Annual Report and Accounts 1 April 2010 – 31 March 2011 Presented to Parliament pursuant to Schedule 7, paragraph 25(4) of the National Health Service Act 2006

Wrightington, Wigan and Leigh NHS Foundation Trust

Annual Report and Accounts 1 April 2010 – 31 March 2011

Contents

Review of the Year	6
Trust Profile	8
Mission Statement	9
Trust Board	10
Council of Governors	27
Corporate Objectives 2010/11	31
Forward Strategy	32
Facts and Figures	34
Financial Performance Report	35
Divisional Achievements	43
Clinical Support Services	43
Division of Medicine	45
Musculoskeletal Division	47
Surgical Division	49
Estates and Facilities Division	51
Business Improvement Group	53
Regulatory Ratings Report	56
Human Resources	57
Ready and Waiting	66
Patient Relations/Patient Advice and Liaison Service (PALS)	68
Patient and Public Engagement (PPE)	73
Voluntary Services	76
Sustainability and Environmental Management	78
Equality and Diversity	78
Quality Accounts	82

Review of the Year

Welcome to this important annual publication where we set out a large amount of information about the Trust, about our achievements, and about our plans for the future. Although this document is packed with facts and figures it is fundamentally about human beings – staff, patients and carers – and the incredibly important interactions between them. None of us must ever forget that patients and carers are usually seen as visitors or guests of the hospital, but the truth is that we in the NHS are guests in the lives of patients, often when they are highly vulnerable and sometimes when they are frightened and confused. The ethos of the NHS and of our staff is that it is a privilege to be trusted with such intimate access and we try our best to repay that trust with respect, sensitivity, knowledge and skill.

For us there have been several highlights this year. First of all, we have finally cracked the challenge of waiting times in the Accident and Emergency Department. After several years where we were one of the worst performers, in 2011-12 we became one of the best. To be precise, with 99.1% of patients moving through the department in less than four hours we were the second best performing A&E department in the whole of the North West.

Secondly we have probably the best overall performance on infection control in the North West. With just two MRSA infections and 62 cases of Clostridium Difficile we have once again dramatically reduced the number of infections. Thirdly, despite great and unpredictable pressures we have managed to achieve a financial surplus of £4.2m. Every penny of this will go into investment in upgrading or replacing buildings and equipment.

Other highlights include:

- The Trust has demonstrated sustained improvement in reducing hospital acquired pressure ulcers and there have been 10 cases in the last year compared with 11 the previous year. A zero tolerance approach continues to be adopted and this remains an important focus in our ongoing safety improvement work
- Winning the HSJ award on Data and Information for our project to reduce falls in hospital
- Mortality rates remain below average
- The opening of our new Heart Centre including the Coronary Care Unit and second Cardiac Catheter Laboratory

It has also been a year of many challenges, the biggest of which was to be rated at the start of the year as a 'red' risk for Governance by the Foundation Trust Regulator, Monitor, after our poor A&E performance in the winter of 2009/10. This led to a number of reviews and a period of searching self-criticism and reflection. We were delighted though, that Monitor has accepted our plans to tackle these issues and we were released from our 'red' rating in December 2010. The excellent A&E performance in the winter of 2010/11 fully vindicates that judgement.

Finally, we would like to express our deep thanks and appreciation to all staff, but especially to the Trust Board, our Executive team and the clinical leaders in the Trust. Like the whole of the NHS, we face a very difficult three years ahead but we are very confident that we have the best possible leadership community to weather the storm.

Les Higgins Chairman Andrew Foster Chief Executive

Trust Profile

Wrightington, Wigan and Leigh NHS Foundation Trust (WWL) is the leading provider of acute hospital services to the people of the Wigan borough and surrounding area.

The Trust provides district general hospital services for the local population of over 300,000 and specialist orthopaedic services to a much wider regional and national catchment area. We have placed quality and patient experience at the top of our agenda and are committed to delivering high quality, safe and effective patient care. The Trust has demonstrated considerable success in improving quality in recent years. We have significantly reduced incidences of MRSA Bacteraemia, Clostridium Difficile and also continue to improve our mortality rate (Hospital Standardised Mortality Ratio).

The Trust has operated as a Foundation Trust since December 2008. As a Foundation Trust, we can be more responsive to the needs and requirements of our local community. Anyone who lives in the area, works for the Trust, or has been a patient or service user can become a member of the Trust. Trust members elect the Council of Governors who, as members' representatives, play their role in the governance of the Trust.

WWL employs approximately 4,300 staff and operates from three hospital sites, as well as the Thomas Linacre Centre (TLC), a state-of-the-art outpatient centre in Wigan town centre. In addition, the Trust has administration offices located at Bryan House and Buckingham Row in central Wigan.

WWL's three hospital sites are:

Royal Albert Edward Infirmary (RAEI)

The RAEI is the Trust's main district general hospital site that is located in central Wigan. This is the largest of the Trust's sites with over 550 beds and provides the main operating base for high quality emergency and associated secondary care.

Wrightington Hospital

Wrightington Hospital is a leading orthopaedic centre of excellence and attracts patients locally, regionally and internationally. Hip replacement surgery was pioneered at Wrightington Hospital in the early 1960s by Professor Sir John Charnley. The site continues to operate as one of the country's leading treatment centres for joint replacement.

Leigh Infirmary

Leigh Infirmary offers a range of outpatient, diagnostic and limited inpatient services. Leigh Infirmary is mainly devoted to planned patient care and is protected from the pressures of emergency work.

The Trust has rationalised services by concentrating all acute and emergency services at the RAEI site in Wigan with Leigh Infirmary and Wrightington Hospital developing primarily as specialist diagnostic and treatment centres. The Trust has four clinical divisions and one non-clinical division.

Clinical Divisions	Non-Clinical Division
Medicine	 Estates and Facilities
Surgery	
Musculoskeletal	
Clinical Support	

Other directorates within the Trust are:

- Finance and Informatics
- Human Resources
- Strategy and Planning
- Nursing and Performance
- Operations

The Care Quality Commission (CQC) is the health and social care regulator for England. In April 2010, the CQC introduced a new registration to license organisations that provide NHS services under a new, tougher system for regulating standards. WWL was successfully registered with the CQC without conditions for all of its sites. This status was fully retained throughout 2010/11.

During 2010/11 the Trust's real time patient experience survey indicated that 96.4% of patients surveyed said they would recommend our hospitals to family and friends.

Mission Statement

The Trust has a mission statement which is simple, but direct:

"To create the right conditions for our staff to put our patients' needs at the heart of everything we do."

To provide the best care for patients, WWL must strive to attract and support the best staff. The Trust is dedicated to improving the working lives of our staff and recognises that it cannot provide the best possible patient care unless it provides a working environment in which staff can thrive.

Trust Board

The Trust Board comprises a Chairman, seven Non Executive Directors and six Executive Directors. During the period of this report, the Trust Board comprised of:

Non Executive Directors

Les Higgins Chairman

Louise Barnes
Vice Chair/
Senior
Independent
Director

Robert Armstrong Non Executive Director

Stephen Ball Non Executive Director

Geoff Bean Non Executive Director

Robert Collinson Non Executive Director

Pamela McCann Non Executive Director (Resigned 07.09.10)

Neil Turner Non Executive Director (appt. 30.03.11)

Executive Directors

Andrew Foster Chief Executive

Silas Nicholls Director of Strategy and Planning (from 04.10.10)

Umesh Prabhu Medical Director (from 11.4.10)

Gill Harris Deputy Chief Executive (from 01.10.10) Director of Nursing and Performance

Keith Griffiths Director of Finance and Informatics

Jon Lenney Director of Human Resources (from 18.10.10)

Bill Livingstone Director of Human Resources (Retired 23.06.10)

Steve Izzat Acting Medical Director (From 01.4.10 to 10.4.10)

Michelle Cloney Acting Director of Human Resources (From 30.06.10 to 17.10.10)

Board of Directors Report

The Board of Directors operates according to the highest corporate governance standards. It is a unitary Board with collective responsibility for all aspects of the performance of the Trust including 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. The Board is responsible for ensuring that the Trust is, at all times, compliant with its Terms of Authorisation.

The Trust Board has seven independent Non Executive Directors including the Chairman. During 2010/11 the number of Executive Directors increased from five to six. We said goodbye to Mr Bill Livingstone who retired during the year having worked tirelessly for the Trust for many years. We were also pleased to welcome two new Executive Directors, Jon Lenney who took up the vacant position of Director of Human Resources and Silas Nicholls who became our new Director of Strategy and Planning. The Board members are as follows:

Non Executive Directors

Leslie Higgins Chairman Appointed until 31.10.2011

Experience:

Les has lived in Wigan for over 30 years and has mainly worked in Local Government in Liverpool and Warrington.

Les is a highly experienced senior manager with a total of 32 years within the public sector. As a specialist in social housing, in particular repairs, maintenance and estate regeneration, Les has extensive experience in community consultation and the development of contracts for the delivery of public services. Prior to retirement he worked for the Chief Executive at Warrington Borough Council. He continues his links with local government as Clerk to Winwick Parish Council.

Les chairs the Trust Board, the Council of Governors, Charitable Trust Board, Remunerations Committee and Investment Committee.

In his role as Chairman, Les is also involved in the development of local strategic policies through his membership of the Wigan Borough Partnership Board, the Wigan Health and Wellbeing Board and the Quality, Innovation, Productivity and Prevention (QIPP) Board. The Chairman has no other significant commitments.

Qualifications:

Diploma in Public Administration



Louise Barnes Deputy Chair/Senior Independent Director

Experience:

After graduating from higher education as a mature student, Louise worked for a national company developing and implementing the Telemarketing function. She went on to work with a local business, facilitating the development of a five year business plan, strategic marketing plan and the buy-out of a rival company. Following this she worked as a freelance Public Relations and Marketing consultant for several large North West businesses, also advising on internal and external communication strategies.



Louise joined the Trust as a Non Executive Director in 2003.

Louise chairs the Governance and Risk Committee within the Trust.

Qualifications:

HND in Business and Finance BA (*Hons*) Business Administration First Class Degree.

Stephen Ball Non Executive Director

Experience:

Stephen has spent 27 years in the banking and finance industry at a senior level and more recently Managing Director of a leading edge property company specialising in urban regeneration.



A qualified banker with strong commercial and financial experience at director level, Stephen has worked in a variety of customer centric and complex businesses across a range of national and international markets. Currently, Stephen runs his own consultancy and is involved with a number of finance projects linked to the property sector and environmentally responsible businesses engaged in renewable energy and recycling.

Qualifications:

Associate of the Chartered Institute of Bankers. National Diploma in Marketing.

Geoff Bean Audit Chair

Experience:

Geoff is a qualified accountant and has broad financial experience at Finance Director level. He has worked for over 35 years in a variety of international businesses.



After 13 years in the automotive industry, he has worked in the paper industry in the USA, and in businesses using plastics and coated materials in environmental, sports equipment, consumer and safety products. He has also worked in businesses which supplied medical equipment and other medical products to the NHS. This was part of the connection which drew Geoff to his role at the Trust along with a strong belief in the NHS.

In addition to his financial roles he has held responsibility for procurement, sales; customer service and IT.

Geoff Chairs the Trust's Audit Committee.

Qualifications:

BSc, MSc, FCMA (Fellow of the Chartered Institute of Management Accountants).

Robert Collinson Non Executive Director

Experience:

Robert has been qualified as a solicitor since 1988 and he has had broad experience in commercial legal practice. His professional work has included giving practical legal advice on many aspects of the law of direct relevance to the work of an NHS Foundation Trust.



He is currently a senior law lecturer in higher education and is also an external examiner for the Solicitors' Regulation Authority. Robert has previous experience of working in a governance role and has served as a non - executive board member of a housing association since 2005.

Qualifications:

LLB First Class Honours - Lancaster University (1984).

BCL (Masters degree in Law) Balliol College - University of Oxford (1985). Solicitors Final Examinations, passed with honours - The College of Law (1986).

Qualified as a solicitor 1988.

Pamela McCann Non Executive Director

Experience:

Pamela has over 16 years experience in urban regeneration and marketing. She has been Director of Marketing for a number of development corporations where she has worked with local communities providing housing, tourism, industrial and commercial led regeneration. She gained an in depth insight into the Wigan Borough in the 1990s as Director of Sales and Marketing for Wigan Borough Partnership.



Pamela has had extensive experience in working in a governance role having served as a Non Executive member on two previous NHS Trust boards, a Greater Manchester tourism agency and an Enterprise Trust. She is also currently on the board of a housing association.

Qualifications:

BSc Economics (Hons), MSc Marketing.

Robert Armstrong Non Executive Director

Experience:

Robert has lived in Wigan for 18 years since moving from Carlisle. He joined the Post Office in 1973 as a telecommunications engineer then moved into management and senior management positions in BT. His experience covers; business development, customer service and business improvement. He specifically led projects in the creation of joint ventures in Europe and the USA, always championing the "customer led" approach. His final position in BT saw him lead business improvement projects using LEAN methodologies. Robert lives in Wigan with his family.



Qualifications:

BSc – Open University, HNC Business and Finance, Telecommunications Certificates – City & Guilds.

Neil Turner Non Executive Director

Experience:

Neil brings a vast amount of knowledge to the Trust, having had extensive experience of working within public services at local government level. Neil was also Member of Parliament for Wigan for over 10 years and has campaigned at national level for improvements in health services and health funding within the Wigan constituency.



Details of Non Executive Appointments:

Name	Date of Appointment	Appointment Ends
Mr Robert Armstrong	01.03.08	28.02.12
Mr C Geoff Bean	01.08.07	31.07.11
Mrs Pamela McCann	01.12.07	30.11.11
		(resigned 07.09.10)
Mr Robert Collinson	01.08.07	31.07.11
Mrs Janine Louise Barnes	First appt. 01.12.03	30.11.11
(Senior Independent	Reappointed	
Director)	01.12.07	
Mr Les Higgins (Chair)	Reappointed	31.10.11
	01.12.06	
	Appointed Acting	
	Chair 30.6.07	
	Appointed Chair	
	01.11.07.	
Mr Stephen Ball	01.07.09	31.06.12
Mr Neil Turner	30.03.11	29.03.14

Executive Directors

Andrew Foster Chief Executive

Experience:

Andrew was appointed as Chief Executive in January 2007 after a short secondment as Human Resources Director at Blackpool, Fylde and Wyre NHS Trust. Before that he spent five years as the NHS Director of Human Resources (Workforce Director General) at the Department of Health with principal responsibility for implementing the workforce expansion and HR systems modernisation set out in the NHS Plan. This notably included the creation of the first ever NHS HR Strategy (the HR in the NHS Plan), the negotiation and implementation of the new Consultant Contract and Agenda for Change, three year pay deals and EU Working Time Directive compliance. Previously, he spent two years as part time Policy Director (HR) at the NHS Confederation. Andrew was also the Chairman of Wrightington, Wigan and Leigh NHS Trust from 1996 to 2001 and before that Chairman of West Lancashire NHS Trust and Non Executive Director at Wrightington Hospital NHS Trust.



Honours Degree in Philosophy, Politics and Economics from Keble College, Oxford, 1976.



Gill Harris

Deputy Chief Executive (from 01.10.10)/Director of Nursing and Performance

Experience:

Gill was appointed Deputy Chief Executive/Director of Nursing and Performance, DIPC (Director of Infection Prevention and Control) in 2010 following her appointment as Director of Nursing and Patient Services from April 2007.



Gill's nursing career began as a Specialist Nurse at Addenbrookes NHS Trust, moving onto the Head of Nursing position at University Hospitals of North Staffordshire NHS Trust before moving into general management. Her career at WWL initially commenced as General Manager for the Division of Surgery in June 2004. It also included appointments as Deputy Director of Operations and Director of Nursing and Patient Services.

As part of her role at WWL, Gill is responsible for Governance, Patient Relations and the Operational Management. She also provides clear leadership to the Trust's Nursing and Midwifery workforce whilst contributing significantly to the Trust's agenda for quality, safety and improvement of our patients' experience of services.

Gill also currently undertakes various other roles for the Region including the North West Director of Nursing Lead for Energising for Excellence which clearly demonstrates her commitment to patient care, quality and safety.

Qualifications:

Registered General Nurse, MA (Strategic Healthcare).

Dr Umesh Prabhu Medical Director

Experience:

Dr Umesh Prabhu joined the Trust in early 2010 from the Pennine Acute Hospitals NHS Trust where he held the position of Consultant Paediatrician based at Fairfield General Hospital.



After his graduation in India Dr Prabhu came to the UK in 1982. He then trained in Paediatrics at Oxford, Edinburgh and Leeds and in 1992 was appointed as a Consultant Paediatrician to the Bury NHS Trust. After six years as lead clinician in Paediatrics, Dr Prabhu was appointed as Medical Director. As Medical Director he conducted an audit of all medico-legal cases and complaints.

In his role as Consultant Paediatrician at Fairfield General Hospital, Dr Prabhu developed and implemented guidelines for the Neonatal Unit and Paediatric Department. His broad experience includes a period as a Non Executive member of the National Patient Safety Agency (NPSA), National Clinical Assessment Service (NCAS) adviser on secondary care and Clinical Director for NHS Professionals. Dr Prabhu was also a member of Patient and Public Involvement Forum of Rochdale PCT.

Dr Prabhu has always been keen on patient safety, quality of care and patient involvement and engagement. He has lectured on many topics including patient safety, medical errors, clinical risk management, clinical governance, medical leadership, patient and public involvement and performance management of doctors.

With a strong belief that protecting patients and supporting doctors and nurses are two sides of the same coin; Dr Prabhu's passion for the NHS is obvious. His commitment to improving services centred on patients and their experience will greatly assist WWL in its clinical development strategy.

Qualifications:

MBBS, DCH, FRCPCH

Keith Griffiths Director of Finance and Informatics

Experience:

Keith joined the Trust as Director of Finance and Informatics in August 2005, having previously worked as Director of Finance at the East Cheshire NHS Trust in Macclesfield.



Prior to this, from 1996, Keith had worked as Finance Director at the Walton Centre for Neurology and Neurosurgery NHS Trust in Liverpool.

Qualifications:

Chartered Institute of Public Finance and Accountancy (CIPFA), BSc (Hons).

Silas Nicholls Director of Strategy and Planning (from 04.10.10)

Experience:

Silas joined the Trust in October 2010 as Director of Strategy and Planning arriving from his previous role as Director of Operations and Performance at the Clatterbridge Centre for Oncology NHS Foundation Trust.



