Board and relevant senior managers received national cyber security training from an external company, Templar Executives, a leading expert in Cyber Security solutions.

The new General Data Protection Regulations (GDPR) came into force from May 2018. The Trust established a Working Group, chaired by the Senior Information Risk Officer (SIRO), to provide assurance that effective best practice mechanisms are put in place as well as integrating the standards with other governance frameworks, strategies, work programmes and projects to ensure compliance with the new legislation. A designated Data Protection Officer was appointed to assist with the delivery of the GDPR implementation as well as to provide advice and guidance to the Trust. Progress was reported quarterly to the Audit Committee and a positive report

was received from Internal Audit's review of the Trust's governance arrangements for GDPR with recommendations provided to further strengthen the systems and processes already in place to ensure compliance with the regulations.

In order to provide assurance as to effective processes that result in our ability to provide a safe, sustainable and effective workforce, we have particularly focused our efforts on the following areas:

- Undertaking a cultural assessment in support of our ambition to be a 'Best Place to Work' and embed a Safety Culture
- Job planning to maximise efficient ways of working
- E-rostering to ensure safe working
- Flexible rostering to support retention and review of shift patterns
- Apprenticeship and new role recruitment, such as Trainee Nursing Associates, for sustainability and succession planning for the future
- Equality and Diversity – recruitment and promotion across the workforce as well as the establishment of staff groups for the various protected characteristics
- Attendance management divisional engagement
- Resource panels to review need and vacancy control
- Temporary to permanent management of agency spend.

The establishment of our Operational Workforce Group enables the triangulation of the various work streams that look at workforce planning including key stakeholders for Medical personnel, Nursing and Allied Health Professionals, recruitment and retention plans, redesigning of roles (including skill mix and newly formed roles), job planning, safe staffing, organisational health (including staff sickness, turnover and staff survey findings) as well as investment in employee development and education.

Furthermore, the merging of the established workforce groups into a single Operational Workforce Group supports the requirements of NQB (2016) and Workforce Safeguards (2018) in order to ensure our compliance as assessed within the single oversight framework and satisfy the requirements of the CQC's fundamental standards in relation

to patient safety. This forms part of our mitigation plan to reduce risk in relation to workforce challenges in the short, medium and long term.

Major Risks

The major risks are highlighted below. Controls and assurances which describe how the Trust manages and mitigates these risks to the achievement of its strategic objectives and how outcomes will be assessed are identified through the BAF which is robustly monitored by the Board and the Board Committees.

There is a risk that we fail to :

- ensure that the care provided for all patients is high quality, safe and compassionate
- provide effective treatment that achieves best possible outcomes
- deliver the benefits of education, research and innovation for our patients and staff
- deliver efficient, cost-effective and sustainable services
- provide sufficient strategic focus and leadership to support seamless pathways across health and social care systems
- be a well-governed and clinically-led organisation to enable our people to achieve the Trust's common purpose.

Major risks that were being closely monitored in 2018/19 were Safeguarding, Emergency & Acute Care, Patient Flow, Workforce and Service Transformation. Major risks for 2019/20 include:

Operational performance: the Trust has seen unprecedented growth in demand for our services during the year with over 10% in A&E attendances. However, the Trust was recognised by NHS England as being the best performing Trust in winter 2018/19 across Cheshire & Merseyside. The increased demand has significantly impacted performance on the achievement of standards across a number of areas, particularly against cancer targets. If growth continues in 2019/20 at the same levels seen this year, the risk to the Trust continuing to provide quality services will be severely impacted and will place an extraordinary burden on our staff. We will, of course, continue to work with our system partners in an effort to address the issues encountered and reduce the level of pressure being placed on the hospital.

Workforce: the Trust is acutely aware of the significant issues both nationally and locally within the NHS regarding shortages of qualified staff. We recognise that this has a negative impact on our staff as the demand for our services continues to increase. However, we continue to actively pursue recruitment strategies and alternative staffing models, where clinically appropriate, to address the situation. The Board receives a twice yearly report on its Nursing workforce which takes account of the acuity and dependency needs of our patients and aligns staffing establishments accordingly. The Board also approved its Workforce & Organisational Development Strategy for 2019/20 which is a key enabler for delivery of the Corporate and Quality Strategies to support the Trust to deliver its strategic objectives. The Board also approved a leadership and management development framework engaging in online staff conversations to inform its detail, which included the opportunities available to staff to support their learning and development. It identified the competencies and behaviours in principle which are necessary to deliver best practice leadership and management.

The Trust has seen unprecedented growth in demand for our services during the year with over 10% in A&E attendances

Clinical risks: given the pressures referenced above on services and workforce, the Trust's ability to maintain effective flow of patients throughout the year remains a significant clinical risk. This, in turn, has naturally led to increased admissions to the hospital and pressure on beds. An increase in acute medical admissions necessitates the use of surgical beds for medical patients rather than elective surgical admissions which itself increases clinical risk for those patients and impacts on the organisation's ability to deliver its surgical workload. This inevitably leads to the cancellation of operations which is inconvenient to patients and impacts on our ability to manage surgical demand and potential patient safety implications. In response to this unprecedented demand, the Trust has continued to

operate its SAFER programme, a series of work streams designed to support the Trust in responding in a safe and efficient way. This has resulted in a decrease in the average number of stranded patients.

Service transformation: the Trust has identified that in order to deliver sustainable health care and improved health outcomes for the population, transformational organisational reform and service change is required. To that end, the Trust continues to pursue an organisational merger with The Royal Liverpool & Broadgreen University Hospitals NHS Trust as part of the One Liverpool and Shaping Sefton Programmes. Progress will continue to be made during 2019/20 between the Trusts and with our regulators with the ultimate aim of bringing the two organisations together. In the meantime, the Trust will continue to focus on the delivery of cost effective health care, ensuring patient safety and quality of service are not compromised.

When things do go wrong, or when they could have gone wrong, the Trust encourages its staff to report incidents whether there was any consequence resulting from the incident or not. This happens regardless of the severity of each incident. The Trust allows staff to report incidents anonymously or in person and provides a feedback function to ensure there is demonstrable evidence of change and action. This feedback mechanism also allows us to thank staff who have reported incidents for giving us the chance to learn. When serious incidents are investigated, members of the Trust speak to and, if possible, meet with those who are affected. Feedback from these discussions is considered during the investigation and a copy of the final report is shared. This provides the opportunity for any comment on the report to be included if appropriate. The Trust intensified its efforts into incident reporting during the year, recording the 10th largest increase in incident reporting nationally. This has been due in large part to the Trust's 'Safety First' work which identifies the importance of being an organisation that learns and an organisation that has safety as its first priority. The project has seen the Trust appoint incident investigation support officers, a ground breaking post for healthcare that ensures consistency in investigation and application of human factors and models from industry to our investigation reports.

All NHS Trusts are required to report and investigate Serious Incidents in accordance with the NHS Serious Incident Framework. The Trust follows NHS England's guidance in reporting Serious Incidents and carrying out investigations. During the year, the Safety & Risk Executive Led Group commissioned a thematic review to identify and analyse themes emerging from serious incident investigations over the past two years. The review found that, where previously there had been variability in the assessment of human factors and the identification and analysis of active failures and systems failures, the Trust had made significant progress and was clear on how this would continue. This was confirmed through an audit undertaken by RSM, the Trust's internal auditors, which reported in January 2019 that 'the Trust has a well-designed control framework in place relating to the reporting and management of serious and low harm incidents'.

The Trust intensified its efforts into incident reporting regard during the year, recording the 10th largest increase in incident reporting nationally.

This strong framework is a basis from which to further strengthen Trust processes and enhance the investigation processes over the coming year. Furthermore, the Board's appointment of a Freedom to Speak Up Guardian reinforces the Trust's commitment to being open and honest.