Silas started his career in the NHS as a graduate management trainee and has held a wide range of general management posts within the Health Service. These have included commissioning posts in health authorities, management of community services and working as a Divisional Manager in a number of large hospital trusts in the North West.

In addition to this Silas has worked outside of the Health Service, most notably as Head of NHS Strategy and Policy for 3M Health Care Ltd.

Qualifications:

Silas holds a law degree as well as a master's degree in business administration.

Jon Lenney

Director of Human Resources and Organisational Development (from 18.10.11)

Experience:

Jon Lenney was appointed Director of Human Resources and Organisational Development at WWL in October 2010. Jon has a strong commitment to staff engagement and to workforce and leadership development. He has worked in the NHS since 1986 in a variety of different settings within the Human Resources and Organisational Development fields and comes to the Trust with 16 years experience as an Executive Director. From March 2007 he worked for North West Ambulance Service NHS Trust as Director of Organisational Development and led on the Trust's application to become an NHS Foundation Trust. Prior to this, Jon was Director of Human Resources at University Hospital of Morecambe Bay NHS Trust between 1998 and 2007.



Qualifications:

Jon has a MA in Health Service Management (University of Manchester - 2000) and BA Hon in Public Administration (Sheffield City Polytechnic - 1986) and is a FCIPD Fellow of the Chartered Institute of Personnel and Development.

Bill Livingstone

Deputy Chief Executive/Director of Human Resources (Retired 23.06.10)

Experience:

Bill has worked as the Director of Human Resources at Wigan and Leigh Health Services NHS Trust since 2000 and prior to this was Director of Personnel at Lincoln and Louth NHS Trust for six years.



Before joining the NHS, Bill worked in both Local Government and private industry.

Qualifications:

Chartered Fellow of the Institute of Personnel and Development, (CIPD) BA (Psychology).

Trust Board Attendance

Non Executive Directors:	Attendance 2010/11
Mr Les Higgins, Chairman	11/12
Ms Louise Barnes, Vice Chairman/Senior Independent Director	9/12
Mr Geoff Bean, Chair of Audit	12/12
Mr Robert Armstrong	10/12
Mr Robert Collinson	11/12
Mrs Pamela McCann	4/5
Mr Stephen Ball	9/12
Mr Neil Turner (appointed 30.3.11)	n/a
Francistica Discreteres	Address
Executive Directors:	Attendance
Executive Directors:	2010/11
Mr Andrew Foster, Chief Executive	
	2010/11
Mr Andrew Foster, Chief Executive Mr Bill Livingstone, Deputy Chief Executive, Director of HR Mrs Gill Harris, Deputy Chief Executive, Director of Nursing and	2010/11 12/12
Mr Andrew Foster, Chief Executive Mr Bill Livingstone, Deputy Chief Executive, Director of HR	2010/11 12/12 1/2
Mr Andrew Foster, Chief Executive Mr Bill Livingstone, Deputy Chief Executive, Director of HR Mrs Gill Harris, Deputy Chief Executive, Director of Nursing and	2010/11 12/12 1/2
Mr Andrew Foster, Chief Executive Mr Bill Livingstone, Deputy Chief Executive, Director of HR Mrs Gill Harris, Deputy Chief Executive, Director of Nursing and Performance	2010/11 12/12 1/2 10/12
Mr Andrew Foster, Chief Executive Mr Bill Livingstone, Deputy Chief Executive, Director of HR Mrs Gill Harris, Deputy Chief Executive, Director of Nursing and Performance Mr Keith Griffiths, Director of Finance and Informatics	2010/11 12/12 1/2 10/12 9/12
Mr Andrew Foster, Chief Executive Mr Bill Livingstone, Deputy Chief Executive, Director of HR Mrs Gill Harris, Deputy Chief Executive, Director of Nursing and Performance Mr Keith Griffiths, Director of Finance and Informatics Dr Umesh Prabhu, Medical Director	2010/11 12/12 1/2 10/12 9/12 11/12

Disclosure to Auditors

For each individual Director, so far as he or she is aware, there is no relevant audit information of which the auditors are unaware and each Director has taken all the steps that they ought to have taken as a Director in order to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

Sub Committees of the Board

The Board has the following sub committees:

Committee	Members	Attendance 2010/11
Remuneration	LH (Chair)	2/2
	PM	2/2
	GB	2/2
	RA RC	2/2 1/2
	LB	2/2
	SB	1/2
	NT	Not applicable
Charitable Funds	LH	4/5
	AF	3/5
	KG	5/5
	UP	3/5
	GH	3/5
	SN	2/2
	JL	1/2
	PM	3/5
	GB	3/5
	RA	3/5
	RC	3/5
	LB	3/5
	SB	2/5
	NT	Not applicable
Governance and Risk	LB	5/6
	UP	4/6
	GH	4/6
	AF	6/6
	RC	5/6
	LH	5/6
	SB	5/6
	JL	2/3
	MC	1/1
Finance	AF	6/9
i iiidiioo	JL	2/4
	KG	8/9
	BL	2/2
	GH	5/9
	SN	3/3
	UP	6/9
	GB	7/9
	RA	1/1
	MC	1/3
	1	

For key see over

Committee	Members	Attendance 2010/11
Audit	GB	7/7
	RA	7/7
	RC	2/4
	PMc	3/3
	SB	2/4
Investment	LH	3/4
	GB	3/4
	RA	3/4
	RC	4/4
	SB	4/4
	AF	3/4
	KG	2/4
	GH	3/4
	SN	2/2
	JL	1/2

Key:	AF	Andrew Foster	LH	Les Higgins
_	GH	Gill Harris	LB	Louise Barnes
	KG	Keith Griffiths	GB	Geoff Bean
	UP	Umesh Prabhu	RA	Robert Armstrong
	BL	Bill Livingstone	PM	Pamela McCann
	SN	Silas Nicholls	RC	Robert Collinson
	JL	Jon Lenney	SB	Stephen Ball
	MC	Michelle Cloney	NT	Neil Turner

The Board of Directors collectively considers that it is appropriately composed 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.

There is a schedule of matters reserved for the Board of Directors that details the roles and responsibilities of the Board, Council of Governors and Sub Committees of the Board.

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. A Non Executive Director appointment 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 Board of Governors or by mutual consent for other reasons.

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. During 2010/11 an external review of governance arrangements was conducted by PricewaterhouseCoopers and an action plan to address areas for improvement was established.

Members of the public can gain access to the Register of Director's Interests by writing to Helen Hand, Trust Board Secretary, Wrightington, Wigan and Leigh NHS Foundation Trust, The Elms, Royal Albert Edward Infirmary, Wigan Lane, Wigan, WN1 2NN ☎ 01942 822027 or helen.hand@wwl.nhs.uk

The Audit Committee

The Audit Committee is part of the Trust's framework for governance and a source of assurance for the Board. Through the Audit Committee the Board regularly reviews the effectiveness of the Trust's system of internal controls. In turn the Committee draws its assurance from the work of the internal auditors, counter fraud specialists, external auditors, the work of regulatory bodies and that of other independent bodies which produce comparative data and surveys on best practice performance and controls. The Committee is one part of the Trust's assurance framework which includes a structure of other internal committees addressing specific areas of internal control. Matters on which committees do not feel adequately assured can be and are escalated to the Audit Committee. During the coming year the Committee will review with the chairs of other committees how we can ensure that this escalation is being fully utilised where necessary to improve internal control.

The relevance and effectiveness of the Trust's governance and assurance structures are reviewed annually. As part of this the Committees terms of reference have been reviewed and amended to reflect the changing demands on the needs of the Trust. The amendments this year included the Committee taking on responsibility for review of the Quality Accounts, Clinical Audit and Information Governance.

As part of the review process it has:

- received presentations from the four clinical divisions on how they are developing and using their quality accounts
- worked with the Chair of Clinical Audit to try to assist the integration of the clinical audit work plans with the Trust's corporate objectives and key risks in order to derive improved assurance from the very useful work carried out in clinical audits
- received a presentation from Information Governance Manager which identified the scale of work which this Trust and others are facing and the actions being taken in order to improve the effectiveness of our information governance.

During this year the Committee assisted the Council of Governors in the process of appointing Deloitte as the new external auditors. There have also been changes in the senior staff supporting the Trust in both the Internal Audit and Counter Fraud departments. The Committee has worked with both services to improve the quality of the reports received by the Committee and to ensure that the recommendations identified in the reports regarding control weaknesses are implemented in a timely manner. To support this Executives and other staff have been asked to report back to the Committee on the progress on action plans.

During the period Deloitte, the trust's external auditors, were remunerated for two services which were non-audit related. The first was for Board Development support deriving from the Governance Review which took place in the year. Selection of Deloitte for this was made by an open market tender process, which was carried out by Board members and approved by the Board. The second service was for risk management training, which was a smaller project, and was approved by the Trust Board as being the most cost effective way of providing the required service.

Remuneration and Pension Entitlements of Senior Managers

The following tables provide details of the remuneration and pension benefits for senior managers for the year ended 31st March 2011.

These tables are subject to External Audit review.

	Year ended	Year ended	Year ended	Year ended	Year ended	Year ended
	31-Mar-11	31-Mar-11	31-Mar-11	31-Mar-10	31-Mar-10	31-Mar-10
1. Salaries and Allowances	Salary	Other	Benefits	Salary	Other	Benefits
		Remuneration	in Kind		Remuneration	in Kind
Name & Title	Bands	Bands		Bands	Bands	
	of £5,000	of £5,000		of £5,000	of £5,000	
Directors:-	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
L Higgins - Chairman	45-50			45-50		
••						
A Foster - Chief Executive	165-170			160-165		
G Harris - Director of Nursing and Performance & Deputy CEO	130-135			120-125		
K Griffiths - Director of Finance & Informatics	125-130			120-125		
W Livingstone - Director of HR & Deputy CEO (in post 01/04/10 to 17/10/10)	75-80			135-140		
J Lenney - Director of HR & Organisational Development (in post 17/10/10 - ongoing)	45-50		1			
M Cloney - Acting Director of HR (in post 28/06/10 to 17/10/10)	20-25					
S Nicholls - Director of Strategy & Planning (in post 04/10/10 - ongoing)	45-50					
U Prabhu - Medical Director (in post 12/04/10 - ongoing)	40-45	65-70				
C J Chandler - Medical Director (in post 01/04/10 to 05/04/10)	0-5	0-5		40-45	140-145	
T Chambers - Director of Operations (in post 01/04/09 to 31/12/09)				85-90		5
J L Barnes - Non Executive Director	15-20			15-20		
G Bean - Non Executive Director	15-20			15-20		
R Armstrong - Non Executive Director	10-15			10-15		
R Collinson - Non Executive Director	10-15			10-15		
S Ball - Non Executive Director	10-15			05-10		
P McCann - Non Executive Director (in post 01/04/10 to 17/09/10)	05-10			10-15		
N Turner - Non Executive Director (in post 30/03/11 - ongoing)	0-5					

All of the above Directors were in post for the 12 month period to 31 March 2011 except where indicated.

Remuneration and Terms of Service Committee

Directors' remuneration and performance (excluding Non Executive Directors) are determined by the Trust's Remuneration and Terms of Service Committee, the membership consisting of the Chairman and all the Non Executive Directors. The policy of the Committee is to motivate and reward Executive Directors fairly, individually and collectively, and enable people of appropriately high quality to be recruited and retained, ensuring a clear link between pay increases and the achievement of key tasks, individual job performance and overall corporate performance. The purpose of the Committee is to consider the remuneration and terms of service, including any performance related elements and the provision of other benefits, for Executive members of the Trust Board. The Committee will review individual Director's performance against agreed measurement factors for key tasks approved by the Trust Board. In addition they advise the Chairman on any termination arrangements for the Chief Executive, and advise the Chief Executive on any termination arrangements for Executive Board members.

The benefits in kind shown are in relation to non cash benefits as a contribution towards the leased vehicle scheme as part of the Executives remuneration.

2. Pension Benefits			Pension	n Benefits
<u> </u>	Real increase	Real increase in		Lump sum
	in pension at	pension lump	accrued	at age 60
	age 60 (bands	sum at aged 60	pension at	related to
	of £2,500)	(bands of	age 60 at	accrued
	, ,	£2,500)	31 March	pension at
		' '	2011	31 March
			(bands of	2011
			£5,000)	(bands of
				£5,000
Executive Directors	£000	£000	£000	£000
A Foster - Chief Executive	2.5 - 5	5 - 7.5	15 - 20	20 - 25
G Harris - Director of Nursing and Performance & Deputy CEO	5 - 7.5	15 - 17.5	50 - 55	150 - 155
K Griffiths - Director of Finance & Informatics	2.5 - 5	7.5 - 10	35 - 40	115 - 120
W Livingstone - Director of HR & Deputy CEO	2.5 - 5	10 - 12.5	50 - 55	155 - 160
J Lenney - Director of HR & Organisational Development	0 - 2.5	2.5 - 5	25 - 30	85 - 90
M Cloney - Acting Director of HR	0 - 2.5	2.5 - 5	20 - 25	60 - 65
S Nicholls - Director of Strategy & Planning	0 - 2.5	2.5 - 5	5 - 10	25 - 30
U Prabhu - Medical Director	17.5 - 20	57.5 - 60	55 - 60	175 - 180
C J Chandler - Medical Director	0 - 2.5	0 - 2.5	70 - 75	215 - 220

As Non Executive Directors do not receive pensionable remuneration, there will be no entries in respect on pensions for Non Executive Directors.

Cash

Equivalent

transfer

value at 31

March 2011

£000

364

810

562

0

432

301

96

1,230

Cash

Equivalent

transfer

value at 31

March 2010

£000

335

812

613

1.128

457

298

86

874

1,729

in Cash

Equivale

transfei

value

£000

18

(32)

0

(7)

3

215

Cash Equivalent Transfer Values

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 a 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 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. CETV's 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.

Andrew Foster – Chief Executive

Council of Governors

Role and Responsibilities

The Council of Governors (COG) is responsible for representing the interests of patients, public and staff members and local partner organisations in the governance of the Trust and has specific responsibility for the appointment of the Chairman, Non Executive Directors and the Trust's Auditors.

The Council of Governors also approve the appointment of the Chief Executive and the remuneration and terms of office of the Chairman and Non Executive Directors. The COG receives the Trust's Annual Report and Accounts and comments on the forward plans for the Trust. The Council of Governors support the Trust in an advisory capacity, communicating the views and comments of the wider membership community to the Board of Directors. In addition, the Council of Governors advise on the longer-term strategic direction of the Trust.

Terms of Office and Attendance

The Council consists of the Chairman of the Trust and 29 elected or appointed Governors. The Trust received authorisation as a Foundation Trust on 1 December 2008. Details of our Governors terms of office and attendance at meetings are given below:

Public Governors	Public Constituency	Term of Office	Attendance at Governors Meetings 2010/11
Bill Greenwood	Wigan	2012	8/8
Pauline F Gregory	Wigan	2012	5/8
Jim Walls	Wigan	2011	8/8
Denis Partington	Wigan	2010	3/4
Catherine Martindale	Wigan	2013	5/6
Anne D Vernengo	Leigh	2012	6/8
Maureen Hilton (resigned)	Leigh	2012	2/3
Janet Atherton	Leigh	2013	5/6
David Oultram	Leigh	2011	8/8
Gordon Jackson (re-elected)	Leigh	2013	8/8
Kate Fussell	Makerfield	2012	5/8
Margaret Hughes	Makerfield	2012	4/8
Fred Lever	Makerfield	2011	6/8
Geoffrey Roberts	Makerfield	2010	2/3
Rachel Webster	Makerfield	2013	4/6
Vincent France	Worsley	2012	8/8
Anthony Gallagher	Worsley	2011	4/8
Tom Frost (Lead Governor)	England and Wales	2012	8/8
Trevor Barton	England and Wales	2011	2/8

Staff Governors	Staff Constituency	Term of Office	Attendance at Governor Meetings 2010/11
George Ghaly	Medical and Dental	2012	4/8
Janet M Irvine	Nursing and Midwifery	2012	7/8
Tony Ashton	Nursing and Midwifery	2011	7/8
Christine Swann	All Other Staff	2012	5/8
Nominated Governors	Constituency		Attendance
NHS Ashton, Leigh and Wigan - Dr Peter Marwick	Partnership Organisation	2012	0/3
NHS Ashton, Leigh and Wigan - Dr Andy Sutton	Partnership Organisation	2013	1/5
NHS Ashton, Leigh and Wigan – Dr Kate Arden	Partnership Organisation	2012	3/8
Wigan Council – Cllr Keith Cunliffe	Partnership Organisation	2012	2/8
LINK Wigan – Ann Heaton	Partnership Organisation	2012	5/7
Wrightington, Wigan and Leigh Staff Side Committee – Jean Heyes	Partnership Organisation	2012	4/8
Wigan and Leigh CVS – Dr Gary Young	Partnership Organisation	2012	0/8
Age Concern Wigan – Jim Maloney	Partnership Organisation	2012	2/8
University of Central Lancashire - Ruth Cowburn	Partnership Organisation	2012	6/8
Five Borough Partnership NHS Trust – Ray Walker	Partnership Organisation	2012	3/8

Register of Interests

Members of the public can gain access to the register of Governors' interests by writing, telephoning or emailing the Trust Board Secretary, Trust HQ, The Elms, Royal Albert Edward Infirmary, Wigan Lane, Wigan, WN1 1AH. Helen.hand@wwl.nhs.uk: Tel: 01942 822027

Working with the Board of Directors

Members of the Board of Directors meet quarterly with the Council of Governors. The Chief Executive is invited to all meetings of the Council of Governors. All formal Council of Governor meetings are open to the public. Governors also attend informal seminars between Board meetings. The schedule of matters details the level of decision making for the Board, Council of Governors and their respective Sub Committees.

Council of Governor Sub Committees

Nomination and Remuneration Sub Committee

Non Executive Director Appointment and Remuneration

The Council of Governors' Nomination and Remuneration Committee has met on one occasion during the reporting period to oversee the process for the appointment of a new Non Executive Director for recommendation to the Council of Governors.

The Chairman and Non Executive Directors and Senior Independent Director are appointed by the Council of Governors acting on the recommendation of the Nomination and Remuneration Sub Committee, which is a Sub Committee of the Council of Governors. Membership of the Committee is as follows:

Member	Constituency	Attendance
Les Higgins	Chairman	1/1
Rachel Webster	Elected: Makerfield Public	1/1
Jean Heyes	Appointed: Staff Side	0/1
Keith Cunliffe	Appointed: Local	0/1
	Authority	
Tom Frost (Lead	Elected: England and	1/1
Governor)	Wales Public	
Vincent France	Elected: England and	1/1
	Wales public	
Pauline Gregory	Elected: Wigan Public	0/1
Ruth Cowburn	Appointed: University of	1/1
	Central Lancashire	
	(UCLAN)	
Gordon Jackson	Elected: Leigh Public	1/1

Membership

An individual is eligible to become a public member of the Foundation Trust if they live within one of the public constituency areas and staff are automatically eligible to become staff members within the appropriate class of membership unless they inform the Trust that they do not wish to do so. Membership may not be granted subject to some restrictions as laid down by the Trust's constitution.

The Trust has a robust plan to develop and increase its membership. The current membership figures are as follows:

Total Public Members 6,368

This table gives a breakdown of membership by public constituency:

	Wigan	Leigh	Makerfield	Out of Borough
Total Males	864	605	648	431
Total Females	1,283	988	920	616
Not Given	3	1	4	5
Total Membership	2,150	1,594	1,572	1,052

This table gives a breakdown of membership by staff constituency:

	Medical and Dental	Nursing and Midwifery	All Other Staff	Total Figures
Total Males	220	59	486	765
Total Females	66	1,069	2,322	3,457
Not Given	0	0	0	0
Total Membership	286	1,128	2,808	4,222

During 2010/11 the Membership Development Group reviewed the Membership Development Strategy. It was agreed to adjust the annual recruitment target to increase its public membership by 200 members a year whilst maintaining its staff membership. Greater concentration would be placed during the next three years on developing the engagement with the existing membership.

The Trust has a Membership Development Officer who supports the Council of Governors in recruiting and maintaining the membership. Governors have been actively involved in recruiting new members. Members wishing to contact Governors and/or Directors of the Trust can do so by contacting the Membership Office on freephone 0800 0731477.

Membership profiling was conducted independently by the Electoral Reform Service on behalf of the Trust. This report has shown the Trust to have a representative membership. Further information about membership engagement can be found in the Patient and Public Engagement section of this report.

Compliance with the Code of Governance Provisions

The Board of Directors and Council of Governors of the Trust are committed to the principles of good corporate governance. The Audit Committee reviewed the Trust's performance against this Code and can confirm that the Trust has achieved full compliance with the revised Monitor Code of Governance 2010.

Corporate Objectives 2010/11

Preface: Our overarching strategy is Quality, defined as Safety, Clinical Outcomes and Patient Experience. In the event of a conflict with any of the objectives listed below, patient safety must always take precedence.

- 1. The Board to approve a new overall service and site strategy by September 2010 in light of the impact of the economic downturn and service line reporting.
- 2. Consistently deliver every element of Monitor/Care Quality Commission targets.
- 3. Agree and begin to implement an Organisational Development plan by September 2010 to create an organisational culture of high quality patient experience.
- 4. Achieve an annual Financial Risk Rating of 4 by consistently scoring above 3 and averaging above 3.5.
- 5. Develop and implement integrated clinical care pathways backed up by Information Technology systems which guide compliance.
- 6. Implement the transformation of unscheduled care.
- 7. Agree a revised three year plan by May 2010 and a further version to Integrated Business Plan standards by December 2010 to reflect any changes in government policy. Both are to incorporate integrated service, workforce and financial plans.

Forward Strategy

The quality of clinical care is the business of NHS organisations. It is reinforced within the key themes of the White Paper 'Equity and Excellence: Liberating the NHS', which includes improving health outcomes among the best in the world and giving more information and choice to patients about their care; 'there will be no decision about me without me'. These principles contain the cornerstone of the principles of the development of the Trust Clinical Services Strategy. To attract patients to WWL our services, treatment and care that is offered to patients must not purely meet national requirements of being provided within agreed timescales and finances. The treatment and care that is provided must be patient-centred, recognised as being a quality service that ensures consistent delivery of evidence-based standards and most importantly is viewed as delivering safe and effective outcomes with a positive patient experience.

The Government has also renewed the pledge to eliminate mixed sex accommodation and further reduce Healthcare Acquired Infections (HCAIs) to support reductions in harm and enhance patient experience.

The Clinical Services Strategy is a key element which drives the future shape and scope of the Borough's secondary care health services. The Trust has a challenging service transformation agenda to support its service and site strategy and we are committed to developing clinical pathways to deliver the quality outcomes we aspire to.

Looking ahead to 2011/12, the Trust Board has made a commitment to put Quality on a par with Finance and Performance with Safety being the highest priority of all. These values are incorporated within the Trust's revised mission, vision and strategy for 2011/12:

- Our Mission to provide the best quality healthcare to all of our patients
- Our Vision to be in the top 10% for everything we do
- Our Strategy to be safe effective and caring

A number of quality measures are reported to the Board within the performance framework. The Trust is further committed to establishing a fair and open culture to promote learning from incidents.

A number of Senior Clinicians and members of the Executive have attended a variety of quality events and the Trust is affiliated to the North West's' Advancing Quality Alliance (AQuA). This will help us in achieving the culture and climate to have open conversations about quality to which we aspire.

The Trust has reviewed its objectives and re-emphasised its commitment to the quality and safety agenda. Aligned with this are key objectives to improve quality and safety and support the adoption of a **Zero Tolerance to Harm Culture**'

Strategic Aims

Safe

- Reduce SMR across all specialities to a maximum of 83 by 31 March 2013
- Reduce instances of harm as measured by the Incident Reporting Systems 50 % by 31 March 2013

Effective

- Clear alignment with the Audit Programme
- Introduction of evidence-based pathways (Map of Medicine)
- Continue to evidence cash releasing savings a consequence of quality initiatives

Caring

- Improve patient experience as measured by the patient experience dashboard
- Improved staff satisfaction as measured by the staff survey, SID feedback and HR metrics

Key risks 2010/11 and 2011/12

The key organisational risks for the year were identified from the corporate strategic objectives for 2010/11 forming part of the Board Assurance Framework and included:

- Consistent delivery of every element of Monitor/CQC targets
- Maintaining CQC registration without conditions
- Approving a new overall service and site strategy

The key future risks for 2011/12 include:

- Achieving a Financial Risk Rating of 4 including the Cost Improvement Programme for 2011/12 and maintaining compliance with the Monitor Compliance Framework
- Successfully managing the transfer of community services from Ashton, Leigh and Wigan Community Healthcare to WWL
- Achieving a Hospital Standardised Mortality Ratio (HSMR) of no more than 90
- Achieving the revised A&E Standards

External Factors

Looking ahead the Trust faces the challenge of reduced activity due to demand management schemes from Commissioners, services being put open to external tender and reduced readmissions. In spite of this, overall inpatient and outpatient services are predicted to remain largely constant from 2011/12. This is due to underlying productivity improvements and successful tendering by the Trust.

The Trust is also collaborating with neighbouring healthcare providers including Salford Royal NHS Foundation Trust and Royal Bolton Hospital NHS Foundation Trust through what is known as the 'Royal Alliance'. There is also the planned transfer of some community services from Ashton, Leigh and Wigan Community Healthcare to WWL.

The area of the plan to show an increase is in Orthopaedic work where we plan to increase activity in our specialist procedures and also to proactively seek to increase our market share of other specialties in the West Lancashire conurbation.

Facts and Figures

For the period 1 April 2010 until 31 March 2011

Outpatient Attendances	New appointments	114,767
	Follow-up appointments	315,163
	Total	429,930
Accident and Emergency Attendances	New patients	86,178
	Unplanned re-attendance	5,279
	Total	91,457
Walk-in Centre Attendances	Leigh	58,049
	Skelmersdale	23,278
	Total	81,327
Number of beds as at 31 March 2010	RAEI	554
	Wrightington	113
	Leigh	73
	Total	740

Number of Employees as at 31 March 2011 – 4,332

On average a member of the public attends Accident and Emergency every six minutes.

Financial Performance Report

Financial performance is reported for the year ended 31 March 2011. During the year the Trust delivered a pre-impairments income and expenditure trading surplus of £4.2m (reported £4.1m post impairments), which is in excess of the planned position of £4.1m.

The Trust's cash balance at 31 March 2011 was £17.3m, being £4.4m ahead of plan, which is to be utilised in supporting the Trust's trading and capital expenditure investments going forward.

The following tables summarises the key financial performance indicators:

Financial Risk Rating (FRR)

As a Foundation Trust we have to manage financial performance within Monitor's Compliance Framework which is a risk based assessment with specified ratios and a table of performance grades ranging from a Level 5 to a Level 1. Level 5 is the highest rating representing the least risk, with Level 1 being the lowest rating representing the highest risk of breaching its Foundation Trust Terms of Authorisation.

For the year ended 31 March 2011 the Trust achieved a Financial Risk rating of 3.6 in line with the plan, resulting in a planned FRR of 4. This is the second successive financial year that the Trust has achieved a FRR of 4 which is assisting with our strategic direction.

The table below shows the performance measures that make up the FRR:

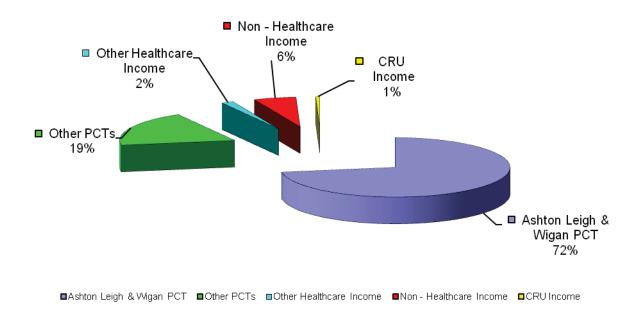
Metric	Criteria	% Achieved	Risk rating	% Weighting
EBITDA margin EBITDA, % achieved ROA I&E surplus margin Liquid ratio Weighted Average Overall Financial Risk Rating	Underlying Performance Achievement of Plan Financial Efficiency Financial Efficiency Liquidity	7.0% 98.4% 5.7% 1.8% 37.5	3 4 4 3 4 3.6 4.0	25% 10% 20% 20% 25%

Income

Total income received by the Trust in the year ended 31 March 2011 was £230.9 million, with £217.1m (94%) coming from the delivery of clinical services. The majority of the Trust's clinical income, being £167.2m (72%), comes from NHS Ashton, Leigh and Wigan. Non-clinical income for the period is £13.7m with the majority of this income received to fund Education and Training services provided to other organisations and commercial activities such as the provision of catering services.

A breakdown of total income by source is shown in the graph below:

Analysis of Trust Income for the year ended 31.03.11



Clinical Income by Point of Delivery

Income from activities	Year ended 31-Mar-11 £'000	Year ended 31-Mar-10 £'000
Elective income Non-elective income Outpatient income A&E income Other NHS clinical income Private patient income Other non-protected clinical income	59,570 60,395 43,366 7,943 41,000 2,396 2,478 217,148	54,852 61,596 35,608 8,011 45,111 2,846 1,190 209,214

Private Patient Cap

Section 44 of the NHS Act 2006 requires that the proportion of private patient income to the total patient related income of the NHS Foundation Trust should not exceed its proportion whilst the body was an NHS Trust in 2002/03.

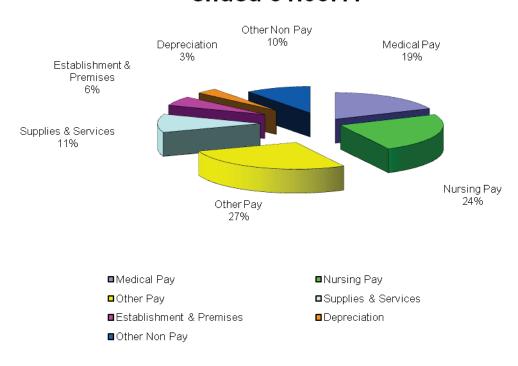
The Trust's performance for the year was as follows:

	Year ended 31-Mar-11 £'000	Year ended 31-Mar-10 £'000
Private patient income Total patient related income	2,396 217,148	2,846 209,214
Proportion (as a percentage)	1.1%	1.4%

Expenditure

Operating expenses totalled £222.1 million for the year and as in previous years staff costs account for the largest use of resources, 70% of total expenditure. An analysis of operating expenses by type is shown in the graph below:

Analysis of Expenditure for the year ended 31.03.11



Prudential Borrowing Code

As a NHS Foundation Trust, WWL has greater freedoms to borrow money to contribute towards the financing of capital investment.

However, there are Monitor conditions and performance limits on the amount that can be borrowed. The conditions that the Trust must satisfy are to demonstrate that the levels of borrowing are affordable as set out in the Prudential Borrowing Code (PBC) published by Monitor.

The PBC sets out five financial ratios with individual criteria to be met in order for the Trust to undertake any borrowing. The maximum cumulative borrowing that the Trust may have, or Prudential Borrowing Limit (PBL), is set by Monitor with reference to the Trust's annual financial risk rating.

For the year ended 31 March 2011, Monitor set the Trust a cumulative long term borrowing limit of £41.6m and an approved working capital facility of £16.0m. The Trust has not utilised the working capital facility in the year, but there are a number of small finance leases that are measured against the PBL, the performance of which is set out below:

	Approved PBL ratios	Actual ratios
Maximum debt to capital ratio Minimum dividend cover Minimum interest cover Minimum debt service cover Maximum debt service to revenue	< 25%	0.02% 3 1,457 1,214 0.01%

Financial and Operating Risk

In the face of a challenging economic environment, 2010/11 proved a successful financial year for the Trust. Contract conditions and Commissioning for Quality and Innovation (CQuin) schemes meant significant financial consequences were attached to operational quality performance. The Trust was able to achieve its plan through increased operational throughput and related income generation.

The Trusts relationship with the PCT commissioner significantly improved in year in light of the health economy wide challenges. Both parties were able to meet their financial targets in the final year end contractual settlement.

The Trust generated a £4.1 million (pre impairment) which was a prerequisite to ongoing stability and the basis of the Trust wide Service and Site Strategy being conducted by the Trust.

The overall financial evaluation of the Trust is captured in Monitor's Financial Risk Rating for which the Trust is reporting an FRR of 4, in line with the Monitor plan.

The Trusts ongoing commitment is to continue to deliver its financial performance. In this regard the Trust recognises there are significant challenges ahead as a consequence of the public sector spending environment, reductions in tariff income, inflation, increasingly challenging Commissioners, and a continued requirement to increase productivity, efficiency and real term reduction in staffing levels. However, the Trust remains confident it can deliver required revenue surpluses for the next three years and overall Financial Risk Rating performance in line with the Monitor planning regime.

Cash balances remain buoyant and capital reinvestment remained significant in year at £12.1 million with further investment plans maintained at appropriate and affordable levels.

Capital Investment Programme

The Trust's full year capital investment programme was £12.1m. Details of the most significant investment are set out below:

	Year ended 31-Mar-11
	£'000
Individual schemes more than £100,000	
Bolton (K61) - Joint Venture Decontamination Facility with Salford Royal FT	
RAEI - Relocation of Coronary Care Unit	1,460
Wrightington - Theatre Instrumentation	1,205
Trust wide - IM&T Health Information System (HIS)	912
RAEI - 2nd Cardiac Catheter Lab Equipment	605
Leigh - Relocation of IT Department from Bryan House	552
RAEI - Phase V Project Management	342
RAEI - Strategic Residential Purchase	290
Trust wide - Major Maintenance / Statutory upgrades	281
Leigh - UIU / Gastro	280
Trust wide - Flexible Scopes	275
Wrightington - Decontamination Receipt & Dispatch	260
Wrightington - Electrical Infrastructure	259
Trust wide - IM&T Service Line Reporting (SLR)	223
Whelley - Demolition / Formation of Car Park	217
Trust wide - Fire, Health & Safety and Disability Discrimination	212
RAEI - Medical Electronics Portakabin	211
Trust wide - Rigid Scopes	210
RAEI - WRVS	205
RAEI - Theatre Equipment	202
Trust wide - Energy & carbon efficiencies	196
RAEI - Decontamination Receipt & Dispatch	156
Trust wide - IM&T Data Warehouse	146
Trust wide - Estates & Facilities equipment replacement	139
Trust wide - Unified Communication (Phase 4 Digital Telecoms)	120
RAEI - Replacement Mobile Image Intensifier for Theatres	107
Other schemes (under £100k)	1,518
	12,060

A description of the main capital investments are as follows:

- Bolton K61 The Trust in partnership with Salford Royal NHS Foundation Trust, have recently opened a modern purpose built facility at Bolton, to provide decontamination and sterilisation services for both Trusts.
- The Trust has purchased additional instrumentation and scopes for Wrightington hospital to facilitate decontamination services following the move to the K61 facility at Bolton.
- The Coronary Care Unit has been relocated within the RAEI site to provide a 'state
 of the art facility' giving a full and comprehensive service to further improve and
 enhance cardiology services for the public of Wigan and beyond.
- At RAEI, as part of the relocation of the Coronary Care Unit, space was set aside to form a fully operational second Cardiac Catheter Laboratory. This allowed the Trust

to capture activity from the existing mobile service which was being 'decommissioned', as well as increased activity from existing consultants. Medical equipment was purchased from this year's replacement programme to equip the new lab.

- The Trust is starting a programme of activity to create a Health Information System (HIS). HIS will utilise unified communications technology to automate patient and information flows. It will also be a critical enabler of moving towards a paperless hospital in the future. HIS will be modern, easy to use and robust providing benefits such as knowledge/decision support, computerised management of prescriptions and drug history
- The Information Technology (IT) Department currently at Bryan House is in the
 process of being relocated to a self contained unit at Leigh, as the lease expires on
 the former in 2011. The design of the IT Suite has followed best practices in
 virtualization, business continuity and disaster recovery. The new facility will provide
 the Trust with robust, future-proof IT and telecommunications infrastructure capable
 of supporting current and anticipated business load.
- The preparations have continued for the creation of a new block (Phase V) at RAEI, following on from the previous expansion phases. Whilst still at the planning stages, the new facility will replace some of the older buildings on site as part of the Trust wide service and site strategy that will shape the services on hospital sites for the future.