Public stakeholders are involved in managing risks which impact on them. During 2018/19, they were engaged and involved in the Multi-Disciplinary Accelerated Discharge Event (MADE) to support and expedite the discharge of suitable patients providing feedback and observations on the process. The Trust also undertakes monthly Patient-led Assessments of the Care Environment (PLACE) with representation from public stakeholders and Governors inspecting areas of the hospital under the domains of cleanliness, privacy & dignity, food, condition appearance & maintenance, dementia and disability. Observations from the assessments are collated and developed into an action plan with clear timescales for

completion. An annual report on the Trust's performance on PLACE inspections is provided to the Hospital Management Board. The outcome of the 2018 inspections showed that the Trust had seen some deterioration across all domains in comparison to previous year. This was disappointing but the Trust is determined to improve its position during 2019/20 and will address all issues through an informed action plan.

The risks to compliance with the conditions of the Provider Licence are monitored through the Board Assurance Framework. This includes compliance with Condition 4 – Foundation Trust Governance. The Board assessed compliance at its meeting in May 2018 and believes that effective systems and processes are in place to maintain and monitor the following conditions:

- the effectiveness of governance structures
- the responsibilities of Directors and Board Committees
- reporting lines and accountability between the Board, its Committees and the Executive Team
- the submission of timely and accurate information to assess risks to compliance with the Trust's Licence, and
- the degree and rigour of oversight the Board has over the Trust's performance.

These conditions are detailed within the Corporate Governance Statement, the validity of which is assured via the Audit Committee.

Care Quality Commission Registration (CQC)

The Trust is required to register with the CQC and its current registration status is registered without conditions for the Health and Social Care Act 2008. The foundation trust is fully compliant with the registration requirements of the Care Quality Commission. It monitors this compliance by mapping the fundamental standards/CQC domains through the Trust-wide Executive-Led Groups' Terms of Reference, progress and audit reports providing assurance and other methods such as the revised Aintree Assessment & Accreditation (AAA) Framework.

The overarching CQC improvement plan which encompassed the

actions from the CQC inspections in October 2017 and January 2018 has been successfully progressed during 2018/19. Oversight of the improvement plan was provided by the CQC Delivery Group and the Executive Lead for each action, with monthly reporting to and monitoring by the Quality Committee and the Board of Directors. Regular updates were provided to the CQC and evidence shared with them prior to the closure of the improvement plan. The agreed deferred actions have been monitored by the relevant Executive Led Group. An independent audit was conducted and provided assurance that actions had been correctly closed. The Hospital Safeguarding Group continues to provide focus and rigour to our Safeguarding systems and processes.

The Trust maintains a strong focus on integrated quality, operational and financial governance, the requirement for which is identified in NHSI's Well Led Framework. We recognise that this provides the necessary structure for our services to be well-led and to be able to demonstrate strong leadership, system-working and quality improvement within a positive culture focussed on patient safety.

The Trust is committed to promoting equality, diversity and human rights.

The Trust received notification on 4 February 2019 of its latest Provider Information Request (PIR) and returned it to the CQC on 22 February. Within the next six months the CQC will carry out an announced inspection of the Well-Led domain at Trust-wide level. In advance of the inspection, the CQC will also conduct an unannounced inspection of at least one core service. Preparations are underway to ensure the Trust is well placed to evidence full compliance with the regulations and showcase the improvements it has made since the last inspection in 2017 which resulted in an overall 'Requires Improvement' rating.

Employer Obligations

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place

to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

The foundation trust has published an up-to-date register of interests for decision-making staff within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

Equality, Diversity & Human Rights

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Trust is committed to promoting equality, diversity and human rights. The Trust aims to deliver services which are moulded in collaboration with local organisations and communities and are responsive to the diverse needs of our employees, our patients, service users and their families. This year the Trust has revised its equality objectives in collaboration with South Sefton Clinical Commissioning Group and other Trusts in the area to ensure we are addressing health inequalities across Merseyside and also improving the services we provide for our local communities.

Sustainability

The foundation trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

The Board of Directors approved the implementation of a significant Carbon Reduction Scheme in 2016 and this continues to be carried out through the Carbon Energy Fund with completion during 2019/20. The infrastructure scheme, which is valued at around £12.4m, will deliver annual revenue savings in the order of £863k and an associated carbon reduction of

2789 tonnes of CO2 per annum.

The Trust has also been successful in receiving significant NHS Energy Fund allocation of circa £450k for the installation of LED lighting across the site.

Review of Economy, Efficiency and Effectiveness of the Use of Resources

The Financial Plan is approved by the Board of Directors and submitted to NHS Improvement (NHSI). The plan, including forward projections, is monitored in detail by the Finance & Performance Committee on a monthly basis with key performance indicators and metrics reviewed by the Board through the Corporate Performance Report. The Trust's resources are managed within the framework set by the Corporate Governance Framework Manual which includes the scheme of delegation and standing financial instructions. Financial governance arrangements are supported by internal and external audit to ensure economic, efficiency and effective use of resources. On the basis of the Trust's Annual Plan, a monthly report is submitted to NHSI on its financial position, on which feedback is received periodically and the Board advised.

Information Governance

The Information Governance, Cyber Security & Data Quality Group utilises ISO27001 standard as a benchmark for compliance monitoring of the Trust's assets and supplier management.

In 2018/19, four information governance incidents were reported to the Information Commissioner's Office (ICO) as outlined below:

- Special category patient data disclosed to a housing officer – the incident was discovered the next day and the ward matron, ward manager and clinical business manager were made aware of the incident. The ICO issued a 'no further action required' response but provided recommendations relating to staff training, policies and procedures which have been implemented
- An inpatient's case notes reported missing from a ward – the ICO issued a 'no further action required'

response as only one patient was affected by the breach and there was no detriment to the treatment and care of the individual. It was acknowledged that the Trust has policies and procedures in place for data protection and information security and that annual mandatory training is provided to staff

- Staff member's occupational health report given to another member of staff in error – a Business Manager in HR conducted a local investigation which resulted in the Guide to Conducting Investigations being reviewed to include a check on reports before release. This additional step was communicated via the HR Business Partners and Managers to ensure the process was embedded within the team. All staff involved in investigations were asked to refresh their annual Data Security Awareness training. This case is currently open with the ICO as no response has been received to date
- Patient letter mistakenly delivered to neighbour with personal identifiable data on view through the envelope window. Letter handed by neighbour to patient's daughter and Trust alerted to the incident via the Complaints team. Deputy Clinical Business Manager conducted a local investigation which resulted in the relevant staff undertaking refresher 'envelope' training. In addition, staff were asked to complete their annual Data Security Awareness training. This case is currently open with the ICO as no response has been received to date.

During 2018/19, the Audit Committee has received regular reports on all data security and information governance incidents reported within the Trust which provides details of the actions taken. This includes the provision of Trust-wide communications to remind staff of the importance of protecting confidentiality when handling or discussing personal confidential information.

Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHS Improvement (in exercise of the powers conferred on

Monitor) has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

The Trust has effective systems, processes and mechanisms in place to produce the Quality Account and to ensure that it presents a general and balanced view. To achieve this, appropriate internal controls are in place to ensure the accuracy of the data, and the collection and reporting of the measures of performance included in the Quality Report, and that these controls are subject to review to confirm that they are working effectively in practice. The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report. The Trust has a robust information assurance framework which ensures appropriate controls are in place which dovetails into the Trust's Data Quality Strategy. Data quality refers to the tools and processes that result in the creation of the correct, complete and valid data required to support sound decision making. The Trust submitted records between April 2018 to March 2019 to the NHS-wide Secondary Uses Services for inclusion in the Hospital Episode Statistics. As at September 2018 (latest reporting month), overall the Trust scored 96.6% on the Data quality Maturity Index.

The Executive Lead for the Quality Account is the Chief Nurse. The content of the Quality Account reflects the Trust's overall Quality Strategy and the priorities included in this document.

The Trust has consulted with staff, governors and external organisations such as the Clinical Commissioning Groups, Local Authority Overview and Scrutiny/Health Select Committees and the three local Healthwatch organisations on the content of the Quality Account and formal statements from these external bodies are contained within the Annual

The Trust scored 96.6% on the Data quality Maturity Index

Report. The Council of Governors was also consulted on the priorities for 2018/19 and determined the local indicator to be reviewed by external audit.