In 2011/12 the Trust has established a capital investment programme of £16 million, based on preparations for Service and Site strategy and operational priorities in continually improving facilities and services provided by the Trust.

The Trust is not planning to utilise any of its authorised borrowing capability to achieve its 2011/12 capital programme.

Better Payments Practice Code (BPPC)

The BPPC requires the Trust to aim to pay 95 % of all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. The Trust's performance against the BPPC in the year was as follows:

	Number	£'000
Non-NHS		
Total Non-NHS trade invoices paid in the period	73,902	102,150
Total Non-NHS trade invoices paid within target	69,075	97,552
Percentage of Non-NHS trade invoices paid within target	93.5%	95.5%
NHS		
Total NHS trade invoices paid in the period	2,536	24,954
Total NHS trade invoices paid within target	2,392	24,589
Percentage of NHS trade invoices paid within target	94.3%	98.5%

Accounting Policies

The accounting policies in 2010/11 are in accordance with International Financial Reporting Standards (IFRS), with the annual accounts prepared in accordance with accounting standards and Monitor Annual Reporting Manual.

The Trust's main accounting policies used to prepare the accounts are set out in the Trust's annual accounts section of this annual report. The accounting policies are in line with IFRS and Monitor guidance.

Balance Sheet Events

In the opinion of the Directors there are no Post Balance Sheet events.

Going Concern

After making enquiries, the Directors have a reasonable expectation that the NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

Signed: **Dated:** 27/05/11

Chullet

Andrew Foster - Chief Executive

Divisional Achievements

Clinical Support Services

Pathology was inspected in 2010 by the Medicines Healthcare products Regulatory Agency (MHRA) to ensure the hospital blood banks are fully compliant with the latest Blood Standards and Quality Regulations (BSQR) and successfully passed the inspection. The departments outdated blood transfusion equipment was also replaced with three new analysers at RAEI and Wrightington, which have increased the workload capacity and provided the necessary back-up required to deliver an improved service. Throughout 2011, the department continued to rollout electronic ordering of pathology test requests to GP surgeries and participated in the development of the Trust's order communications system.

In July, MRSA screening of all emergency admissions was introduced. This was well in advance of the national deadline of 31 December, whilst maintaining full coverage of MRSA screening of elective admissions. In collaboration with the Pharmacy Department an extensive audit of antibiotic prescribing was carried out across all Divisions.

During 2010/11, Radiology has seen increases in demand for Computerised Tomography (CT) by 15% and Magnetic Resonance Imaging (MRI) by 17% which has largely been met through efficiency gains in all areas. Radiology now supports the same day turnaround of reports for in-patients and manages cancer patients within five working days. Nuchal Translucency (NT) scanning has been introduced in obstetric patients for the screening of Down's syndrome and for patients with strokes; CT brain scans have been accommodated within 24 hours. The Breast Screening unit secured funding for the digitisation of the programme which has also enabled the service to extend the age ranges for screening from 50-70 to 47-73 years from January 2011.

Pharmacy has extended their clinical services into the Clinical Decisions Unit and Medical Assessment Unit. This has ensured that patients have a full and accurate medication history on admission, thereby preventing medication related incidents. Two more Pharmacists, one specialising in anticoagulation and one in rheumatology have successfully completed an independent prescribing course which will enhance the quality of care given to these groups of patients. This now brings the total number of Independent Pharmacist Prescribers in the Trust to four.

In 2010, WWL Occupational Therapy staff began to undertake the assessment of patients for transfer into the borough's Intermediate Care Services. This development has improved the Trust's discharge processes and prevents delays in assessment for on-going rehabilitation. Therapy Services have also been involved in the ongoing improvement of the Trust's services for stroke patients. The RAEI Acute Stroke unit now has Therapy input seven days a week. This, coupled with the successful award of the ALW PCT Community Stroke Team tender, will play a major role in supporting the early discharge of stroke patients from hospital and continuing their on-going rehabilitation at home.

The Outpatient Redesign Project has been on-going since August 2010. Audits and surveys have been conducted looking at patient satisfaction, start and finish times of clinics, delays within clinics and issues affecting the delivery of this front line service. From the information gathered, service developments, improvements to the environment and patient information and confidentiality have been implemented. In December 2010 all

Paediatric clinics moved from Leigh Outpatients Department into a child-friendly Children's Health Service Department within the new Leigh Health Centre LIFT PCT Building.

The implementation of partial booking for follow-up appointments through the contact centre, based at Leigh Infirmary, has resulted in a reduction in hospital cancellations from 15% to 8%. Improvements continued in the Medical Secretariat with the Trust achieving its target of all dictations being completed in less than one week at the end of October 2010. This is following the successful implementation of digital dictation which allows correspondence to be prioritised and allows flexibility for dictations to be transcribed from any site.

The Medical Illustration Department now has staff based at both RAEI and Leigh allowing greater involvement in both the clinical referrals and in the Trust TV projects, training videos and podcasts. Winning an award for video projects has funded new equipment.

Division of Medicine

Stroke

The Division closed the rehabilitation ward at Leigh and developed a combined acute and rehabilitation unit within the Royal Albert Edward Site. This streamlined the patient pathway, thereby reducing the average length of stay from 25 to 11 days while maintaining the quality of service. In addition, this delivered savings equating to £1.2 million.

Transient Ischaemic Attack (TIA)

A five day rapid access TIA service has been developed which includes same day scanning, diagnosis and treatment. The current position is 90% patients receive treatment for TIA within 24 hours.

Sleep Medicine Service

The Sleep Apnoea Service was reviewed at the beginning of this financial year and has subsequently undergone significant re-design work which has significantly shortened pathways for patients with suspected sleep apnoea. This has enabled the achievement of stage of treatment and 18 week Referral to Treatment (RTT) targets. There are plans in place to expand the staff base to provide increased clinic capacity and allow the repatriation of approximately 160 sleep apnoea patients from Wythenshawe.

Ambulatory Assessment Area

The Ambulatory Assessment Area opened in September 2010. It has evolved in accordance with demand increasing its operational function to include:

- triage assessment of all GP referrals
- follow up and review clinics to support patients with earlier discharge
- stable, ambulant patients who have been referred to medicine and are in the emergency floor
- minor procedures such as pleural taps.

The ambulatory assessment area is supported and utilised by the full multi-disciplinary team. This team has dedicated medical cover, pharmacy input and specialist nurse input.

Medical Assessment Unit (MAU)

The Medical Assessment Unit (MAU) and Ambulatory Clinic were launched in June 2010. The admission pathway improved and supported the positive effect on the four hour standard achievements to date. The Ambulatory Clinic supports general practice creating a better working environment and communication model with our community services. This helps to prevent attendance at our A&E and directs/sign posts patients to alternative services.

Achievement of 18 Week Target

The Division of Medicine achieved the 18 week Referral to Treatment (RTT) target for admitted and non-admitted pathways. The year-end position is as below:

Admitted 97.92% (target 90%) Non Admitted 98.83% (target 95%)

Accident and Emergency (A&E) Performance

Patient flow has been one of the Division's challenges as many factors both internally and externally influence this. The Division of Medicine has worked in partnership with the whole health economy to improve patient flow and achieve the A&E four hour target for the year (98.33%; target 98% Internal, 95% national).

Elderly Care

The Elderly care consultant team have successfully integrated within the community-led Hospital at Home service. This service enables patients to receive elements of their care within their own home, delivered by the multidisciplinary community team. This service is clinically led by the elderly care consultants who provide in-reach and domiciliary support to the service with one full time consultant providing seven day support.

The elderly care team have also commenced a pilot of comprehensive geriatric assessments for frail elderly patients. This includes extended care planning into the community, supporting safe discharge and therefore reducing readmissions.

Musculoskeletal Division

WWL offers comprehensive trauma, orthopaedic and rheumatology services covering:

- Hip replacement
- Knee replacement
- Pelvic reconstruction
- Ankle replacement
- Shoulder replacement
- Joint replacement in hand, wrist and elbow
- Treatment of foot problems, bunions, hammer toe and foot trauma.
- Keyhole arthroscopic of hip, knee, shoulder, elbow, hand, wrist and ankle
- Tendon and nerve surgery
- Joint resurfacing
- Treatment of fractures
- Inflammatory arthritis

2010/11 has been a successful year for the Musculoskeletal Division. Referrals continued to increase and planned (elective) activity grew by 10%, ending the year with an elective activity of 9,394 cases. The pelvic service, which was launched in 2009, has treated over 70 patients in year and provided specialist treatment advice for another 160 patients. In year they have worked jointly with some of the lower limb consultants in treating pelvic discontinuity problems and a third consultant has joined the pelvic team. Nineteen patients with pelvic problems have been treated electively at Wrightington. In total the Division has performed 13,024 operations across the two sites.

The Arthroplasty Practitioner Team, referred to in last year's report, has expanded by a further three practitioners. They are now fully trained and working across the patient pathway from initial referral to discharge. In the next 12 months we hope to expand this to include home visits after discharge.

A new role of Flow Co-ordinator has been implemented. The post holder has successfully helped smooth discharge processes with a consequent reduction in length of stay. The Division has an aspiration to reduce the length of stay for 80% of primary hip replacements to three days within the next 12 months.

The Trust has implemented a service line reporting tool. The Musculoskeletal Division and Service Line Reporting Team have led the way on validating the tool and understanding its use in clinical decision making.

Finally the Division has fully participated in the service and site strategy work to ensure full clinical engagement in shaping the future of the Trust.

In the latter parts of the financial year, work has been undertaken to re-design the Rheumatology service. This means the service is more geographically accessible across the catchment area of our main Primary Care Trust commissioners.

This work will continue into the new financial year with an anticipated implementation by July 2011. This will give patients greater choice of site that suits their place of residence.

Further work will continue on pathway re-design, through service transformation ideas to achieve a continual improvement to our patients' experience.

Surgical Division

Nursing

The Surgical Division now have a dedicated Surgical Admissions Lounge aimed at streamlining our patients' pathway and care prior to their stay in hospital.

Additional Nurse Led Services are being scoped in Urology to include prostate biopsy results clinics. Plans are ongoing to introduce a Nurse Specialist to support the Cancer patients with unknown primaries which will mean that they will have their diagnosis and treatment much quicker.

A Divisional Nursing Lead for Releasing Time to Care has been selected and will build on the work at ward level, previously facilitated by the Trust lead.

Women and Children's Services

The Maternity Service at WWL has been successful in gaining a Level 1 compliance with the National Health Service Litigation Authority (NHSLA) Clinical Negligence Scheme for Trusts (CNST) assessment in January 2011.

The service took part in the Care Quality Commission Survey. The results of which were published in quarter three showing the service remains as one of the best performing providers in England. Indeed, the score allocated made the service the second best provider within Greater Manchester.

Key achievements over the last year have been the successful recruitment of Consultant Obstetricians. This allows for the required 60 hour labour ward presence of a Consultant as recommended in Safer Births.

Theatres, Anaesthetics and Critical Care

The Cell Salvage Team were awarded a Quality and Safety award as part of the Trust's annual Recognising Excellence Awards.

The Productive Operating Theatre Programme was launched April 2010. Numerous actions have been made to ensure improvements in safety, quality and efficiency within Theatres. To ensure continued improvement, a Senior Theatre Nurse has been seconded to lead the programme.

Critical Care has been identified as an area for specific praise regarding their management of patients through the period of significant increase in flu nationally.

Surgical Specialities

The Diabetic Screening Programme has been chosen as only one of three screening services to pilot a new initiative aimed at alternative management of patients.

Audiology was awarded both the 'Improving Patient Experience' and 'Foundation Award' for their Learning Disability Audiology Service at this year's Recognising Excellence Awards ceremony.

The Ear Nose and Throat (ENT) Adult and Paediatric Community Pilot Services commenced in April 2010.

Oral and Maxillo Facial Surgery now offer a one stop service for patients whose treatment can be carried out under local anaesthetic.

As part of the National Cancer programme both Colorectal and Breast Care Teams have initiated enhanced recovery programmes aimed to support patients' earlier and safe discharge home following surgery.

General Surgical Information

During 2010/11 the Surgery Division appointed two new Emergency Surgeons and four new Anaesthetic Consultants.

A collaborative joint venture with Salford Royal NHS Foundation Trust has resulted in an off-site dedicated decontamination facility which opened in January 2011.

The Surgical Division has achieved the National stage of Treatment Times (NTT) whereby patients have received first definitive treatment within 18 weeks of referral.

The Surgical Division is forecast to fully achieve its cost improvement programme whilst also forecasting a surplus to contribute to the Trust's overall financial position.

Sickness absence for the Surgical Division continues to be managed well in 2010/11 ensuring it remains below the Trust target.

Estates and Facilities Division

The Estates and Facilities Division provides a wide range of non-clinical support services to all sites within the Foundation Trust. 2010/11 has been another extremely busy year and has seen a number of significant developments starting and being completed.

Capital Programme

The key projects are:

- K61 Decon creation of new centralised surgical instrument decontamination facility
- Health and Safety/Fire upgrade works
- Investment in Carbon Trust Energy schemes
- RAEI Endoscopy decontamination temporary facility
- RAEI New Coronary Care Unit (CCU)
- Former Billinge and Whelley Hospitals demolition of both hospital sites to enable future sale and disposal
- RAEI main entrance coffee shop in partnership with WRVS
- Wrightington new receipt and distribution facility for surgical instruments
- RAEI new receipt and distribution facility for surgical instruments
- Relocation of the IT function from Bryan House to Leigh Infirmary
- RAEI Education Centre development
- Various other minor schemes and projects across all sites

In addition to the above projects the Division has played a key part in the Trust's Service and Site Strategy review. A range of options were completed and incorporated into an Outline Business Case for submission to Trust Board in early 2011/12.

Estates Services

The Estates Maintenance Team continues to provide a breakdown and planned maintenance service across the Trust and via Service Level Agreements to NHS Ashton, Leigh and Wigan and 5 Boroughs Partnership NHS Trust.

Modernisation of working practices has allowed the team to continue to support the implementation of the annual ward deep clean programme. It has also further improved operational standards against a wide range of statutory and best practice requirements, for the safe operation of systems within the Trust environment.

Medical Equipment management has seen major improvements during the course of the year. This brought about the completion of a Service Improvement Action Plan, which included a new workshop facility and medical devices database.

Facilities Services

The Facilities team continue to support the Clinical Divisions by providing portering, transport, catering, domestics, linen, general office and telecommunications services. This year has seen further improvements in both the quality of service and efficiency of delivery across all facilities services. Notable successes and achievements have been:

- Implementation of snack trolley service awarded Trust team of the year by Hospital Caterer's Association and nominated in the Trust's Recognising Excellence Awards
- Introduction of new patient menus and real time patient survey
- Continue to work in partnership with Local Authority
- New porter's X-ray helpdesk to improve patient throughput and experience recognised in the Energising for Excellence Awards
- Linen services nominated in two categories for the Trust's Recognising Excellence Awards
- Domestic services improved National Cleaning Standard scores with a target of 95%
 achieved within existing budget through introduction of 'handy man' and efficiency gains
- Patient Environment Action Team maintained performance of good environment across all Trust sites with Catering scoring excellent
- Environmental achieved first place in 'Going Green' award at the Trust's annual Recognising Excellence Awards

Business Improvement Group

The Business Improvement Group (BIG) is a key enabler to facilitate and lead service transformation changes across the organisation. It aims to improve the efficiency and effectiveness of our service provision whilst simultaneously enhancing patient and stakeholder experience. This is to aid the Trust in achieving its corporate objectives such as achievement of Cost Improvement Plans (CIP) which underpin income and expenditure plans.

The CIP challenge for 2010/11 was £13.6m. This is a significant challenge to deliver further productivity, following the successful achievements of £14.5m of savings in 2009/10.

The Trust successfully delivered savings and productivity of £12.7m, a £0.9m shortfall against its target, however in doing so, introduced a new approach to generate ideas that will pave the way for 2011/12 and beyond, called Go Fast.

In addition to this, in 2010/11, the team worked closely with the Clinical Divisions to set up a new process that would provide the Trust with assurance that quality and safety would not be compromised due to the implementation of CIP schemes.

2010/11 CIP achieved by Theme

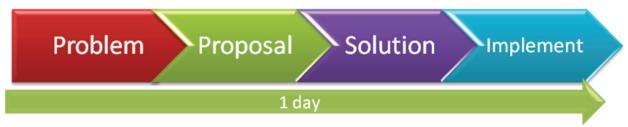
	Total
Theme	£000
Beds	418
Divisional	1,956
Drugs	298
IM&T	135
Income	9,083
Other	28
Procurement	324
Theatres	7
Workforce	460
Grand Total	12,710

Engagement – Go Fast Project and Successes

In 2010/11 the BIG needed to develop improved engagement and buy-in to change. They also needed to grow an ideas culture. In order to achieve this, we launched our 'Go Fast Project'

- Go Fast is a proven approach to ideas generation and problem solving brought from industry (General Motors) and applied to the NHS, based on LEAN techniques
- The approach is about 'thinking differently' and 'inspiring' Clinical and operational teams to solve problems and implement solutions **fast!**
- The approach brings clinical and finance teams together, improves engagement and teamwork
- A problem is solved and a solution presented on the day to the Executive Panel for on the day feedback and go ahead.

• The day provides an opportunity for clinical teams to get involved in ideas generation, decision making and Executive feedback. Attendees felt inspired and empowered by this new and fresh approach.



The Go Fast approach aimed to **inspire** staff to look at things differently and be part of finding a solution.

The day was attended by 43 members of staff, from a cross section of functional areas. We presented eight proposals to the Executive Directors, with total opportunity of £9m, influencing our Quality, Innovation, Productivity and Prevention (QIPP) programme going forward.

Since the Main Go Fast session, the Team has facilitated seven 'Mini Go Fast' events, which continue to involve a wide breadth of clinical staff. The savings target for 2011/12 is £13.8m.

Andrew Foster, Chief Executive

"We faced an impasse of undelivered CIP and a management team that was feeling weary of squeezing yet more blood out of the same stone. Led by the Deputy Director of Finance, a multi-disciplinary event was planned which would invigorate the team, stimulate new ideas and fast track the solutions. I was enormously impressed with the outcome. Many new ideas were generated, eight of which are now in varying degrees of implementation and will help enormously towards achieving our goal. Just as important though, was the energy generated and the change of mindset from 'world weary' to 'can do'. This was an excellent example of a finance-led initiative that has raised the performance of the whole multi-disciplinary management team."