Review of Effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this Annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and the Quality Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Trust's Board Assurance Framework / Risk Register is reviewed quarterly by the Quality Committee reporting to the Board of Directors and provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. Internal Audit provides me with an opinion about the effectiveness of the assurance framework of the internal controls reviewed as part of the Internal Audit Plan. Work undertaken by Internal Audit is reviewed by the Audit Committee with relevant reports also considered by the Quality Committee. The Quality Committee is also responsible for receiving assurance on clinical audit to ensure that the Trust is delivering effective evidence-based clinical care. My review is also informed by External Audit opinion, inspections carried out by the Care Quality Commission, NHS Resolution (previously the NHS Litigation Authority) risk

management accreditation and other external inspections, accreditations and reviews.

The processes outlined below are well established and ensure the effectiveness of the systems of internal control through:

- Board review of the Board Assurance Framework including risk registers and action plans
- Audit Committee scrutiny of systems and controls in place
- Review of serious incidents and learning by the Board Committees and Safety & Risk and Clinical Effectiveness Executive-Led Groups
- Review of progress in meeting the CQC essential standards
- Internal audit reviews of the effectiveness of systems of internal control.

In 2018/19, Internal Audit stated that the Trust had an adequate and effective framework for risk management, governance and internal control. However, they did identify further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective particularly those in respect of:

- Payroll - Contract Management
- Authorisation Process for Additional Clinical Activity
- Bank & Agency – Medics and Junior Consultants
- Estates & Facilities (Governance Reporting with Third Parties)
- Management of Employee Relations – Employee Suspension Processes
- Consultant Job Planning – Educational Supervision
- Adult Safeguarding Compliance
- Medicines Management.

Whilst the Audit Committee sought and gained assurance that management actions to address these weaknesses would be progressed, it also received updates on further assurance from Executive leads on audits giving 'partial assurance' and overdue actions through the embedded recommendation tracking process within the Trust.

Arising from the reported eight never events in 2017/18, the Trust developed an overarching aggregated action plan to address the issues identified

in the investigation reports which has been overseen by the Safety & Risk Executive Led Group. This action plan included the outcomes and recommendations from the external reviews commissioned by the Trust aimed at providing some thematic and cultural insight. These actions were taken forward during the year and all have been completed with the exception of one which has been revised by the Division of Medicine to support compliance. The completion of this action plan provides further assurance that lessons have been learnt and that safety is the first priority in patient care. In addition, the Trust's Safety First programme was launched during 2018/19 which outlined the Trust's commitment to developing an explicit safety culture across the organisation with the core principles being that safety is our number one priority and is everybody's responsibility.

The Trust continued to face a significant number of challenges during 2018/19, principally in relation to the achievement of the 95% A&E standard. This was exacerbated by the increased growth in attendances, ambulance arrivals and at walk-in centres. Despite this, the Trust continued to show progression against its performance trajectory and was recognised by NHS England as being the best performing Trust in Cheshire/Merseyside during winter 2018/19. We continued to work closely with our partners and, as part of the A&E Delivery Board, to improve system-wide solutions across the health economy. Operational pressures during the year had a negative impact on the achievement of the 18 week referral to treatment target for admitted and non-admitted patient with the Trust missing the overall standard for the year. However, the Trust achieved the national standard to reduce its waiting list size by March 2019 compared to the previous year. The Trust met three of the eight cancer standards applicable in 2018/19 which was exacerbated by the significant growth in referrals into certain specialty cancer services affecting the overall position. The Trust reported one 'never event' during 2018/19 and undertook an internal investigation into the incident following which the learning was shared across the organisation.

Conclusion

My review confirms that Aintree University Hospital NHS Foundation Trust has a generally sound system of internal control that supports the achievement of its policies, aims and objectives.

There were some internal control issues during 2018/19 that are identified in the body of the Annual Governance Statement for which the Trust developed and implemented robust action plans.

Signed



Steve Warburton
Chief Executive
22 May 2019



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**Accounts
2018/19**

Foreword to the Accounts

Aintree University Hospital NHS Foundation Trust

These accounts, for the year ended 31 March 2019, have been prepared by Aintree University Hospital NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed



Steve Warburton
Chief Executive
22 May 2019

Statement of Comprehensive Income for the year ended 31 March 2019

	Note	2018/19 £000	2017/18 £000
Operating income from patient care activities	3	312,038	302,001
Other operating income	4.1	33,721	48,987
Operating expenses	6	(370,392)	(372,870)
Operating deficit from continuing operations		(24,633)	(21,882)
Finance income	11	110	55
Finance expenses	12	(1,732)	(1,585)
PDC dividend charge		(2,859)	(3,513)
Net finance costs		(4,481)	(5,043)
Deficit for the year from continuing operations		(29,114)	(26,925)
Deficit for the year		(29,114)	(26,925)
Other comprehensive income			
Revaluations	16	5,209	9,472
Comprehensive expense for the period		(23,905)	(17,453)

Statement of Financial Position as at 31 March 2019

	Note	31 March 2019 £000	31 March 2018 £000
Non-current assets			
Intangible assets	13	792	1,061
Property, plant and equipment	14	190,920	185,799
Total non-current assets		191,712	186,860
Current assets			
Inventories	17	2,181	2,223
Receivables	18.1	19,930	23,212
Cash and cash equivalents	19	7,638	11,193
Total current assets		29,749	36,628
Current liabilities			
Trade and other payables	21	(41,932)	(42,389)
Borrowings	23.1	(3,044)	(2,655)
Provisions	24.1	(422)	(469)
Other liabilities	22	(6,877)	(7,199)
Total current liabilities		(52,275)	(52,712)
Total assets less current liabilities		169,186	170,776
Non-current liabilities			
Borrowings	23.1	(70,656)	(49,111)
Provisions	24.1	(491)	(557)
Other liabilities	22	(239)	(275)
Total non-current liabilities		(71,386)	(49,943)
Total assets employed		97,800	120,833
Financed by			
Public dividend capital		115,963	115,091
Revaluation reserve		41,865	36,656
Income and expenditure reserve		(60,028)	(30,914)
Total taxpayers' equity		97,800	120,833

The notes on pages 163 to 170 form part of these accounts.

Name: Steve Warburton

Position: Chief Executive

Signed: 

Date: 22 May 2019

Statement of Changes in Equity for the year ended 31 March 2019

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2018 - brought forward	115,091	36,656	(30,914)	120,833
Deficit for the year	-	-	(29,114)	(29,114)
Revaluations	-	5,209	-	5,209
Public dividend capital received	872	-	-	872
Taxpayers' equity at 31 March 2019	115,963	41,865	(60,028)	97,800

Statement of Changes in Equity for the year ended 31 March 2018

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2017 - brought forward	112,680	27,432	(4,237)	135,875
Deficit for the year	-	-	(26,925)	(26,925)
Other transfers between reserves	-	(248)	248	-
Revaluations	-	9,472	-	9,472
Public dividend capital received	2,411	-	-	2,411
Taxpayers' equity at 31 March 2018	115,091	36,656	(30,914)	120,833

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the trust.

Statement of Cash Flows for the year ended 31 March 2019

	Note	2018/19 £000	2017/18 £000
Cash flows from operating activities			
Operating deficit		(24,633)	(21,882)
Non-cash income and expense:			
Depreciation and amortisation	6.1	5,848	5,264
Net impairments	7	-	23,395
Income recognised in respect of capital donations	4	(10)	(1,020)
(Increase) / decrease in receivables and other assets		3,149	(3,584)
(Increase) / decrease in inventories		42	(30)
Increase in payables and other liabilities		4,798	6,019
Decrease in provisions		(113)	(1,574)
Net cash (used in) / generated from operating activities		(10,919)	6,588
Cash flows from investing activities			
Interest received		107	50
Purchase of intangible assets		-	(868)
Purchase of property, plant, equipment		(10,835)	(6,260)
Receipt of cash donations to purchase capital assets		10	1,020
Net cash used in investing activities		(10,718)	(6,058)
Cash flows from financing activities			
Public dividend capital received		872	2,411
Movement on loans from the Department of Health and Social Care	23.2	21,545	3,377
Interest on loans		(1,612)	(1,587)
PDC dividend paid		(2,723)	(3,499)
Net cash generated from financing activities		18,082	702
(Decrease) / increase in cash and cash equivalents		(3,555)	1,232
Cash and cash equivalents at 1 April - brought forward		11,193	9,961
Cash and cash equivalents at 31 March	19	7,638	11,193

Notes to the Accounts

1 Accounting policies and other information

1.1 Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2018/19 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

The Trust has determined that the transactions of the Aintree University Hospital Charitable Fund, for which the Trust is the Corporate Trustee, are immaterial in the context of the Trust and the transactions have not been consolidated.

1.1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.2 Going concern

These accounts have been prepared on a going concern basis. Despite

the projected deficit for 2019/20, the Board of Directors does not have any evidence indicating that the going concern basis of preparing the accounts of the Trust, as detailed below, is not appropriate as the Trust has not been informed by NHS Improvement (NHSI)/Monitor that there is any prospect of intervention or dissolution within the next 12 months.

The directors approved the 2019/20 Annual Plan submission to NHSI/ Monitor. This plan shows an Income and Expenditure deficit in 2019/20 amounting to £2.6 million which is in line with the control total set by NHSI. The plan includes £21.5 million transitional support income. Achieving this plan will require interim revenue cash loans totalling £10.0 million. The plan contains efficiency targets, including cost improvement plans, amounting to £7.1 million (of which not all has been planned in detail). Having regard to the significant efficiencies achieved over the recent past, this level of cost reduction is considered to be challenging. If these levels of efficiencies are not achieved, the Trust would need to apply to the Department of Health and Social Care or other appropriate regulatory body for additional funding. The plan also includes essential capital expenditure of £5.8 million of which £2.5 million will need to be funded by the Department of Health and Social Care.

The directors believe that this forward plan provides a realistic assessment of the Trust’s position. Income and expenditure budgets have been set on the basis of robust and agreed principles, which mean that the Trust should be able to provide high quality healthcare within the resources available, provided the cost saving targets are achieved.

The Trust has a robust governance structure which includes a Finance & Performance Committee, a sub-Committee of the Board, which has the responsibility to monitor financial performance and oversee the necessary corrective action on behalf of and in conjunction with the Board. The Trust recognises there is an urgent need to develop a wider

detailed programme for the delivery of the continued cost savings and to derive benefits from local and City Region health economy-wide transformational change.

The preparation of the income and expenditure budgets and cash flow statements is predicated on many national and local factors and assumptions regarding both income and expenditure and profiled accordingly. The anticipated level of activity undertaken for its commissioners, and therefore the level of income, is derived after due consideration of a range of factors, including:

- 2018-19 forecast outturn
- Changes in activity resulting from changes in demographic and demand
- National Payment by Results rules and regulations
- Commissioning intentions
- National tariff prices.

The day to day operations of the Trust are funded from contracts with NHS commissioners. The uncertainty in the current economic climate has been mitigated by agreeing a number of contracts with Clinical Commissioning Groups, Local Authorities and NHS England for a further year and these payments provide a reliable stream of funding minimising the Trust’s exposure to liquidity and financing problems.

The anticipated level of expenditure within the approved plan is derived after due consideration of a range of factors, including:

- Pay awards and incremental increases
- National Insurance and pension contribution changes
- Inflationary increases for insurance premiums, drugs, utilities and general non-pay
- Financial consequences of both capital and revenue developments
- Cost savings requirements
- Impact of activity levels and commissioning intentions.

Cash flow projections take into account the planned deficit, capital

expenditure, repayment of Public Dividend Capital, the drawdown of revenue / capital funds and movements in working balances. There is no certainty that further cost savings will be identified from organisational and service reconfiguration or that additional short-term funding will be obtained when required and this indicates the existence of a material uncertainty that may cast doubt about the Trust's ability to continue as a going concern. However, notwithstanding the deficits referred to above, the Trust does not have any evidence indicating that the going concern basis is not appropriate or that there is any prospect of intervention or dissolution within 12 months from the date of approval of these financial statements. In terms of the sustainable provision of services, there has been no indication from the Department of Health that the Trust will not continue to be a going concern. In accordance with IAS1, the directors have accordingly prepared the financial statements on a going concern basis.

1.3 Interests in other entities

Joint operations

Joint operations are arrangements in which the Trust has joint control with one or more other parties and has the rights to the assets, and obligations for the liabilities, relating to the arrangement. The Trust includes within its financial statements its share of the assets, liabilities, income and expenses.

1.4.1 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer.

The Trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agrees schemes with its commissioner but they affect how care is provided to patients. That is, the CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the contract.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the

multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

1.4.2 Revenue grants and other contributions to expenditure

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

1.4.3 Other income

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

1.5 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs – NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

1.6 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.7 Property, plant and equipment

1.7.1 Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control, or the items form part of the initial setting-up cost of a new building or refurbishment of a ward or unit, irrespective of their individual or collective cost (i.e. grouped assets).

Where a large asset, for example a building, includes a number of components with significantly different asset lives, e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Note 1.7.2 Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (i.e. operational assets used to deliver either front line services or back office functions) are measured at their current value in existing

use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the services being provided.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part

replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as ‘held for sale’ cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of ‘other comprehensive income’.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are

recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of ‘other impairments’ are treated as revaluation gains.

1.7.3 De-recognition

Assets intended for disposal are reclassified as ‘held for sale’ once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable i.e.
 - management are committed to a plan to sell the asset
 - an active programme has begun to find a buyer and complete the sale
 - the asset is being actively marketed at a reasonable price
 - the sale is expected to be completed within 12 months of the date of classification as ‘held for sale’ and
 - the actions needed to complete the plan indicate it is unlikely that the plan will be abandoned or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their ‘fair value less costs to sell’. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as ‘held for sale’ and instead is retained as an operational asset and the asset’s useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

1.7.4 Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

1.7.5 Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Land	0	0
Buildings, excluding dwellings	1	88
Dwellings	1	43
Plant & machinery	1	10
Transport equipment	1	5
Information technology	1	5
Furniture & fittings	1	7

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

1.8 Intangible assets

1.8.1 Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust’s business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use
- the Trust intends to complete the asset and sell or use it
- the Trust has the ability to sell or use the asset
- how the intangible asset will generate probable future economic or service delivery benefits, e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset
- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset and
- the Trust can measure reliably the expenses attributable to the asset during development.

Software

Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is capitalised as an intangible asset.

1.8.2 Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or “fair value less costs to sell”.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

1.8.3 Useful economic life of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are between 1 and 5 years.

1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method less any provisions deemed necessary.

1.10 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust’s cash management. Cash, bank and overdraft balances are recorded at current values.

1.11 Financial assets and financial liabilities

Note 1.11.1 Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. In response to the adoption of IFRS9 (detailed in note 29.1) the GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust’s normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, i.e. when receipt or delivery of the goods or services is made.

1.11.2 Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting

contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income as a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the

Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

1.11.3 Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

1.12 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

1.12.1 The Trust as lessee

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

1.12.2 The Trust as lessor

Operating leases

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

1.13 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain

timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 24.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any "excesses" payable in respect of particular claims are charged to operating expenses when the liability arises.

1.14 Contingencies

Contingent liabilities are not recognised, but are disclosed in note 25, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.



1.15 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of

the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for

- (i) donated assets (including lottery funded assets)
- (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility and
- (iii) any PDC dividend balance receivable or payable.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual

average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

1.16 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.17 Corporation tax

Aintree University Hospital NHS Foundation Trust is a Health Service body within the meaning of s519A ICTA 1988 and accordingly is temporarily exempt from taxation in respect of income and capital gains within categories covered by this. There is a power for the Treasury to disapply the exemption in relation to the specified activities of a Foundation Trust (s519A (3) to (8) ICTA), accordingly, the Trust is potentially within the scope of Corporation Tax in respect of activities which are not related to, or ancillary to, the provision of healthcare and where the profits exceed £50,000 per annum. However, there is no tax liability in respect of the current financial year.

1.18 Foreign exchange

The functional and presentational currency of the Trust is sterling. A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

1.19 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury’s FReM.