Our feedback from clinical teams regarding the approach was excellent:

- "Fantastic day being able to generate ideas in a constructive way"
- "Involvement from Executives and an appreciation of work done"
- "Clearly defined project plan and a decision made at end"
- "Sharing ideas across the Trust"
- "Opportunity of thinking outside the box"
- "New approach and more engagement".

In 2010/11 the changing financial climate within the economy re-emphasised the importance of delivering the best quality patient services in the most cost-effective manner. The service transformation team worked with clinical teams across the breadth of the Trust's services to support the identification of potential projects identify the benefits to be delivered and facilitate effective project management. A key component of this work was to ensure that individual Divisional plans; the Service and Site review and the wider business plans remained aligned.

Service Line Reporting (which provides detailed financial information at procedure, clinician, specialty level and ultimately individual patient level) was launched in 2009/10. Building on this in 2010/11 the Divisions continued to work with clinicians to improve services. Within musculoskeletal (MSK) and gastroenterology this enabled the clinicians to review specific procedures and redesign pathways to reduce costs whilst maintaining high quality outcomes. This level of detailed examination of specific care pathways will continue across the Trust in 2011/12.

The Outpatient Productivity Project continued in 2010/11 and led to significant improvements to patient pathways in terms of duration and patient experience. This was achieved through the use of service improvement techniques to identify delays and issues in services. During 2011/12 this work will be used to fundamentally re-design processes further within outpatient departments across the Trust.

The Division of Surgery completely re-designed and re-launched the Diabetic Screening Programme. As a result of this work the programme was chosen as only one of three screening services to pilot a new initiative aimed at improving the patient experience. The introduction of a 'one-stop' local anaesthetic service now enables suitable patients to have their treatment on the same day as their first outpatient appointment.

A major collaborative joint venture with Salford Royal NHS Foundation Trust resulted in an off site dedicated decontamination facility which opened in January 2011.

The Productive Operating Theatre Programme was launched in April 2010 led by the Surgical and MSK Divisions. This delivered a number of changes which have improved safety, quality and efficiency within theatres. These included improved start times for theatre lists, team briefings before theatre lists commence and financial savings made through improved organisation of equipment. A senior Theatre Nurse has now been seconded to lead the programme. The Enhanced Recovery Programme is now leading to significant reductions in length of stay (of up to two days) in pilot areas (hip and knee surgery, major bowel procedures) through changes to the patient pathway and the introduction of early supported discharge. The learning from these projects will be shared across more specialties in 2011/12.

Regulatory Ratings Report

The tables below show the Trust's ratings for the Monitor compliance framework over the last two financial years:

	Annual Plan 2009/10	Q1 2009/10	Q2 2009/10	Q3 2009/10	Q4 2009/10
Financial Risk Rating	3	2	3	3	4
Governance Risk Rating	Green	Green (0.4)	Amber (1.4)	Green (0.5)	N/A
Mandatory Services Rating	Green	Green	Green	Green	Green

	Annual Plan 2010/11	Q1 2010/11	Q2 2010/11	Q3 2010/11	Q4 2010/11
Financial Risk Rating	4	3	3	4	4
Governance Risk Rating	Green	Green	Green	Green	Green
Mandatory Services Rating	Green	Green	Green	Green	Green

Governance Risk Rating

During 2010/11 the Trust was rated red for governance following failure to achieve the A&E four hour target. An external review of governance was conducted by PricewaterhouseCoopers. Following acceptance in full of their report, an action plan was put in place. A Governance Review Scrutiny Committee led by the Chairman has reviewed progress against the action plan and reported regularly to Monitor. On 15 December 2010 Monitor reviewed the rating against the progress and revised them to amber-green. The Governance Review Scrutiny Committee has continued to review progress and by March 2011 only a small number of actions were outstanding.

Mandatory Services Rating

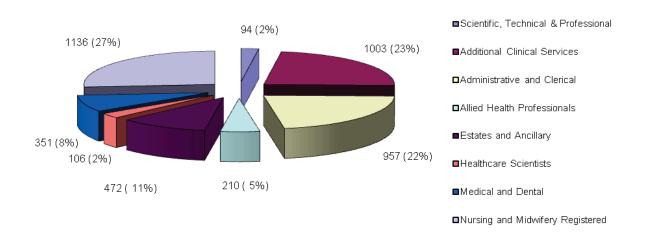
The Trust has continued to provide all mandatory services under the terms of its authorisation throughout 2010/11, as expected.

Human Resources

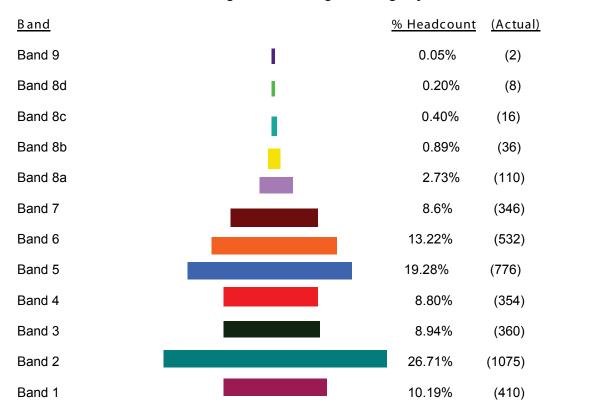
Our Workforce

The composition of the Trust's workforce is shown below (The table excludes medical staff).

Our Workforce- Percentage of Headcount (Actual as at 31st March 11)



NHS Agenda for Change Banding Pay Scale



HR Performance - Workforce Indicators

The Trust's workforce indicators continue to demonstrate that in workforce terms, the Trust is in good health.

The Trust's labour turnover remains one of the lowest both nationally and regionally. WWL labour turnover remains stable, currently at 7.67% which is 1.53% lower than the reported 2009/10 figure.

Sickness absence rate for the period 1 March 2010 to 28 February 2011 was 4.63% working towards a target of 4.2%.

Staff are required to complete a range of Compulsory Training topics with 85.3% completing training specific to their roles in topics such as, risk management, fire safety and infection control.

Supporting staff to maintain their competence and learn new skills remains a priority and one tool to enable and support this to happen is through the annual personal development review (PDR) process. PDR information is collected each quarter and reported to Trust Board. On the 31 December 2010, 77.4% of staff reported having had a PDR.

Policy Development

HR Policies continue to be ratified through the HR Committee. All revised policies are reformatted to the standard Trust template to ensure compliance with NHSLA standards. The Policy Development Group continues to meet and develop priorities for the forthcoming months to ensure compliance with legal changes and best practice. Key priorities for 2011 will be:

- Job Evaluation
- Relocation Expenses
- Employees working in other Trusts

and any further updates taking into account legislative changes.

NHS Staff Survey

Staff engagement continues to be a key priority for the Trust. There are a number of arrangements which have been introduced to encourage staff feedback and they include focus groups, questions with the Chief Executive, senior management walkabouts with Staff Side representatives and participation in the NHS Staff Survey.

Summary of Performance – NHS Staff Survey

The details of the key findings from the NHS staff survey from 2010 are as follows:

The survey attracted a response rate of 40.9% which was a decrease from the 2009 response rate of 46%.

Overall there has been a significant improvement in our performance in the 2010 survey in comparison with 2009. The number of above average results has increased from 17.5% in 2009 to 47.4% in 2010. The number of below average results has also decreased significantly from 75% in 2009 to 28.9% in 2010.

Top Four Ranking Scores - Better than Average

- Percentage of staff working extra hours
- Percentage of staff experiencing physical violence from patients, relative or the public in the last 12 months
- Percentage of staff reporting errors, near misses or incidents witnessed in the last month
- Percentage of staff having equality and diversity training in the last 12 months

Bottom Four Ranking Scores – Worse than Average

- Percentage of staff reporting good communication between senior management and staff
- Percentage of staff agreeing that their role makes a difference to patients
- Percentage of staff receiving job related training, learning or development in the last 12 months
- Percentage of staff feeling there are good opportunities to develop their potential at work

Where Staff Experience has Improved

- Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver
- Impact of health and well-being on ability to perform work or daily activities
- Staff intention to leave jobs
- Trust commitment to work-life balance

Table comparing staff survey results over the last two years:

	2009/10		2010/11		
Response Rate	Trust	National Average	Trust	National Average	
	46%	55%	40.9%	52%	Decrease in the response rate

	2010/11		Trust Improvement/ Deterioration
Top 4 Ranking Scores	Trust	National Average	
Question KF8. Percentage of staff working extra hours	56%	66%	Improvement since 2009 survey (60%). Lower scores are highest ranking.
Question KF23 Percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months	6%	8%	Improvement since 2009 Survey (13%). Lower scores are highest ranking.
Question KF 21 staff reporting errors, near misses or incidents witnessed in the last month	98%	95%	Static. Staff are encouraged to report incidents.
Question KF 36 Percentage of staff having equality and diversity training in the last 12 months	56%	41%	Improvement since 2009 survey (59%).

	2010/11		Trust Improvement/ Deterioration
Bottom 4 Ranking Scores	Trust	National Average	
Question KF30 Percentage of staff reporting good communication between senior management and staff	18%	26%	Deterioration since 2009 survey (24%). The Trust is taking action to improve this score during 2011.
Question KF2 Percentage of staff agreement that their role makes a difference to patients	88%	90%	Improvement since 2009 survey (85%).
KF11 Percentage of staff receiving job-related training, learning or development in the last 12 months	74%	78%	Static
KF10 Percentage of staff feeling there are good opportunities to develop their potential at work	37%	41%	Static

Future Priorities and Targets

A future priority will be to increase the percentage of staff reporting good communication between senior management and staff.

To improve our lowest ranking scores the Trust intents to:

- Continue with the implementation of briefing sessions, podcasts and articles on key organisational change. All General Managers will be responsible for making sure all key messages are cascaded and understood.
- Implement Divisional Senior Management ward/department visits to meet staff while they work. This would give staff the opportunity to discuss how they feel we can improve service delivery, their working lives and suggest cost savings.
- Seek the involvement and contribution of front line staff to develop options for change and to implement WWLs key strategic themes.
- Promote benefits to staff from the feedback received via SID Walkabouts and Staff Surveys.
- Implement recommendations from the Patient Experience Task Force
- Promote team working within divisions/departments/wards through the communication of the WWL strategic themes.
- Redesign and re-launch PDP documentation in line with the WWL key strategic themes.
- Develop clear action plans following incident reporting.
- Set up confidential contact line within HR Department.

Survey results are publicised across the Trust and divisional action plans are developed to address areas of concern. This is at both a Trust wide and divisional level. Progress against action plans is monitored at quarterly divisional stock-takes meetings and through the Partnership Forum.

Staff Engagement

The Trust continues to work in partnership with Staff Side and appropriately engages with managers, staff and other stakeholders through a number of initiatives. These include the national staff attitude survey, Staff Involvement Delivers (SID) walkabouts and focus groups.

SID engages staff through a series of 'Conversations with Andrew Foster' events and an annual walkabout event conducted over a two week period. This is when a paired Staff Side representative and a member of the Executive team visit staff in wards/departments across all sites. SID is lead in partnership and has been extremely successful over the last few years in providing staff with a vehicle for both raising concerns and highlighting good experiences about working at the Trust.

A report was produced by PricewaterhouseCoopers which indicated that improvements could be made in the areas of communication and engagement. SID Focus groups were held and SID Champions will be introduced during 2011.

Health and Wellbeing

The Trust is committed to ensuring the health and wellbeing of its staff. We have introduced a number of initiatives which support the recommendations from the Boorman review. These include the Trust's participation in the Cycle to Work Scheme, Health Trainers, access to Occupational Health Services, and Staff Counselling Service. The Trust became totally smoke free across all sites in October 2010. A revised staff handbook will be available during 2011, which will include details of local services available to staff.

Training and Development Team

It has been another busy year for the Training and Development team. We continue to work proactively to support the Trust in achieving its compulsory training and induction targets; achieving a 99.8% compliance with attendance at corporate induction. The Trust delivers the majority of its compulsory and mandatory training via a comprehensive suite of e-learning modules. The training team support these with regular tutored sessions. This year these sessions were taken further out into the organisation to improve access for staff; particularly those working in busy ward environments.

We also played a key role in the NHSLA Level 2 accreditation which the Trust successfully achieved in November 2010.

The team continues to support the work to deliver a quality patient experience. We do this by training over 250 staff on our IMPACT (Improving My Personal Awareness of Customer Techniques) customer care programme. The team have continued to develop its portfolio of in house workshops. These include high risk conflict resolution and personal development planning training.

In September 2010, for the third successive year, we worked in partnership with Corporate Communications to organise the Trust's Recognising Excellence Awards. The event, supported by Staff Side colleagues and Governors, was held at the DW Stadium in Wigan.

Talent Management and Succession Planning

The Trust continues to support the development of its senior leaders. This enables them to benchmark their current leadership and management skills and competencies through the Trust leadership capabilities framework. Forty senior leaders have so far accessed the Trust talent management development centres. These have been supported by individual 1-1 coaching sessions and a programme of skills development workshops covering subjects such as strategic leadership, assertiveness trainings and project management. We continue to look to develop talented managers from within the Trust to ensure that there is a pool of people who are ready to succeed to more senior posts.

Support for Staff in Bands 1-4

This year we have accessed £92,910 of Invest in Health funding. The funding supports staff in Bands 1-4 to undertake NVQs and other nationally recognised qualifications. Over the year, we have supported 223 staff to access accredited programmes. These include NVQ's in Business Administration, Cleaning, Food Preparation, Clinical Laboratory Support and Business Improvement Techniques.

Skills for Life

The Trust continues to promote Skills for Life across the organisation to enable staff to gain a Level 2 qualification in literacy or numeracy in line with national targets. Over the year 33 staff enrolled on the literacy programme and 39 staff on the numeracy programme. Managers have attended the 9297 Literacy and Numeracy awareness course supported by Skills for Health, to raise awareness.

Leadership and Management Development

In June 2009 the Trust was successful in becoming an accredited centre for the Institute of Leadership and Management (ILM). The first ILM Level 3 Award in Leadership and Management programme commenced on the 22 July 2009 and we have run a total of seven programmes to date.

Our ILM Centre is continuing to build a reputation as a centre of excellence for leadership and management development. There is an increasing level of interest from external organisations in the programme we deliver. This is both in terms of placing delegates onto our own programmes and in gaining accreditation from the Centre for their own programmes.

The current qualifications are based on tutor-led courses delivered over five days with additional tutor support spread over a period of 12 months. The qualifications are awarded on the basis of successful completion of written assignments. These assignments may be reflective accounts, mini-projects or reports. We currently have 73 supervisors, managers and leaders on the programme from across the Trust, ranging from Band 3 to Band 7 and including three consultants.

A total of 39 delegates have completed and passed the programme. In addition to the ILM provision, a tailored programme of development has taken place for Ward managers within the Surgical Division. These included a series of workshops and action learning sets. Following its successful completion, a further programme has commenced in the Medical Division.

Occupational Health Services/Centre for Staff Health and Wellbeing

It has been another busy and eventful year for the Occupational Health Services.

The Service has been actively working towards implementing the recommendations of the Boorman review on the health and well-being of NHS staff. In conjunction with HR, a health and well-being strategy was developed and, as part of the strategy, the service has been rebranded as the Centre for Staff Health and Well-being. The Centre has introduced a system for fast-track assessment and management of musculoskeletal and mental health problems. This facilitates speedier resolution of symptoms and return to function including work capabilities. Additionally, there will be a dedicated nurse-led health promotion arm of the strategy to promote and support improvement of staff health.

The department also began providing services to the staff of North West ambulance service. This was following a successful collaborative venture with other North West Regional Trusts, as part of a competitive tendering process.

The Service was involved in the NHSLA Level 2 assessment conducted last year. We presented policies and evidence on occupational health aspects of the appraisal to the assessors.

We made further inroads in the drive to reduce sharps injuries with further reductions in reported incidents over the last twelve months. A business case for on-line referrals to the Centre was recently approved. This will help to improve the efficient and timely management of cases.

The Centre is currently engaging in collaborative work with local Trusts as well as being involved in reconfiguration consultation with the Strategic Health Authority.

The Service's vision is to provide a cost efficient and effective service. Our specific aim is to improve and promote staff health and well being. This will help the Trust to raise the quality and efficiency elements of our patients' experience.

Ready and Waiting

The Trust has a responsibility under the Civil Contingencies Act 2004 to ensure that local arrangements are in place for civil protection should an emergency occur. Therefore, WWL has well rehearsed plans in place. We continue to engage with staff and partner agencies to enhance preparedness and ensure resilience for the present and for the future.

The Trust is confident that in the event of a major incident, internal or external, it will continue to provide essential services and maintain patient safety. This is because of our thorough planning, response reviewing and recovery arrangements.

Prepare, Respond, Recover, Mitigate

The Trust's Major Incident Plan is under constant review through tests and exercises. The plan has not been fully activated during 2010/11. But the Trust has been on stand-by on several occasions. For example, during the adverse weather in December 2010, and during a planned telecommunications outage in March 2011. We are constantly striving to improve our response and recovery arrangements. We actively encourage staff to participate in the debrief process. This identifies good practice and lessons learnt following exercises and major incident stand-by situations.

We also have several risk-specific plans in place including influenza pandemic planning, heat-wave, and flooding. All of these are regularly reviewed. Staff awareness and engagement is maintained through training, exercises, communication cascades and via the intranet. A cohort of Trust staff have also received loggist training, CBRN (chemical, biological, radiological and nuclear) training and there was Executive attendance on the Emergency Planning Strategic Leadership Programme.

During 2010/11, WWL participated in local, regional and national emergency planning exercises including Exercise Starlight, a communication cascade exercise, and the national Exercise Watermark. This looked at multi-agency response and resilience around flooding incidents.

Communication continues to be a priority when preparing for and responding to a major incident. WWL has robust systems in place to ensure that communications with staff, patients and the wider public is effective and efficient and these systems are regularly tested throughout the year.

One essential aspect of successful emergency planning is to identify local risks and to mitigate against their potential likelihood and consequences. The Trust continues to work closely with partner agencies in Wigan and the wider Greater Manchester area to identify local risks and to agree joint plans to provide a co-ordinated multi-agency response. For example, the Wigan Multi-Agency Flood Plan. WWL is also actively represented on a variety of local and regional resilience forums including Wigan Resilience Forum, and the Greater Manchester Acute Trust Emergency Planning Leads meeting.

WWL has a full suite of business continuity plans. They enable individual departments and divisions to respond more effectively to local incidents and together in response to larger scale major incidents. These plans are regularly reviewed through testing and activation. For example:

- A power surge in June 2010 resulted in some IT equipment failure in A&E.
- Localised flooding at one site resulted in a temporary theatre closure in November 2010.
- A power outage resulted in significant disruption to internal and external telecommunications in February 2011.

The implementation of comprehensive business continuity plans ensured minimum disruption to staff and patients and a timely return to 'business as usual'.

The Trust successfully received research funding from the National Institute for Health Research and continues to work with Manchester Business School on a project to establish a UK research base for emergency planning. This project will be completed by September, 2011.

Patient Relations/Patient Advice and Liaison Service (PALS)

WWL welcomes the views of people who have experience of our services, even if they are critical. They provide an opportunity to learn and improve for the benefit of others who may use the services in the future. We like to put things right at the time a concern is identified. This makes sure our patients, carers and staff's experiences continue in a positive way.

During the year, and building upon the changes in the NHS Complaints Procedure introduced on the 1 April 2009, it was noted that patients, relatives, carers and staff alike were all familiar with the PALS brand. It was felt important that the Patient Relations Department re-brand as Patient Relations/Patient Advice and Liaison Service (PALS) as although we were dealing with the 'PALS' issues it was acknowledged that this was not always recognised under the umbrella of Patient Relations. This has been taken forward and the departmental leaflets now reflect this along with new signage. In this way we will provide patients, relatives, carers and staff with the trust and confidence that the PALS brand engenders.

The year 2010/11 has seen further improvements to the complaints process. This has involved the divisions gaining more ownership and responsibility in the management of complaints. In addition to these changes, the process within Patient Relations/PALS has been streamlined which will allow the department to undertake monitoring and auditing for action plans and evidence. This will ensure that complaint learning points have been identified and implemented. This will give confidence to our service users that we look positively at complaints and use them for service improvement.

We have strong links with each division who have an identified member of the department to liaise with about the complaints they receive. In addition the divisions have received complaints investigation training from an external provider along with in-house training and support. Patient Relations/PALS also work closely with the Adult Safeguarding Lead and the Head of Patient Experience (Nursing). This has proved beneficial in the early resolution of complex complaints which may cross several divisions and involve services provided by partner agencies.

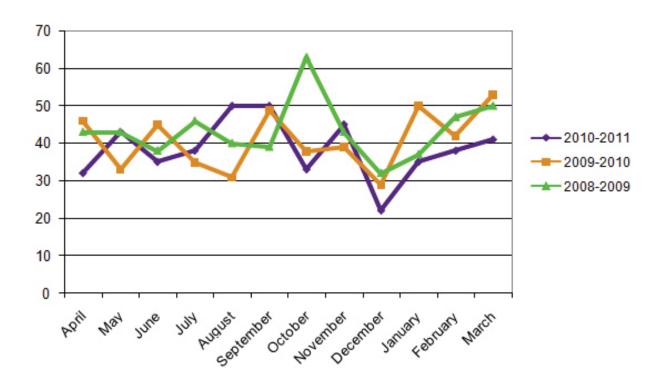
This year has seen the department rejoin the PALS network. Members of the team have attended national and regional complaint resolution conferences. At which representatives of the Parliamentary and Health Service Ombudsman's office have promoted the Ombudsman's principles.

Following a governance review the department undertook a survey of complainants to identify satisfaction levels about complaint handling. The results of this will be used to make improvements to the service we provide. WWL has also recently invested in subscribing to 'Patient Opinion'. This is an external company that monitor comments received from service users which are then fed back to the Trust. We are very much encouraged by what we can achieve from the use of this system to obtain 'real time' comments about the Trust. We will be actively involving staff in the use of this by promoting it throughout the Trust.

Statistical Information and Performance

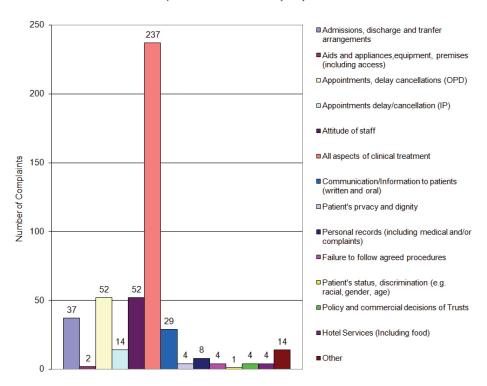
From the 1 April 2010 to 31 March 2011 the Trust received 462 formal complaints. This represents a reduction in the number of complaints compared with the same period the previous two years.

Complaint Comparison April 2008 to March 2011 - Three Year Trend



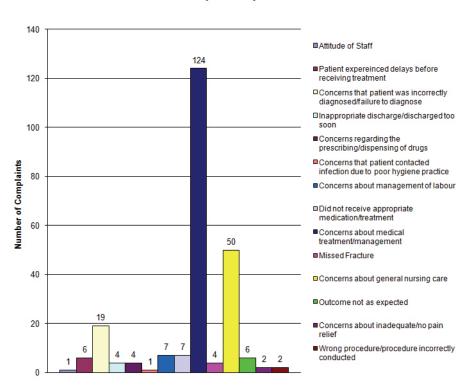
Formal complaints 1 April 2010 to 31 March 2011 by subject

Complaints Received 2010-2011 by Subject



Patient complaints - All aspects of clinical treatment 1 April 2010 to 31 March 2011

Complaints Received - All Aspects of Clinical Treatment by sub-subject



Concerns and Request for Advice/Information

Patient Relations/PALS handled over 1000 concerns, requests for assistance or information that were dealt with on an informal basis.

The Ombudsman

From the 1 April 2010 to 31 March 2011 there have been eight requests from the Ombudsman. Only one of these relates to this period and is a request for the file for their consideration. Six are not being investigated and relate to previous years. One is still awaiting a decision which also relates to a previous year.

Service Improvement Arising from Complaints

The following are a sample of the improvements made:

- The Purple Card System (used for identifying palliative care patients) will be overseen by a member of the Palliative Care Team within A&E and Medical Assessment Unit. This will make sure the system is correctly used and that patients are being fast tracked through these areas.
- New practice to ensure that the electronic wrist band process is accurate.
- Macmillan Nurses to observe insertion of stent procedure within the Radiology Department. This will safeguard that they understand the procedure and can correctly communicate the information to patients.
- All staff on Rainbow Ward to undergo breastfeeding awareness training.

Monitoring Arrangements

We continue to meet with the divisions to discuss complaints received, responded to, and the progress made with outstanding complaints. We also review identified learning points and how these can be implemented.

To take this further we have developed a new Evidence Audit Tool. This will be used to make certain that lessons learned as a result of complaints made to WWL are both evidenced and embedded within the departments/areas concerned. This would be across divisions and Trust wide if appropriate.

We are committed to undertaking a review to check that the divisions feel supported and fully empowered to take ownership of complaints management process.

Statistical reports are also provided quarterly for inclusion in the Quality Improvement Committee meetings. These reports identify the number of complaints received broken down by division, subject and performance against the 25 days standard.

Information Governance

Information Governance Toolkit Version Eight 2010/11

The Information Governance (IG) Toolkit submission is required by the 31 March each year. This is a measurement of the Trust's performance to check that personal data is dealt with securely and confidentially.

The Trust achieved 77% compliance with the IG Toolkit assessment for 2010/11. This is the highest score the Trust has achieved in the eight years of the IG Toolkit being in existence. There are 45 requirements in total which are scored at 4 Levels of compliance ranging from Level 0 to Level 3.

During 2010/11 there were 22 requirements which were assigned as national key requirements. Foundation Trusts were required to score at least a Level 2 for each of these requirements, which WWL has achieved. The Trust achieved Level 2 standard or above for 91% of requirements.

Information Risk Programme

The objective of the Information Risk programme is to confirm that the Trust has established a robust control environment to identify, record, manage and mitigate risks for information assets and systems. An Information Asset Register has been developed and is being populated with information about our key systems and who is responsible for them (Information Asset Owners and Information Asset Administrators). The register holds policies, procedures and assessments about systems which can be checked, making sure information systems and assets are being managed correctly; especially when they hold and process personal information. Information Asset Owners and Administrators have been identified for the Trust's key systems and have been trained and made aware of their role.

Freedom of Information

The Trust has received 218 Freedom of Information requests from the 1 April 2010 – 31 March 2011.

Further information about Freedom of Information and how to request information about the Trust can be found on the Trust website - www.wwl.nhs.uk.

Incident Reporting

The Information Governance Department has recorded 22 Information Governance incidents between 1 April 2010 and 31 March 2011. None of these were classified as Serious Untoward Incidents.

Patient and Public Engagement (PPE)

Improvements in the Patient and Carer Experience

The Trust has continually achieved excellent scores for cleanliness throughout the hospital. This places the Trust in the top 20% of all Trusts in this area of assessment in the National Survey Programme 2010 Inpatient Survey.

The PPE Team supported by Volunteers and Governors has continued to conduct the Real Time Patient Experience Survey. The questions asked are based upon:

- privacy and dignity
- cleanliness
- involvement in decisions of care
- communication
- pain control

The results are presented to the Trust Board every month to monitor progress against a corporate objective of over 85% of patients reporting a positive experience.

Patients, visitors and carers continue to use comment cards to give feedback to the Trust on their experience when attending the hospital. We have received very positive comments. We have also addressed issues where we could improve our services to patients. These are monitored through the Chief Executive's Patient Experience Task Force.

We have introduced an exit survey "How are we doing?" to compare what our patients say when they go home to what they say when they are in hospital. We have continued to conduct video diary projects including patients' experience when attending our Outpatients Department at the Thomas Linacre Centre and Leigh Infirmary.

Working with Governors

The Trust has continued to work with the membership panel. We did this by inviting the members to Health Information Events, which have included presentations about Orthopaedic Services and Arthritis Care. The events were supported by a wide range of information stalls covering topics on:

- Carers
- Lose Weight Feel Great
- Infection Control
- Demonstrations on self examination for breast and testicular lumps,
- Health Trainers
- Local Involvement Networks
- Community Police

- PCT Community Health
- Stroke Association

We have recently introduced new events such as "An Evening with The Medical Director" at which a presentation was given on Quality and Safety (9 November 2010).



The Governors have met with the Trust Board to discuss key issues and challenges facing WWL. Governors have been involved in the design and content of the Membership Newsletters and the organisation of the Membership Events. Governors are involved in many committees including the Quality Improvement Committee, Engagement Committee, Medicines Management Committee, Corporate Communications, Clinical Effectiveness and Audit Committee and many more.

Consultation with Local Groups and Partnerships

The Trust has continued its good working relationships with Wigan Borough Local Involvement Networks (LINKs). The Trust received the older people and discharge report they worked together on and are currently designing an information card for patients at discharge.

The Patient and Public Engagement Committee monitor progress against the National Survey Programme. Its remit is to ensure that patient and public engagement is integral to the work of the Trust. The Committee is chaired by the Lead Governor and has representation from the LINks, Overview and Scrutiny Committee and a carer.

WWL works in partnership with the Local Authority Carer's Hospital Liaison Worker and other agencies. In January 2011 it launched the Carer's Passport and the Listening to Carer's Charter.

The PPE Team has presented information to the Wigan Access Committee, Arthritis Care and Healthy Hearts about patient and public engagement and foundation trust hospitals.

The PPE Team in partnership with the Equality and Diversity Project Manager invited members from local community groups, as well as hospital staff and Governors, to attend a Focus Group Event in July. This was to give feedback on DisabledGo, the UK's foremost provider of disabled access information online guide to secondary care services. DisabledGo were delighted to announce that this was the first time a hospital trust had engaged with local groups to find out their views, before going live. A representative from Arthritis Care said, "I think the website is very informative and will be a very good addition for the disabled people of Wigan".

The PPE Team and the Outpatients Department at Wrightington worked in partnership with Cansfield High School pupils on an Art Project to enhance the department.

During 2011/12 the Trust will be consulting with service users in collaboration with the NHS Ashton Leigh and Wigan and Wigan LINK as part of the redesign of unplanned care services.



Voluntary Services

The current data base of membership stands at 497 volunteers to the Trust

- Over 250 new enquiries have been received
- Resulting in 166 new applicants
- Fourteen induction sessions have been held for new volunteers

Volunteers Annual Training

Volunteers from all groups, ward volunteers, buddies, reception desks, tea bar, hospital radio, flower ladies, chaplaincy, Leagues of Friends and WRVS, attended the Annual Training Programme which consisted of seven sessions delivered across the Trust from the following venues:

- Conference Centre at Wrightington Hospital
- Post Graduate Centre at Leigh Infirmary
- The Bellingham Hotel (for Royal Albert Edward Infirmary)

Student Applications

Applications were received from over 100 students for the Sept/Oct intake who required ward placements of which 32 completed the process.

Volunteers Long Service Awards

The Volunteers long service awards, hosted by the Trust Chairman, Les Higgins, took place on 26 July 2010. Forty-nine Volunteers received certificates and badges.



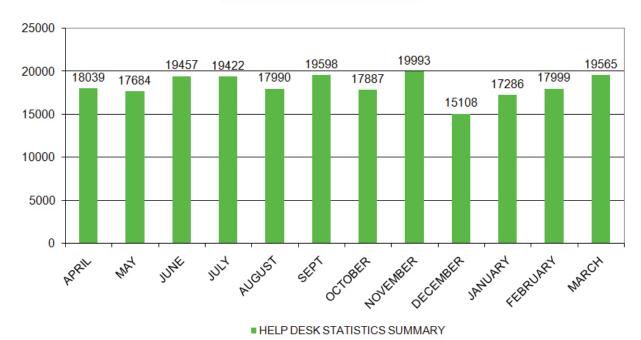
Help Desk Statistics

For the period April 2010 to March 2011 a total of **220,028** enquiries have been dealt with by the six help desks within the Trust:

- Patients Information Desk, Leigh Infirmary
- Helping Hands Desk, Entrance 1 RAEI
- New Lawns Desk, Entrance 2 RAEI
- Christopher Home, Eye Unit, RAEI
- Help Desk, Thomas Linacre Outpatients Centre

Help Desk, Wrightington Hospital

HELP DESK STATISTICS SUMMARY



For the period April 2010 to March 2011 the six help desks were covered approximately 588 hours per week over the 12 month period. Converted into financial terms based on band 1 pay scale this would be the equivalent of £205,800 value to the Trust.

Hospital Volunteer Fundraisers

In November 2010 the newly formed group of fundraising hospital volunteers held their first tombola at the Thomas Linacre Centre raising £150.65. The money was donated to the Nursing and Patient Services fund and will be used for patients comforts. A second tombola was held on RAEI site with a third planned for the Thomas Linacre Centre in May 2011. The group have also planned an Easter Raffle.



Sustainability and Environmental Management

The Trust has taken steps to reduce carbon emissions by investing in more efficient plant and equipment and improved energy housekeeping.

All new developments have included environmental assessment using the Building Research Establishment Environmental Assessment Method (BREEAM) principles and Health Technical Memorandum (HTM) 07-07 Sustainable Health and Social Care buildings. The Trust has a Board Approved Environmental Policy and has developed emergency preparedness plans in accordance with UK Climate Impacts Programme (UKCIP) 2009; including guidance contained in Health Building Notes (HBN) 00-07 Resilience Planning for the Healthcare Estate. WWL has also worked through local partnerships in developing future plans.

Equality and Diversity

Our Approach to Equality and Diversity (E&D)

The Trust is committed to actively recognising and promoting equality and diversity within the community. We believe that people who use our services, their carers and our staff should be treated with respect and dignity.

We are committed to challenging discrimination in all its forms and ensuring that equality lies at the heart of everything we do. We want to be a fair and equitable organisation. One where everyone accepts difference between individuals and values the benefits that diversity brings.

We believe that the equality and diversity agenda is a vital, integral part of working that underpins all aspects of our vision and values. It will be through the effective implementation of this agenda, that the Trust will achieve its vision and values.

Our Single Equality Scheme and Action Plan

The Trust's Single Equality Scheme was revised in 2010, in line with the implementation of the new Equality Act in October 2010. It provides a structure for the Trust to positively promote equality in service delivery, employment and through improved governance and decision making processes.

Our Single Equality Scheme is effectively a strategy and action plan detailing our commitment and approach to all forms of equality. It sets out our strategic aims in relation to equality and how we will deliver these objectives through detailed action plans. Our Scheme runs from 2009 to 2012. We monitor and report on our progress on a quarterly basis and will review and revise our Single Equality Scheme and Action Plan on an annual basis, in accordance with Equality Legislation.

Responsibilities for Managing and Delivering E&D

The Trust Board oversees the Trust Single Equality Scheme implementation through an Equality and Diversity Steering Group, chaired by the Director of Human Resources and the Deputy Director of Operations.

Equality, diversity and human rights requirements are managed by the Trust's Equality and Diversity Project Leads for service delivery and employment. They report directly to the Trust's Executive Equality and Diversity Leads.

Equality and Diversity Leads and Trust Champions work closely with managers, staff, service users and carers. They safeguard that best practice is maintained in the delivery of our services, promoting employment opportunities, and involvement of the public, service users and carers.

How Performance is Monitored

Monitoring performance on equality is essential if we are to fully understand whether we are meeting the needs of our service users and staff, and whether services are improving and whether actions are having the desired impact.

By undertaking Equality Impact Assessments, we are able to monitor the impact of our services and policies and identify future needs. In line with legislation, all public organisations are required to publish information to show that they have assessed all their policies and practices on equality. As part of the Trust's Single Equality Action Plan, all new and revised policies, procedures and services are equality impact assessed. Where any negative impact is identified, a full assessment, including a service improvement plan must be completed. We recognise the importance of monitoring patient profiling data. We are currently reviewing a number of initiatives to enable us to monitor and measure our performance more effectively.

We produced our first Annual Service Monitoring Report in 2010 and will continue to produce this on an annual basis.

The Trust monitors our workforce diversity by producing an annual monitoring report. This sets out our monitoring information in relation to race, gender, disability and age, as well as sexual orientation and religion. This information enables us to identify key trends and support future decisions in relation to employment practices.