1.20 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Trust not been bearing their own risks (with insurance premiums then

being included as normal revenue expenditure). However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.21 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.22 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

1.22.1 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Property, Plant and Equipment (PPE)

During 2018/19 the Trust sourced nationally recognised indexation figures from the Office of National Statistics (ONS). The indices sourced represents an inflation of 2.7% and when applied to our financial assets result in a revaluation of £4,626,000.

1.23 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2018/19.

1.24 Standards, amendments and interpretations in issue but not yet effective or adopted

The DH GAM does not require the following Standards and Interpretations to be applied in 2019/20. These standards are still subject to HM Treasury FReM adoption and the government implementation date for IFRS16 still subject to HM Treasury confirmation.

- IFRS16 Leases - Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRS17 Insurance Contract – applications required for accounting periods beginning on or after 1 January 2021 but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRIC23 Uncertainty over Income Tax Treatments – application required for accounting periods beginning on or after 1 January 2019.

1.25 Segmental Analysis

Operating segments are reported in a manner consistent with the internal reporting provided to the chief operating decision maker. The chief operating decision maker, who is responsible for allocating resources and assessing performance of the operating segments has been identified as the Board that makes strategic decisions. A segmental analysis is shown at Note 2.

Note 2 Operating Segments

		Medicine		Surgery		Total	
		2018/19	2017/18	2018/19	2017/18	2018/19	2017/18
		£000	£000	£000	£000	£000	£000
Income *		150,535	135,750	137,440	138,126	287,975	273,876
Expenditure *	Pay	(95,715)	(77,920)	(80,698)	(78,643)	(176,413)	(156,563)
	Non-Pay	(35,656)	(31,659)	(35,106)	(33,794)	(70,762)	(65,453)
	Total	(131,371)	(109,579)	(115,804)	(112,437)	(247,175)	(222,016)
Total Contribution						40,800	51,860
Other Services **						(69,914)	(78,785)
Total Deficit						(29,114)	(26,925)

** “Other services” contains the following :

Income of £57.894m (2017/18: £77.167m)	Comprises Training and Education Levies, Direct Access Community Services, Service Level Agreements with other provider organisations, Research and Development and income generating activities (e.g. Catering, Injury Costs Recovery (ICR) income, etc.).
Expenditure of £127.808m (2017/18: £155.952m)	Comprises Clinical Support Services (e.g. Radiology, Pathology, Physiotherapy, etc.), Central Support Departments (e.g. Estates & Maintenance, Hotel Services, Finance, HR, etc.), accounting charges for depreciation and the payment of a Public Dividend Capital dividend.

The Trust does not report total assets attributable to each operating segment to the Board. Consequently, total assets attributable to each operating segment are not disclosed.

The Trust considers the Board of Directors to be the Chief Operating Decision Maker (CODM) because it regularly reviews operating results, makes decisions about where resources are allocated as a result and assesses performance.

Income and expenditure arising from both the medicine and surgery departments are what is reported to the Board on a distinct and separate basis and therefore they have also been disclosed separately in the accounts.

The majority of the Trust’s revenue is generated from three NHS customers, with each amounting to more than 10% of the Trust’s total income.

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4.1

Note 3.1 Income from patient care activities (by nature)

	2018/19 £000	2017/18 £000
Acute services		
Elective income	45,445	45,492
Non elective income	98,945	90,818
First outpatient income	19,207	23,445
Follow up outpatient income	26,625	21,803
A & E income	15,242	13,834
High cost drugs income from commissioners	22,915	21,455
Other NHS clinical income	78,915	83,536
All other services		
Private patient income	1,366	1,618
Agenda for Change pay award central funding*	3,378	-
Total income from activities	312,038	302,001

DHSC has provided additional funding to meet the cost of a nationally agreed pay award for staff on standard NHS Agenda for Change contracts.

Note 3.2 Income from patient care activities (by source)

	2018/19 £000	2017/18 £000
Income from patient care activities received from:		
NHS England	57,028	57,303
Clinical commissioning groups	236,072	229,358
Department of Health and Social Care	3,431	26
Other NHS providers	3,997	3,936
NHS other	46	87
Local authorities	660	653
Non-NHS: private patients	1,366	1,618
Non-NHS: overseas patients (chargeable to patient)	79	127
Injury cost recovery scheme	2,683	2,408
Non NHS: other*	6,676	6,485
Total income from activities	312,038	302,001
Of which:		
Related to continuing operations	312,038	302,001

* Non-NHS: other income is received from non-English commissioners to deliver patient care (e.g. Scotland, Wales, and Isle of Man local health boards).

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2018/19 £000	2017/18 £000
Income recognised this year	79	127
Cash payments received in-year	31	82
Amounts written off in-year	29	23

Note 4.1 Other operating income

	2018/19 £000	2017/18 £000
Other operating income from contracts with customers:		
Research and development (contract)	837	783
Education and training (excluding notional apprenticeship levy income)	12,310	12,494
Non-patient care services to other bodies	5,886	6,550
Provider sustainability / sustainability and transformation fund income (PSF/STF)	-	10,591
Other contract income	14,048	17,134
Other non-contract operating income		
Education and training - notional income from apprenticeship fund	571	360
Receipt of capital grants and donations	10	1,020
Rental revenue from operating leases	59	55
Total other operating income	33,721	48,987
Of which:		
Related to continuing operations	33,721	48,987

Note 4.2 Analysis of other contract income

	2018/19 £000	2017/18 £000
Car park income	2,799	2,782
Catering	3,204	3,004
Staff and accommodation rental	427	421
Clinical excellence award	868	820
Income generation schemes	1,044	1,099
Other income*	5,706	9,008
	14,048	17,134

* Other income consists of a number of items (such as charges to organisations using the Trust’s facilities, income from various training courses held) that, individually, total less than £1m.

Note 5.1 Additional information on revenue from contracts with customers recognised in the period

	2018/19 £000
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	4,759

Note 5.2 Income from activities arising from commissioner requested services

Commissioner requested services are defined in the provider license and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2018/19 £000	2017/18 £000
Income from services designated as commissioner requested services	305,541	295,821
Income from services not designated as commissioner requested services	6,497	6,180
	312,038	302,001

Note 6.1 Operating expenses

	2018/19 £000	2017/18 £000
Purchase of healthcare from NHS and DHSC bodies	1,510	1,464
Purchase of healthcare from non-NHS and non-DHSC bodies	2,025	1,192
Staff and executive directors costs (note 8)	235,112	221,408
Remuneration of non-executive directors	120	116
Reversal of previously accrued potential redundancy costs	-	(1,331)
Supplies and services - clinical (excluding drugs costs)	44,627	45,052
Supplies and services - general	11,168	11,031
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	33,240	31,537
Consultancy costs	1,656	850
Establishment	3,382	4,076
Premises	17,273	16,249
Transport (including patient travel)	758	696
Depreciation on property, plant and equipment	5,579	5,216
Amortisation on intangible assets	269	48
Net impairments	-	23,395
Movement in credit loss allowance: contract receivables / contract assets	658	705
Increase/(decrease) in other provisions	55	(1,455)
<u>Audit fees payable to the external auditor</u>		
audit services - statutory audit	58	57
other auditor remuneration (external auditor only)	14	14
Internal audit costs	122	102
Clinical negligence	6,857	6,703
Insurance	153	159
Education and training	1,293	1,133
Rentals under operating leases	3,117	3,140
Redundancy	21	124
Hospitality	74	104
Other services, e.g. external payroll	244	336
Other	1,007	749
Total	370,392	372,870
Of which:		
Related to continuing operations	370,392	372,870

Note 6.2 Other auditor remuneration

	2018/19 £000	2017/18 £000
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any associate of the trust	4	4
2. Audit-related assurance services	10	10
Total	14	14

Note 6.3 Limitation on auditor’s liability

The limitation on auditor’s liability for external audit work is £1m (2017/18: £1m).

Note 7 Impairment of assets

	2018/19 £000	2017/18 £000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	-	23,395
Total net impairments charged to operating surplus / deficit	-	23,395
Impairments charged to the revaluation reserve	-	-
Total net impairments	-	23,395

Note 8 Employee benefits

	2018/19 £000	2017/18 £000
Salaries and wages	183,766	171,693
Social security costs	17,049	15,735
Apprenticeship levy	903	769
Employer’s contributions to NHS pensions	19,708	17,964
Pension cost – other	21	11
Temporary staff (including agency)	13,686	15,236
Total gross staff costs	235,133	221,408
Total staff costs	235,133	221,408

Senior staff salary and pension disclosures have been included within the Remuneration Report.