Equality and Diversity – Workforce Statistics

	Staff	%	Staff	%
	2009/10	/0	2010/11	/0
Age	Headcount		Headcount	
16-19	11	0.3	11	0.3
20-24	183	4.3	189	4.4
25-29	370	8.6	381	8.8
30-34	359	8.4	360	8.3
35-39	480	11.2	465	10.7
40-44	645	15.0	605	14.0
45-49	731	17.0	729	16.7
50-54	637	14.6	695	16.0
55-59	569	13.2	559	12.8
60-64	295	6.9	315	7.3
65-69	15	0.4	22	0.5
70-74	3	0.07	1	0.2
75-80	0	0.0	0	0.0
80+	0	0.0	0	0.0
Total	4,298	100.0	4,332	100.0
Ethnicity	,		,	
White	3,901	90.76	3,948	91.14
Any Other				
Ethnic Group	23	0.54	25	0.58
W&B				
Caribbean	1	0.02	0	0.00
W&B African	5	0.12	7	0.16
White &				
Asian	6	0.14	5	0.12
Asian Mixed	0	0.00	0	0.00
Other Mixed				
Background	4	0.09	4	0.09
Indian	154	3.59	153	3.53
Pakistani	27	0.63	29	0.67
Bangladeshi	3	0.07	4	0.09
Any other				
Asian				
background	18	0.42	19	0.44
Asian British	4	0.09	4	0.09
Caribbean	4	0.09	5	0.12
African	26	0.60	34	0.78
Other Black	0	0.05		0.00
Background	2	0.05	0	0.00
Black		0.00	4	0.00
Nigerian	1	0.02	1	0.02
Black British	8	0.02	3 15	0.07
Chinese	110	0.19	76	0.35
Not stated Total	4,298	2.56 100.00	4,332	1.75 100.00
Gender	4,230	100.00	4,332	100.00
Female	3526	82	3526	81
Male	772	18	806	19
Total	4,398	100	4,332	100
Recorded	7,530	100	7,332	100
Disability				
Disabled	89	2.1	93	2.2
Not Disabled	312	7.3	464	10.7
Not declared	3,897	90.6	3,775	87.1
Total	4,298	100.0	4,332	100.0
	7,200	.00.0	7,002	.00.0

Key Equality and Diversity Trends

- The Wigan Borough has a 98.7% white population with 1.3% of the population from a non-white ethnic group. The Trust workforce is 91.14% white and 7.11% of staff are from a non-white ethnic group. The Trust's workforce is representative of its local community, Wigan Borough, in all the Non-white ethnic groups
- The majority of the Trust's black and minority ethnic population are within Medical Pay Groups.
- The majority of the Trust's workforce is female at 81% and 19% of the workforce is male.
- 2.2% of the workforce has declared themselves disabled in 2010/11 which has remained static from 2009/10.
- Statistically the age band with the highest number of staff is 45-49.
- The age bands over 50 accounts for 36.8% of the workforce compared to 21.7% of staff aged between 16-34 and 41.5% of staff aged between 35-49.
- The statistics would suggest that the workforce is under represented, as compared to the Wigan Borough, in relation to employees between the ages of 16–24 and 30-34. In regards to the 16-24 age bracket it is expected that there would be an underrepresentation of the Trust workforce in comparison with the Wigan Borough due to 21 years being the minimum age for qualification of professional staff groups in the Trust. In addition there are also a proportion of the Borough's young people in this age group within full time education. However, the Trust does promote itself to young people through its work experience and apprenticeship schemes and will also be participating in a Young Persons Event to promote healthcare professions to young people. We have no specific plans at this time to target initiatives at the 30-34 age group; however, we will continue to monitor this category alongside the other age brackets and take appropriate action should it become a particular area of concern.



Wrightington, Wigan and Leigh NHS Foundation Trust

Quality Accounts 1 April 2010 – 31 March 2011



This graphic represents the Trust's quality strategy of safe, effective and caring. You will notice sections in the Quality Accounts highlighting one or more of the segments which also forms part of the WWL Wheel.

Part 1: Statement on Quality

Welcome to our third Quality Account – the annual opportunity to reflect on progress along our chosen road; to make quality the overarching strategy for our Foundation Trust. I want to start by emphasising that when we talk about the paramount importance of quality, this is not just an offering of 'motherhood and apple pie'. For us, quality is not soft rhetoric but hard-nosed, evidence-based, measurable improvement in the areas that make the biggest difference to patients. You will therefore find that this Quality Account is packed with facts and figures and not with vague aspirations.

We have much to be proud of. We have almost eliminated MRSA with just two cases during 2010/11. We have made a further dramatic reduction in the number of Clostridium Difficile infections with just 62 cases this year. Compare these figures to 2007-08, the year before we started Quality Accounts, when we had 19 cases of MRSA and 373 of Clostridium Difficile.

Another central objective is to reduce avoidable mortality. The main measure of this is Hospital Standardised Mortality Ratio (HSMR). In each of the last three years we have achieved significant reductions of over 10%. But the rest of the NHS is improving too, so our HSMR figure is only a comparison to other organisations. Our figure for 2010/11 is 94.8. Whilst pleased to be slightly better than average, we aim to do much better and have set ourselves the objective of getting to 83 over the next two years.

In January 2011, our Board agreed on a new quality strategy with a challenging central objective to be in the top 10% of hospitals for everything we do. This also explains our new HSMR target, as to be in the top 10% we need to get to 83 or better by 31 March 2013.

Quality is about far more than infection rates and HSMR. This report covers a multitude of other measurable areas and here are some highlights:

- 98.9% of patients were treated within four hours in A&E. This is the second best hospital performance in the North West of England
- Our falls initiative won the Health Service Journal Award in the category of Data and Information
- This was the third year in which we had no 'Never Events'
- We achieved a big reduction in the incidence of pressure ulcers with just 10 recorded for the year
- We achieved the very exacting standard of NHSLitigation Authority Level 2, reflecting our comprehensive systems, policies and procedures to achieve safe, effective, patient-focused care

My personal priority this year has been to improve patient experience. And I am grateful to the members of the Task Force set up to do this. Whilst I can see signs of progress it is obvious that we still have a long way to go. Our annual Picker Survey results were poor and I still hear too many anecdotes of poor experience. I know that these are only a small minority of the huge number of patient journeys through our hospitals, but it is still distressing that we sometimes let our patients down badly. Improving patient experience will again be my personal top priority in 2011/12.



As we look ahead, we know that the whole NHS faces an era of austerity when hospitals will lose income despite growing demand for healthcare. In this environment, quality is not the problem, but the solution. We must aim not just to protect quality in these difficult times, but to see that quality is the answer to the financial challenge. Every time we avoid harm we save money. Every time we give the best possible care we are giving the most efficient care. Every time the patient experience is perfect it is because we have used our resources to the best effect. It is our plan to be in the top 10% for everything we do that will enable us to meet the challenges ahead.

Finally, I want to thank all of our staff and especially those who have stepped up to give personal leadership in quality initiatives. There are too many to list here but you know who you are. My enormous appreciation, admiration and thanks to you.

In making this statement I can confirm that to the best of my knowledge the information contained in this quality is accurate.

Andrew Foster Chief Executive

11/1/



Part 2: Priorities for Improvement in 2011/12 and Statement of Assurance from the Board

2.1 Priorities for Improvement

2.1.1 2010/2011

Progress against the Trust priorities for improvement outlined in the Quality Accounts for 2009/10 for 2010/11 are identified collectively within the following table:

Quality Accounts Measures

Rating	Quality Domain	Measure	Target	Performance	Comment
	Experience/ Effectiveness	A&E 4 hour waits	95%	98.40%	Both the national and internal stretch target of 98% were met.
	Experience	Patient Experience	85.0%	89.1%	Despite achieving the target of 85% within the Real Time Patient Survey this is below 2010/11 performance
	Safety	Falls (per 1000 bed days)	6.90%	5.50%	There has been an overall improvement in falls over the last year due to the onset of the falls project and improvement programme.
	Experience	Cancellation of Appointments	8.42%	8.08%	The number of cancelled first outpatient appointments has shown a slight improvement in year.
	Safety	Venous Thromboembolism	90%	78.70%	There has been a considerable improvement in VTE performance from a baseline position of 36.8%. Action has been taken to resolve the areas of concern in 2011/12.
	Effectiveness/ Safety/ Experience	Following National Institute for Clinical Excellence (NICE) Guidance	N/A	N/A	The Trust has systems in place to audit and monitor compliance against NICE guidance. Exceptions are reported via Quality Improvement Committee and the PCT led Quality Review Committee

2.1.2 2011/2012

The quality of clinical care is **the** business of NHS organisations. This is a self evident truth emerging from recent failings illustrated in the Francis Report and failings at Maidstone Hospital. It is reinforced within the key themes of the White Paper 'Equity and Excellence Liberating the NHS" which include, improving health outcomes to among the best in the world and giving more information and choice to patients about their care:

'there will be no decision about me without me'

To attract patients to WWL the services, treatment and care that is offered to our patients must not purely meet national requirements of being provided within agreed timescales and finances. The treatment and care that is provided must be patient-centred, recognised as being a quality service that ensures consistent delivery of evidence-based standards and most importantly is viewed as delivering safe and effective outcomes.

The Government have also renewed the pledge to eliminate mixed sex accommodation and further reduce Healthcare Acquired Infections (HCAIs). This is to support reductions in harm and enhance patient experience.

The Trust Board has made a commitment to put Quality on a par with finance and performance, with safety being the highest priority of all. A number of quality measures are reported to the Board monthly within the performance framework. The Trust is also committed to establishing a fair and open culture to promote learning from incidents.

The Trust has a challenging service transformation agenda to support its service and site strategy. We are committed to developing clinical pathways to deliver the quality outcomes we aspire to.

We have had considerable success in reducing the incidence of infection pressure ulcers and reducing our Hospital Standardised Mortality Ratio (HSMR).

A number of senior Clinicians and Executive Directors have attended a variety of quality events and the Trust is affiliated to the North West's Advancing Quality Alliance (AQuA). This will help the Trust in achieving the culture and climate to enable positive open conversations about quality.

The Trust has reviewed its objectives and re-emphasised its commitment to the quality and safety agenda. Aligned with this are key objectives to improve quality and safety and support the adoption of a 'Zero Tolerance to Harm Culture'.



2.1.3 Quality Strategic Aims

Safe

- Reduce HSMR across all specialities to a maximum of 83 by 31 March 2013
- Reduce instances of harm as measured by the Incident Reporting Systems 50% by 31 March 2013

Effective

- Clear alignment with the Audit Programme
- Introduction of evidence based pathways (Map of Medicine)
- Continue to make cost savings as a consequence of quality initiatives

Caring

- Improve patient experience as measured by the patient experience dashboard
- Improved staff satisfaction as measured by the staff survey, SID feedback and Human Resource metrics

The Trust has detailed a number of priorities for improvement in 2011/12 which link to the recently published NHS Outcomes Framework.



			Priority
Domain 1	Preventing people from dying prematurely		Halving the harm Hospital Standardised Mortality Ratio (HSMR) / Summary Hospital Mortality Indicator (SHMI)
Domain 2	Enhancing quality of life for people with long-term conditions	Effectiveness	AQuA care pathways Medicines Management
Domain 3	Helping people to recover from episodes of ill health or following injury		 Stroke and Transient Ischaemic Attack (TIA) pathway Advancing Quality Initiative Outreach Compliance to NICE Quality Standards
Domain 4	Ensuring that people have a positive experience of care	Patient Experience	Patient Experience Taskforce (projects) Delivering same sex accommodation
Domain 5	Treating and caring for people in a safe environment and protecting them from avoidable harm	Safety	Infection Control – Methicillin-resistant Staphylococcus aureus (MRSA), Clostridium Difficile, Methicillin-sensitive Staphylococcus aureus (MSSA) etc) Fractured neck of femur Falls prevention Safety Express Venous Thromboembolism (VTE)

Progress against these priorities will be measured, monitored and reported on a monthly basis. This will be carried out by a combination of the Quality Improvement Committee and via the Trust Board's performance report.



2.1.4 Partnership Working

Partner Organisation	Yes/No	Consulted on Quality in 2010/11
		During 2010/11, the Local Involvement Network Governor has attended the Joint Trust Board and Council of Governor meetings that view quality items on the agenda hosted and chaired by the Trust Chairman. This forum gives the LINk Governor the opportunity to challenge the Trust in its delivery of key measures associated with the Quality Agenda.
		We have worked in partnership with the LINk and their members on what they consider the most important from a hospital service. The feedback has been fed into the Service and Site Review we are currently undertaking. The LINk Governor has attended the Trust's Service and Site Consultation Working Group.
LINk	Yes	The Trust has worked with the LINk on the quality of Hospital Discharge of Older People in the Wigan Borough project. A major part of the work programme centred on engaging with older people and their carers to identify their experiences.
		We have also been working in partnership on a project about what people with hearing problems say about the quality of Health Care Services in the Wigan.
		The LINk Governor works very closely with the Head of Engagement and attends the Trust Engagement Committee. The Head of Engagement has the responsibility to work with the LINk to monitor the engagement strategy and the quality of the patient experience received.
	Yes	During 2010/11 the Council of Governors have met on seven occasions; three of these jointly with the Trust Board. On each occasion the Governors have received presentations on the Trust's overall performance, directly linked to the quality agenda.
Governors		Governors sit on key quality committees including the Risk and Environmental Committee, Quality Improvement Committee, Engagement Committee and Patient Experience Task Force. Each of these forums provides opportunities for Governors to challenge the Trust on quality indicators and to provide advice and support to further enhance our quality performance.
		The Governors held a seminar in March 2010 to review the quality accounts for 2010/11 and have agreed two local indicators for ongoing monitoring in 2011/12.
		Over the course of 2010/11 the Trust Chief Executive was regularly invited to the Wigan Borough Adult Health and Wellbeing Scrutiny Committee to provide performance updates, including on quality.
Wigan Borough	Yes	A link to elected members was created through the Cabinet Member for Health and Social Care, who is one of our Governors.
Council	165	Since January 2011, there has been a combined position of Local Authority and PCT Chief Executive who has fortnightly meetings with the Trust Chief Executive. She and local MPs attended an event in March 2011; which specifically covered the issues of quality in orthopaedic care.
		During 2010/11 we met with the PCT formally, in the regular Clinical Quality Review Meeting hosted and chaired by the PCT.
Primary Care Trust	Yes	This forum gives the PCT opportunity to challenge, and act as a critical friend to the Trust, in its delivery of key measures associated with the Quality Agenda. The Trust liaises directly with the PCT on Serious Untoward Incidents as and when these occur.

2.2 Our Business Strategy

The Trust has recently consulted with staff over a new framework for our business strategy and new corporate objectives. The aim of this new framework is to explain in very simple terms our core purpose as defined in our mission, vision and strategy for the future. The framework also aims to clarify the underpinning values that will guide our actions in delivering this strategy and providing services to our patients.

Our intention is that all our staff should be able to recognise and support our strategy and values in their own areas of work. They should also immediately understand the contribution that they make personally in achieving these. The key elements of the new framework are summarised below.

2.2.1 What We Are Here For and What Matters To Us

Our strategic framework aims to describe our mission, vision and strategy in a way which will make sense to everyone, as follows:

- Our **mission** To provide the best quality health care for all our patients
- Our vision To be in the top 10% for everything we do
- Our **strategy** To be safe, effective and caring

The above phrases describe the essence of what we aim to do for our patients, staff and communities. But our strategic framework also needs to describe clearly for our staff how we will work together to achieve these aims. This element of the framework is captured in our statement of valuesthat we have agreed and match those detailed in the NHS Constitution.

2.2.2 Supporting Strategic Themes

We have identified seven core themes to describe the actions and plans that we need to implement in order to achieve our vision:

- Sustaining high performance
- Promoting innovation
- Developing leaders and teams
- Providing rapid, accurate information
- Engaging with staff
- Investing in improvement
- Working in partnership

These themes have been identified as we believe they will continue to apply over the long term. On this basis, they will provide an important reference point around which we can build our annual corporate objectives, our divisional and team objectives as well as our personal objectives and development plans.

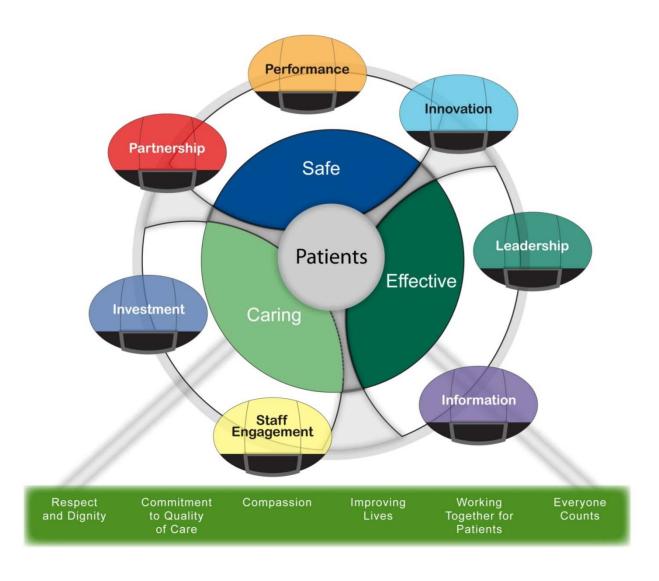


2.2.3 The WWL Wheel

The WWL Wheel (shown below) has been developed as a visual aid to demonstrate how all the elements contained within this strategic framework link together:

- Patients are at the centre of the wheel as they are at the centre of everything we do
- Meeting patient needs in terms of outcomes and patient experience is also emphasised by the description of our three strategic aims in the inner segments of the wheel – "safe, effective and caring"
- The seven pods around the wheel represent our long-term strategic themes
- Our values make up the strong base that supports the wheel

We are still reviewing feedback on our proposals, but when we have finalised our strategic framework at the end of this process, we intend to use this image of the WWL Wheel as a regular reminder to everyone of our core purpose and priorities.



2.3 Statement of Assurance from the Board

The Directors of Wrightington, Wigan and Leigh NHS Foundation Trust (WWL) are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year.