Note 8.1 Retirements due to ill-health

During 2018/19 there was 1 early retirement from the Trust agreed on the grounds of ill-health (1 in the year ended 31 March 2018). The estimated additional pension liabilities of these ill-health retirements is £24k (£60k in 2017/18).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Note 9 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019, is based on valuation data as at 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

c) National Employment Savings Scheme (NEST)

The Pensions Act 2008 introduced automatic enrolment of eligible workers into a qualifying workplace pension scheme. The National Employment Savings Scheme (NEST) is a defined contribution pension scheme and the Trust has a duty to automatically enrol employees into the scheme, subject to certain criteria. However, the number of enrolments and the level of contributions are not material to the Trust’s Accounts.

Note 10 Operating leases

Note 10.1 Aintree University Hospital NHS Foundation Trust as a lessor

This note discloses income generated in operating lease agreements where Aintree University Hospital NHS Foundation Trust is the lessor.

	2018/19 £000	2017/18 £000
Operating lease revenue		
Minimum lease receipts	59	55
Total	59	55

	31 March 2019 £000	31 March 2018 £000
Future minimum lease receipts due:		
- not later than one year;	59	39
- later than one year and not later than five years;	96	-
- later than five years.	120	-
Total	275	39

Note 10.2 Aintree University Hospital NHS Foundation Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where Aintree University Hospital NHS Foundation Trust is the lessee.

	2018/19 £000	2017/18 £000
Operating lease expense		
Minimum lease payments*	3,117	3,140
Total	3,117	3,140

* Operating lease expenditure refers to either medical equipment or lease cars.

	31 March 2019 £000	31 March 2018 £000
Future minimum lease payments due:		
- not later than one year;	1,176	875
- later than one year and not later than five years;	2,754	1,398
- later than five years.	460	-
Total	4,390	2,273

Note 11 Finance income

Finance income represents interest received on assets and investments in the period.

	2018/19 £000	2017/18 £000
Interest on bank accounts	110	55
Total finance income	110	55

Note 12 Finance expenditure

Finance expenditure represents interest charged on the borrowing of money.

	2018/19 £000	2017/18 £000
Interest expense:		
Loans from the Department of Health and Social Care	1,732	1,585
Total interest expense	1,732	1,585

Note 13 Intangible assets - 2018/19

	Software licences £000	Total £000
Valuation / gross cost at 1 April 2018 - brought forward	1,109	1,109
Valuation / gross cost at 31 March 2019	1,109	1,109
Accumulated amortisation at 1 April 2018 - brought forward	48	48
Provided during the year	269	269
Accumulated amortisation at 31 March 2019	317	317
Net book value at 31 March 2019	792	792
Net book value at 31 March 2018	1,061	1,061

Note 13.1 Intangible assets - 2017/18

	Software licences £000	Total £000
Valuation / gross cost at 1 April 2017 - brought forward	1,921	1,921
Additions	868	868
Disposals / derecognition	(1,680)	(1,680)
Valuation / gross cost at 31 March 2018	1,109	1,109
Accumulated amortisation at 1 April 2018 - brought forward	1,680	1,680
Provided during the year	48	48
Disposals / derecognition	(1,680)	(1,680)
Accumulated amortisation at 31 March 2018	48	48
Net book value at 31 March 2018	1,061	1,061
Net book value at 31 March 2017	241	241

Note 14.1 Property, plant and equipment - 2018/19

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2018 - brought forward	5,056	168,455	1,719	2,932	25,885	18	8,034	709	212,808
Additions	-	2,606	-	1,638	872	-	375	-	5,491
Revaluations	-	5,319	47	-	-	-	-	-	5,366
Reclassifications	-	1,918	-	(1,918)	-	-	-	-	-
Disposals / derecognition	-	-	-	-	(845)	-	(277)	(17)	(1,139)
Valuation/gross cost at 31 March 2019	5,056	178,298	1,766	2,652	25,912	18	8,132	692	222,526
Accumulated depreciation at 1 April 2018 - brought forward	-	2,801	41	-	17,727	-	5,987	453	27,009
Provided during the year	-	2,893	43	-	2,073	4	515	51	5,579
Revaluations	-	155	2	-	-	-	-	-	157
Disposals / derecognition	-	-	-	-	(845)	-	(277)	(17)	(1,139)
Accumulated depreciation at 31 March 2019	-	5,849	86	-	18,955	4	6,225	487	31,606
Net book value at 31 March 2019	5,056	172,449	1,680	2,652	6,957	14	1,907	205	190,920
Net book value at 31 March 2018	5,056	165,654	1,678	2,932	8,158	18	2,047	256	185,799

Note 14.2 Property, plant and equipment - 2017/18

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2017 - as previously stated	7,556	183,082	4,852	145	30,811	-	7,870	877	235,193
Additions	-	3,147	51	2,826	3,198	18	1,428	58	10,726
Impairments	-	(20,167)	(3,228)	-	-	-	-	-	(23,395)
Revaluations	(2,500)	2,354	44	-	-	-	-	-	(102)
Reclassifications	-	39	-	(39)	-	-	-	-	-
Disposals / derecognition	-	-	-	-	(8,124)	-	(1,264)	(226)	(9,614)
Valuation/gross cost at 31 March 2018	5,056	168,455	1,719	2,932	25,885	18	8,034	709	212,808
Accumulated depreciation at 1 April 2017 - as previously stated	-	9,144	502	-	23,809	-	6,933	593	40,981
Provided during the year	-	2,730	40	-	2,042	-	318	86	5,216
Revaluations	-	(9,073)	(501)	-	-	-	-	-	(9,574)
Disposals / derecognition	-	-	-	-	(8,124)	-	(1,264)	(226)	(9,614)
Accumulated depreciation at 31 March 2018	-	2,801	41	-	17,727	-	5,987	453	27,009
Net book value at 31 March 2018	5,056	165,654	1,678	2,932	8,158	18	2,047	256	185,799
Net book value at 31 March 2017	7,556	173,938	4,350	145	7,002	-	937	284	194,212

Note 14.3 Property, plant and equipment financing - 2018/19

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2019									
Owned – purchased	5,056	169,627	1,680	2,652	6,846	14	1,907	205	187,987
Owned – donated	-	2,822	-	-	111	-	-	-	2,933
NBV total at 31 March 2019	5,056	172,449	1,680	2,652	6,957	14	1,907	205	190,920

Note 14.4 Property, plant and equipment financing - 2017/18

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2018									
Owned – purchased	5,056	162,855	1,678	2,932	8,011	18	2,047	256	182,853
Owned – donated	-	2,799	-	-	147	-	-	-	2,946
NBV total at 31 March 2018	5,056	165,654	1,678	2,932	8,158	18	2,047	256	185,799

Note 15 Donations of property, plant and equipment

During 2018/19, the Trust received a donation of £10k from The Aintree University Charitable Fund to procure Property, Plant and Equipment. (Donations of £1,020k were received during 2017/18)

Note 16 Revaluations of property, plant and equipment

The last land and buildings revaluation was undertaken as at 1st April 2017 by independent valuer Cushman and Wakefield. This was following a major redevelopment of the Trauma Unit as the Trust became the regional Major Trauma Centre for the North West.

For 2018/19, the Trust again utilised the services of Cushman and Wakefield to value one of its assets following the transfer of an asset to the Trust from another NHS body. This revaluation increased the value of the asset by £583k.

During 2018/19, the Trust sourced nationally recognised indexation figures from the Office of National Statistics (ONS). The indices sourced represents an inflation of 2.7% and when applied to our financial assets result in a revaluation of £4,626k.

The valuations were undertaken in accordance with International Financial Reporting Standards (IFRS) as interpreted and applied by the NHS, and the requirements of the RICS Valuation Professional Standards.

The valuations are carried out on the Modern Equivalent Asset (MEA) alternative site basis, using an optimised approach to land and building constitution.

	2018/19 Revaluation £000
Professional External Valuation	583
Indexation @ 2.7%	4,626
	5,209

Note 17 Inventories

	31 March 2019 £000	31 March 2018 £000
Drugs	2,181	2,223
Total inventories	2,181	2,223

Inventories recognised in expenses for the year were £33,240k (2017/18: £31,492k). Write-down of inventories recognised as expenses for the year were £0k (2017/18: £0k).

Note 18.1 Receivables

	31 March 2019 £000	31 March 2018 £000
Contract receivables*	17,321	-
Trade receivables*	-	9,884
Accrued income*	-	6,695
Allowance for impaired contract receivables / assets*	(1,924)	-
Allowance for other impaired receivables	-	(1,598)
Prepayments (non-PFI)	2,764	3,033
Interest receivable	12	9
PDC dividend receivable	318	454
VAT receivable	746	566
Other receivables	693	4,169
Total receivables	19,930	23,212

*Following the application of IFRS 15 from 1 April 2018, the Trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables, accrued income and other receivables. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

Note 18.2 Allowances for credit losses - 2018/19

	Contract receivables and contract assets £000	All other receivables £000
Allowances as at 1 Apr 2018 - brought forward	-	1,598
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	1,598	(1,598)
New allowances arising	676	-
Reversals of allowances	(18)	-
Utilisation of allowances (write offs)	(332)	-
Allowances as at 31 Mar 2019	1,924	-

IFRS 9 is adopted without restatement therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result it differs in format to the current period disclosure. The detailed disclosure for the previous period is shown below:

	All receivables £000
Allowances as at 1 Apr 2017	1,785
Increase in provision	730
Amounts utilised	(892)
Unused amounts reversed	(25)
Allowances as at 31 Mar 2018	1,598

Note 19 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2018/19 £000	2017/18 £000
At 1 April	11,193	9,961
Net change in year	(3,555)	1,232
At 31 March	7,638	11,193
Broken down into:		
Cash at commercial banks and in hand	43	44
Cash with the Government Banking Service	7,595	11,149

Note 20 Third party assets held by the trust

The Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2019 £000	31 March 2018 £000
Bank balances	2	2
Total third party assets	2	2

Note 21 Trade and other payables

	31 March 2019 £000	31 March 2018 £000
Current		
Trade payables	5,733	5,797
Capital payables	1,206	6,550
Accruals	25,821	22,758
Social security costs	2,592	2,246
Other taxes payable	2,313	1,944
Accrued interest on loans*	-	269
Other payables	4,267	2,825
Total current trade and other payables	41,932	42,389
Of which payables from NHS and DHSC group bodies:		
Current	8,458	7,723

*Following adoption of IFRS 9 on 1 April 2018, loans are measured at amortised cost. Any accrued interest is now included in the carrying value of the loan within note 23.1 Borrowings. IFRS 9 is applied without restatement therefore comparatives have not been restated.

Note 22 Other liabilities

	31 March 2019 £000	31 March 2018 £000
Current		
Deferred income: contract liabilities	6,877	7,199
Total other current liabilities	6,877	7,199
Non-current		
Deferred income: contract liabilities	239	275
Total other non-current liabilities	239	275

Note 23.1 Borrowings

	31 March 2019 £000	31 March 2018 £000
Current		
Loans from the Department of Health and Social Care	3,044	2,655
Total current borrowings	3,044	2,655
Non-current		
Loans from the Department of Health and Social Care	70,656	49,111
Total non-current borrowings	70,656	49,111

Note 23.2 Reconciliation of liabilities arising from financing activities

	Loans from DHSC £000
Carrying value at 1 April 2018	51,766
Cash movements:	
Financing cash flows – payments of principal	(2,655)
Financing cash flows - receipts of principal	24,200
Financing cash flows - payments of interest	(1,612)
Non-cash movements:	
Impact of implementing IFRS 9 on 1 April 2018	269
Interest charge arising in year	1,732
Carrying value at 31 March 2019	73,700

	Interest Rate	Term (years)
Analysis of DHSC Loans		
Loan 1 – (Original value £24,000,000) Agreement Date 16 March 2010	4.27%	25
Loan 2 – (Original value £20,000,000) Agreement Date 19 March 2012	2.92%	25
Loan 3 – (Original value £15,000,000) Agreement Date 15 December 2014	2.62%	25
Loan 4 – (Original value £5,800,000) Agreement Date 6 February 2018	1.86%	25
Loan 5 – (Original value £24,200,000) Revenue support loan 2018/19	3.50%	3

Note 24.1 Provisions

	Pensions: early departure costs £000	Pensions: injury benefits* £000	Legal claims £000	Total £000
At 1 April 2018	162	475	389	1,026
Arising during the year	9	10	232	251
Utilised during the year	(44)	(39)	(85)	(168)
Reversed unused	-	-	(196)	(196)
At 31 March 2019	127	446	340	913
Expected timing of cash flows:				
- not later than one year;	44	38	340	422
- later than one year and not later than five years;	83	408	-	491
- later than five years.	-	-	-	-
Total	127	446	340	913

“Pensions” include the likely cost of permanent injury and early departure pension compensation settlements and the subsequent application of the appropriate value supplied by the Government’s Actuary Department to assess the total provision required for the anticipated duration of the liability. It does not include any provision relating to former Directors.

“Other legal claims” comprises provisions in respect of the Trust’s employer and public legal liabilities.

* In 2018/19 the analysis of provisions has been revised to separately identify provisions for injury benefit liabilities. In previous periods, these provisions were included within early departure costs.

Note 24.2 Clinical negligence liabilities

At 31 March 2019, £22,479k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Aintree University Hospital NHS Foundation Trust (31 March 2018: £26,734k).

Note 25 Contingent assets and liabilities

	31 March 2019 £000	31 March 2018 £000
Value of contingent liabilities		
NHS Resolution legal claims	-	(10)
Gross value of contingent liabilities	-	(10)
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	-	(10)

Note 26 Contractual capital commitments

	31 March 2019 £000	31 March 2018 £000
Property, plant and equipment	362	123
Total	362	123

Note 27 Financial instruments

Although the NHS Foundation Trust does not hold or deal in complex financial instruments, it is required to comment upon its exposure to credit, liquidity and market risk and how those risks are managed.

Note 27.1 Exposure to Risk

a) The majority of the NHS Foundation Trust’s income is due from NHS commissioners and is subject to legally binding contracts which limits credit risk. Non-NHS customers form only a small proportion of total income and the majority of those customers are organisations that are unlikely to cease trading in the short term or default on payments (e.g. councils, universities, Woodlands Hospice, etc.).

b) The NHS Foundation Trust is exposed to liquidity risk in that it needs to maintain sufficient cash balances to meet payable obligations in order to ensure continuity of service. However, that risk is mitigated by the regular monthly receipt of contractual cash from NHS commissioners in addition to non-recurrent revenue support loans from the Department of Health and Social Care (in line with the Trust’s annual plan).

c) As the NHS Foundation Trust does not deal in currencies, invest cash over the long term, borrow at variable rates or hold any equity investments in companies (other than its own subsidiary) its exposure to market risk (either interest rate, currency or price) is limited. Further analysis of borrowings can be seen on note 23.2.

Note 27.2 Managing Risk

a) To manage credit risk, the NHS Foundation Trust has documented debt collection procedures which are regularly reviewed and ensures that its credit control staff are adequately trained and resourced. Potential payment defaulters are identified at an early stage and appropriate action is taken on a timely basis (also see measures to manage liquidity at (b) in note 27.1 above).

b) The NHS Foundation Trust ensures that daily cash flows are examined and the investment of surplus cash is restricted to a term of three months. Cash investments are also restricted to highly rated, UK domiciled, financial institutions and the levels of cash deposited in any individual institutions at any one time is restricted. Cash management is governed by a regularly reviewed Board Policy and departmental procedure notes.

c) Market risk is managed by limiting investments to fixed rate and fixed term with credit worthy institutions, based upon market knowledge as to the likely movements in interest rates.

Note 27.3 Carrying values of financial assets

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Held at amortised cost £000	Held at fair value through I&E £000	Held at fair value through OCI £000	Total book value £000
Carrying values of financial assets as at 31 March 2019 under IFRS 9				
Receivables excluding non-financial assets	16,102	-	-	16,102
Cash and cash equivalents at bank and in hand	7,638	-	-	7,638
Total at 31 March 2019	23,740	-	-	23,740

	Loans and receivables £000	Assets at fair value through the I&E £000	Held to maturity £000	Available- for-sale £000	Total book value £000
Carrying values of financial assets as at 31 March 2018 under IAS 39					
Receivables excluding non-financial assets	14,990	-	-	-	14,990
Cash and cash equivalents at bank and in hand	11,193	-	-	-	11,193
Total at 31 March 2018	26,183	-	-	-	26,183

Note 27.4 Carrying value of financial liabilities

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Held at amortised cost £000	Held at fair value through the I&E £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2019 under IFRS 9			
Loans from the Department of Health and Social Care	73,700	-	73,700
Trade and other payables excluding non-financial liabilities	37,027	-	37,027
Total at 31 March 2019	110,727	-	110,727

	Other financial liabilities £000	Held at fair value through the I&E £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2018 under IAS 39			
Loans from the Department of Health and Social Care	51,766	-	51,766
Trade and other payables excluding non-financial liabilities	38,199	-	38,199
Total at 31 March 2018	89,965	-	89,965

Note 27.5 Fair values of financial assets and liabilities

The carrying value of the financial liabilities is considered to approximate to fair value as the arrangement is of a fixed interest and equal instalment repayment nature and the interest rate is not materially different to the discount rate.

The carrying values of short-term financial assets and financial liabilities are considered to approximate to fair value.

Note 27.6 Maturity of financial liabilities

	31 March 2019 £000	31 March 2018 £000
In one year or less	40,071	40,854
In more than one year but not more than two years	2,655	2,655
In more than two years but not more than five years	32,165	7,965
In more than five years	35,836	38,491
Total	110,727	89,965

Note 28 Losses and special payments

There were 322 losses and special payments in 2018/19 (765 in 2017/18). These are accounted for on an accruals basis and exclude provisions for future losses. No individual losses exceeded £300,000.

	2018/19		2017/18	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses	6	7	13	8
Bad debts and claims abandoned	266	324	701	890
Stores losses and damage to property	1	1	-	-
Total losses	273	332	714	898
Special payments				
Ex-gratia payments	49	107	51	111
Total special payments	49	107	51	111
Total losses and special payments	322	439	765	1,009

Note 29.1 Initial application of IFRS 9

IFRS 9 Financial Instruments as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018.

IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward-looking ‘expected loss’ impairment model and a revised approach to hedge accounting.

Under IFRS 9, borrowings from the Department of Health and Social Care, which were previously held at historic cost, are measured on an amortised cost basis. Consequently, on 1 April 2018 borrowings increased by £269k, and trade payables correspondingly reduced.

Reassessment of allowances for credit losses under the expected loss model resulted in a £0k decrease in the carrying value of receivables.

The GAM expands the definition of a contract in the context of financial instruments to include legislation and regulations, except where this gives rise to a tax. Implementation of this adaptation on 1 April 2018 has led to the classification of receivables relating to Injury Cost Recovery as a financial asset measured at amortised cost. The carrying value of these receivables at 1 April 2018 was £4,169k.

Note 29.2 Initial application of IFRS 15

IFRS 15 Revenue from Contracts with Customers as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to the income and expenditure reserve on 1 April 2018.

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related Interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services.

As directed by the GAM, the Trust has applied the practical expedient offered in C7A of the standard removing the need to retrospectively restate any contract modifications that occurred before the date of implementation (1 April 2018).

Note 30 Related parties

The Foundation Trust’s parent entity is the Department of Health and Social Care.

During the year reported in these accounts, none of the Board Members, Governors or key management staff have undertaken any material transactions with Aintree University Hospital NHS Foundation Trust. Details of Directors’ remuneration and other benefits are included in the Annual Report’s Remuneration Report.

Some staff and Governors of the Trust have an interest in the management of Woodlands Hospice Charitable Trust (a Hospice sited on the Trust grounds). However, the Trust does not enter into significant income and expenditure transactions with the Charity, although it does undertake some transaction processes on its behalf, such as procurement.

Members of the Board of Directors and Governors of the Trust hold positions at Universities but are not in a position to materially affect transactions between the two parties. The Trust has had a significant number of material transactions with the Universities of Liverpool and Edge Hill as follows:-

	Income & Expenditure				Balances			
	Income		Expenditure		Receivables		Payables	
	2018/19	2017/18	2018/19	2017/18	2018/19	2017/18	2018/19	2017/18
	£000	£000	£000	£000	£000	£000	£000	£000
University of Liverpool	434	243	1,839	1,810	226	126	45	25
Edge Hill University	166	225	29	273	41	22	7	12

Aintree University Hospital NHS Foundation Trust has had a significant number of material transactions with South Sefton, Liverpool and Knowsley CCGs in 2018/19 and held receivable and payable balances with them as follows:

	Income & Expenditure				Balances			
	Income		Expenditure		Receivables		Payables	
	2018/19	2017/18	2018/19	2017/18	2018/19	2017/18	2018/19	2017/18
	£000	£000	£000	£000	£000	£000	£000	£000
South Sefton CCG	91,859	90,134	0	0	579	247	8	0
Liverpool CCG	84,006	84,782	0	0	64	152	0	3
Knowsley CCG	33,610	32,768	0	0	75	21	12	83

Aintree University Hospital NHS Foundation Trust has also had a significant number of transactions with other NHS or Government departments which are all classed as “related parties” to the Trust. Material transactions and/or balances in excess of £2m are detailed below:

	Income & Expenditure				Balances			
	Income		Expenditure		Receivables		Payables	
	2018/19	2017/18	2018/19	2017/18	2018/19	2017/18	2018/19	2017/18
	£000	£000	£000	£000	£000	£000	£000	£000
Department of Health & Social Care	3,431	116	-	5	22	18	-	-
Health Education England	13,402	13,417	3	3	75	64	18	-
NHS England - Core (including STF)	-	12,615	-	-	-	6,533	-	-
NHS England Cheshire & Merseyside Local Team	11,754	11,172	-	-	227	434	30	-
NHS England North West Commission	44,245	43,153	-	-	342	823	-	18
West Lancashire CCG	6,332	6,063	-	-	-	219	114	5
St Helens CCG	2,895	2,504	-	-	123	-	-	57
Southport & Formby CCG	7,190	7,073	-	-	5	45	4	-
Wirral CCG	2,857	2,742	-	-	-	43	23	7
The Walton Centre NHS FT	3,006	3,255	395	136	1,797	1,597	237	206
Mersey Care NHS FT - (acquired Liverpool Community Health NHS Trust 01/04/2018)	1,007	255	2,589	1,155	369	171	325	1,000
Royal Liverpool & Broadgreen University Hospitals NHS Trust	6,754	5,811	14,027	14,322	3,542	1,259	6,459	4,386
Betsi Cadwaladar University Local Health Board	3,654	3,613	-	-	-	-	-	-
NHS Resolution	-	-	6,857	6,703	-	-	18	6
NHS Business Services Authority	-	-	15,976	17,220	-	-	336	-
National Insurance Fund	-	-	17,049	15,743	-	-	2,592	2,246
NHS Pension Scheme	-	-	19,708	17,964	-	-	2,795	2,541

All the transactions referred to in this note were on normal commercial terms.

The Trust is the corporate trustee of The Aintree University Hospital Charitable Fund (Regn no: 1050542). The Charitable Fund Accounts have not been consolidated into these accounts as the transactions are considered immaterial in the context of the Trust. The provisional turnover of the Charity in 2018/19 was £169,000 (£332,000 in 2017/18) and its net assets were £899,000 (£1,022,000 in 2017/18). The Trust provides a financial and administration service for the Charity for which the Charity paid £46,000 in 2018/19 (£45,000 in 2017/18).

An Annual Report and Audited Accounts of the Trust’s Charity (covering the year reported in these Accounts) will be available from 31 January 2020 and may be accessed via the Charity Commission website at www.charity-commission.gov.uk.