Monitor 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 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 can confirm that they have taken steps to satisfy themselves that:

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2010/11:
- The content of the Quality Report is consistent with internal and external sources of information including:
 - Board minutes and papers for the Period April 2010 to June 2011
 - Papers relating to Quality reported to the Board over the period April 2010 to June 2011
 - Feedback from NHS Ashton, Leigh and Wigan dated 26 April 2011
 - Feedback from Council of Governors dated 23 March 2011
 - Feedback from Local Involvement Networks (LINks) dated 21 April 2011
 - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 23 September 2010
 - The 2011 national patient survey
 - The 2011national staff survey
 - The Head of Internal Audit's annual opinion over the Trust's control environment is expected on 23 May 2011
 - CQC quality and risk profiles dated 21 April 2011
- 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 Account 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 Monitor's annual reporting 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



2.4 Review of Services

During 2010/11 WWL provided and/or sub-contracted 44 NHS services as defined in the Trust's Terms of Authorisation as a Foundation Trust.

WWLhas reviewed all the data available to them on quality of care in all 44 of these NHS services.

The income generated by the NHS services reviewed in 2010/11 represents 99.1% of the total income generated from the provision of NHS services by WWLfor 2010/11.

The quality aspirations and objectives outlined for 2010/11 reached into all care services provided by the Trust and so will have had impact on quality of all services. Various activities enable assurance that quality improvement is being achieved including:

- Ward-to-Board reports
- Monthly performance reports
- Clinical audit
- External independent audits (for example Care Quality Commission (CQC) inspections, Pathology Networks)

2.5 Participation in Clinical Audits and National Confidential Enquiries

During the period 1 April 2010 to 31 March 2011, there were 42National Clinical Audits and six National Confidential Enquiries covered NHS services that WWL NHSFT provides.

During 2010/11 WWL NHSFT participated in 32 (76%) National Clinical Audits and all six (100%) National Confidential Enquiries of the National Clinical Audits and National Confidential Enquires which it was eligible to participate in.

Appendix A is a list of the National Clinical Audits and National Confidential Enquiries that WWL took part in. Also listed is the number of cases submitted to each audit or enquiry as a percentage of the actual submissions.



2.6 Research

Within the last three years, research and development has undergone a national programme of complete restructure. The national programme for research is led by the United Kingdom Clinical Research Network (UKCRN). The UKCRN was formed from 25 local research networks in England. This enabled 100% of the total population in England to be covered and this would give all of the population the opportunity to engage in clinical research at point of need, should they wish to do so.

As a member of the Greater Manchester Clinical Research Network (GMCRN) we are given an annual budget to enable us to put into place a strong infrastructure. This allows us to support the Department of Health vision for doubling research participation within a five year period.

The Research and Development Department have been active in promoting studies and trials which are managed by the National Institute for Health Research (NIHR) Portfolio and 2010 has evidenced an increase from 2% of trials in 2008 to 27% of trials in 2009 and is currently standing at 40%with a further nine portfolio studies in the process of gaining permission. This will take active portfolio engagement to approximately 57% representing an increase of more than 100% from 2009/10.

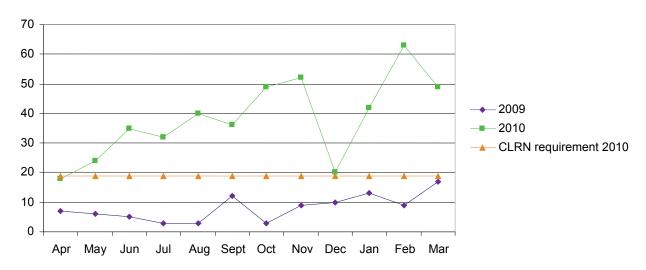
In preparation for the proposed funding structure for 2011, the Research and Development Department has been monitoring research activity. As a result of the change in the provision of Flexibility and Sustainability Funding (FSF), which formed a significant part of the funding in 2009/10, the Department has concentrated on building research capacity. This enabled the Trust to support the developing research infrastructure within the organisation which in turn will provide assurance in the various clinical areas of activity that the Trust is committed to within its research portfolio.

Participation in Research

The number of patients receiving NHS services in 2010/11, provided or sub-contracted by WWL, that were recruited during that period to participate in research approved by a research ethics committee was 463.

The graph below shows the comparative figures of recruitment to clinical trials for the year 2009/10 and 2010/11. It shows a significant increase following the capacity building within the Trust, and is substantially above the projected number required by the UKCRN.

Comparison Table of Recruitment



Flexibility and Sustainability

The Trust was required to submit a report to the NIHR detailing to them how the sum of £137,653 was used. In previous years the Trust received an individualised response to what was termed the Annual Report, however this year the report was accessed via an internet link and was a generalised report for all Trusts.

There will be no requirement for a report to go to the NIHR in 2011 because there was no FSF provision made to WWL in 2010/11.

Research and Development Department

Our participation in clinical research shows WWL's commitment to improving the quality of care. It also supports our contribution to wider health improvements. Actively taking part in research allows staff to be informed of the latest treatment possibilities which can lead to better patient outcomes.

In accordance with section 3.10 of the Research Governance Framework for Health and Social Care, the Research and Development Department holds a record of all research projects and their current status.

WWL was involved in conducting 83 portfolio trials during 2010/11. Fifty of these remain active and a further five are in follow up with nine trials in the set up process. Areas of activity are:

- Cancer
- Paediatrics
- Musculoskeletal
- Rheumatology
- Stroke
- Gastroenterology
- Physiotherapy

Good clinical practice training is provided for all staffwho participate in research. This assists the progress of quality research throughout the Trust. The training is offered to all staff including consultants, medical staff, nurses and administrative staff.

Innovation

Encouraging staff to develop new innovative ideas is supported by the Trust in the following ways:

- The provision of an up to date Intellectual Property Policy
- The development of an internal Innovation Fund and Steering Group to which interested parties are invited to submit requests for funding. The steering group meets on a monthly basis.
- The creation of an 'Innovate' micro web-site on the Trust's Intranet
- Continuing a close working relationship with Innovation Hubs to protect and aid in further development of innovative ideas
- Open Space activity at Professional Development Days to involve and encourage staff to bring their ideas forward for improving healthcare on the ward. This has proved very successful with a number of projects in varying stages of development



2.7 Commissioning for Quality and Innovation (CQUIN)

The Commissioning for Quality and Innovation (CQUIN) payment framework enables providers of healthcare services to be rewarded by commissioners for service excellence. This is achieved by linking a proportion of healthcare providers' income to the achievement of local quality improvement goals.

A proportion of WWL's income in 2010/11 was conditional upon achieving quality improvement and innovation goals agreed between WWL and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

WWL achieved £2.0m out of a possible £3.0m for CQUIN payments during 2010/11.

The table shown overleafdetails by quarter how the Trust has performed against each of the CQUIN measures as agreed with NHS Ashton, Leigh and Wigan.

As the table shown overleafdemonstrates, the Trust has had a mixed result in achieving the CQUIN targets set for 2010/11. The targets for each quarter during 2010/11 were set to be more challenging to drive further improvements in service quality.

The table shows green those areas where performance targets were achieved and in red where they were not achieved. The Trust is pleased to report as green the achievement of a high number of measures. As the quarters progressed and the targets became more challenging, performance did not meet targets in a number of areas. Those CQUINs reported as red at Trust level may be masking achievement within individual Divisions.

Since January 2011 CQUINS have had an increased profile within the Trust and as such clinical leads have now been identified within each Division for each measure going into 2011/12. It is expected that this more uniform approach will further improve our performance in 2011/12.



	CQUIN Sc	heme 2010	/11			
National Indicators	Contract Weighting	Contract Proportion £000	Q1	Q2	Q3	Q4
VTE	0.1	£200 £400	45.7%	71.6%	79.1%	78.7% 62.7
Improving Patient Experience	0.2	2400				02.7
Regional Indicators						
AQ - Acute MI	0.01	£20	99.14%	99.24%		
AQ - Heart Failure	0.01	£20	80.43%	79.1%		
AQ - Hip/knee AQ - Pneumonia	0.01	£20	93.09%	92.9%		
AQ - Prieumonia AQ - Stroke	0.01	£20	81.69%	81.6%		
TARN - Achievement of moderate improvement			N/A ✓✓	N/A ✓✓	N/A	N/A
TARN - Achievement of 97% data accreditation	0.1	£200	90.2%	89.7%	N/A	N/A
Local Indicators						
Time in A&E - Reduce admissions between 3.5 and 4 hours	0.12	£240	54.5	46.2	53.4	56.3
Time in A&E - Diagnostic Results	0.03	£60	92%	93%	94%	97%
Admissions - Reduce admissions of 19 ambulatory care conditions	0.12	£240	12.6	11.7	13.9	14.5
Discharges - Reduce delayed discharges	0.05	£100	1.2	0.92	0.30	0.55
Discharges - Reduce readmissions within 28 days	0.08	£160	7.0	7.2	6.6	5.7
Discharges - Reduce LOS in stroke unit	0.08	£160	9.7	6.6	7.4	7.2
Discharges - Increase % patients discharged over weekends	0.12	£240	13.0	13.3	13.2	13.5
Discharges - Discharge summaries to GP's within 24 hours	0.08	£160	43.2%	40.6%	40.3%	49.3%
End of Life Care - Compliance with patients wishes to die at home	0.04	£80		0%	0%	0%
Falls - Risk Assessments for patients aged 60 and over	0.03	£60	N\A	N\A	3%	2%
Falls - Increase referrals of patients to falls service	0.03	£60	N\A	N\A	0%	0%
Fractured Neck of Femur - Number completed within 24 hours of admission	0.06	£120	59	55	53	60
Fractured Neck of Femur - Reduce readmissions within 28 days	0.06	£120	14	18	12	18.3
Breastfeeding - Improve continuation rates	0.03	£60	70%	68%	69%	70%
Urinary Tract Infections - Reduce hospital induced UTIs caused by catheters	0.03	£60	0.43	0.61	0.45	0.44
Day Cases - Reduce day cases admitted overnight	0.03	£60	5.6	5.4	5.3	4.8
Human Resources - Compulsory Training	0.02	£40	86.7%	86.8%	88.6%	88.0%
Human Resources - Induction Training	0.01	£20	92.8%	95.6%	97.0%	99.1%
Human Resources - PDR compliance	0.03	£60	80.2%	77.4%	77.4%	74.7%
N/A = Not Applicable						

Safe

Caring

Effective

Statement from the Care Quality Commission (CQC)

The Care Quality Commission (CQC) is the independent health and social care regulator for England. All healthcare providers in England must be registered with the CQC.

WWL is required to register with the CQC and its current registration status is unconditional. This means WWL is licensed to provide services under a new, tougher system for regulating standards in the NHS.

The CQC has not taken enforcement action against WWL during 2010/11.

On the 22 September 2010 the Trust received an unannounced but welcome formal visit from representatives from the CQC.

The CQC targeted their inspection to cover two wards at Wrightington; Wards 5 and 6 were chosen at random. The CQC specifically asked to inspect Ince Ward on the Wigan site and asked the Trust to allocate a surgical and a medical/care of the elderly ward. The two wards inspected were Swinley and the Acute Stroke Unit also on the Wigan site.

The inspection included the following:

- Observing the organisation and management of the wards (general ward environment, cleanliness, availability of information)
- Observing the care provided
- Tracking care required as documented in the patient's care plan
- Records/documentation of care given (entries including name date and times)
- Interviewing patients
- Interviewing staff
- Reviewing ward staff rotas and allocation of staff

In November 2010, at the publication of the report of the CQC unannounced visit the CQC stated:

"Following this unannounced visit I am satisfied that the Trust is meeting essential standards. I am also reassured that the Chief Executive and the senior management team have an up to date assessment of the day to day running of the wards visited," says Sue McMillan. "And while there are a few actions the Trust has to take in respect of record keeping, tidiness on one ward, and regular complaints management training, we did not deem these sufficiently serious that they warranted compliance action. However, we will continue to monitor progress. Finally, I would like to thank the patients, visitors and staff who provided us with vital evidence during our visit."

The full CQC report can be found at:

http://www.cqc.org.uk/ db/ documents/RRF Wrightington Wigan and Leigh NHS Foundation Trust Review of Compliance 22092010.pdf

WWL has not participated in any special reviews or investigations by the CQC during the reporting period.

The CQC made no Compliance or Enforcement actions to the Trust and gave just three improvement actions relating to:

- "the review of nursing records demonstrated that risk assessments relating to care of patients was not consistently documented or updated"
- "during the site visit we found one ward to be a disorganised and cluttered environment"

• "staff reported that they had not received regular complaints management training"

Each of these improvement actions have now been addressed.

The Directors updated the CQC on the ongoing work to improve the facilities for acute stroke patients, including space/storage. They also outlined the work already underway to continue to improve every patient's experience and that this was one of the Trust's top priorities. The CQC requested some additional information,for example, Annual Complaints Report for 2009/10, copies of the Trust's monthly performance report, complaints management strategy, evidence of complaints handling training and examples of action plans following the handling of complaints.

The Deputy Chief Executive/Director of Nursing and Performance provided feedback to the wards and staff following the inspection. This feedback included an acknowledgment that the CQC saw evidence of the staff commitment to provide the best possible care for all patients at all times.

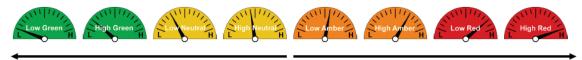
The Trust also submitted an action plan to address the following issues:

- Complaints training
- Clinical record keeping
- Clutter and storage facilities on the Acute Stroke Unit

The CQC confirmed the Trusts registration status remains unconditional.

Since September 2010, the CQC have produced monthly Quality Risk Profiles (QRPs) to offer an assessment of the organisation's position against other health care providers. The QRP should act as an early warning of where the organisation might need to focus attention to deliver improvement. As at 21 April 2011 the Trusts position was:

	Section	Sep 2010	Oct 2010	Nov 2010	Dec 2010	Feb 2011	Mar 2011	Apr 2011
1.	Involvement and Information					Low neutral	Low neutral	No data available
2.	Personalised Care, Treatment and Support					High neutral	High neutral	Low neutral
3.	Safeguarding and Safety					Low neutral	Low neutral	Low neutral
4.	Suitability of Staffing					High neutral	Low neutral	Low neutral
5.	Quality and Management					Low Green	Low neutral	Low neutral
6.	Suitability of Management	٦	There is no inf	ormation ava	ilable for this	s part of the QR	P for this Provid	der



Reducing risk of non-compliance

Increasing risk of non-compliance





Some data is available, but it is not sufficient to calculate a risk estimate



There is no data available to inform this outcome or group of outcomes

© Care Quality Commission 2011

During 2010/11 the CQC wrote to the Trust in respect of two issues:

- Emergency re-admissions within 28 days of discharge following knee replacement at WWL.
 Following correspondence between the Trust and the CQC, on the 28 March 2011 the CQC wrote to the Trust concluding; 'we have reviewed the information you have provided, considered it against our own findings and do not feel that we need to undertake additional enquiries at this time'
- The Health and Social Care Act 2008, Provider compliance assessment submission. The CQC wrote to WWL on the 14 March 2011 asking the organisation to provide evidence of compliance with four specific CQC outcome measures:
 - Outcome 4 Care and welfare of people using the service. Particularly at Wrightington Hospital
 - Outcome 11 Safety, availability and suitability of equipment
 - Outcome 13 Staffing. Particularly at Wrightington Hospital between Friday afternoon and Monday morning
 - Outcome 16 Assessing and monitoring the quality of service provision

The Trust responded to the CQC in full on the 23 March 2011 and at the time of publication of the Quality Accounts awaits a response from the CQC.

2.8 Data Quality

All Trust staff have a responsibility to record accurate data which is reflected in the Data Quality Policy. Key staff in the organisation have designated roles to ensure procedures and guidelines are in place to accurately capture information in real time. The Trust's Data Quality Committee has responsibilities to ensure procedures and guidelines are being followed, that data is accurate and validated by the Divisions and Audits are carried out as approved by the Audit Committee.

WWL will be taking the following actions to improve data quality:

- Implementation of refresher training for data entry into core Trust IT Systems via face-to-face and E-Learning training
- Review of existing Training guidelines and procedure guidelines to provide data assurance that all mandatory data items required for reporting purposes are captured and recorded accurately
- Data Quality audits undertaken to assess compliance with training and procedural guidelines
- The Data Quality Committee requires Divisional sign off of the Divisional Data Quality Dashboard on a monthly basis to ensure that data entered is accurate and complete

Capturing patient level information is key to ensuring the Trust continues to improve patient care and provides a service to support the needs of the local population and surrounding areas. Patient demographic data, including ethnicity and registered GP are validated with the patient at every face-to-face interaction. This ensures quality data and aligns patient records to reduce the clinical risks of duplicate records and delayed correspondence with the patient and/or their GP.

WWL submitted records during 2010/11 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 that contain NHS number is:

- 99.1% for admitted patient care
- 100% for outpatient care
- 96.9% for accident and emergency care

of which included the patient's valid General Medical Practice Code was:

- 100% for admitted patient care
- 100% for outpatient care
- 100% for accident and emergency care

The patient NHS number is the key identifier for patient records. The Trust clearly displays this on all patient documentation, correspondence, patient wristbands and in core Trust IT systems, in accordance with National Patient Safety Agency Guidelines.

2.9 Information Governance Toolkit Attainment Levels

The Information Governance Toolkit submission is required by the 31 March each year and is a measurement of the Trust's performance to ensure that personal data is dealt with securely and confidentially.

WWL achieved 77% compliance with the Information Governance Toolkit assessment for 2010/11. This is the highest score the Trust has achieved in the eight years of the IG Toolkit being in existence. There are 45 requirements in total which are scored at 4 levels of compliance ranging from Level 0 to Level 3.

During 2010/11 there were 22 requirements which were assigned as national key requirements. Foundation Trusts were required to score at least a Level 2 for each of these requirements, which WWL has achieved. The Trust achieved Level 2 standard or above for 91% of the requirements.

2.10 Clinical Coding Error Rate

WWL were not subject to a Payment by Results (PBR) clinical coding audit during 2010/11 by the Audit Commission due to the high level of performance in 2009/10. These audits are only required to be carried out once in a three year period for high performing Trusts.

However, there was an Advancing Quality Audit carried out in November 2010 reporting on the quality of coding for the 13 Healthcare Resource Groups (HRGs) relevant to the Advancing Quality Programme. This provided assurance as the quality of clinical coding was reported as 'no high anomaly requiring further investigation'.

The 13 HRGs reviewed fell into the following condition categories:

- Pneumonia
- Coronary artery bypass graft
- Acute myocardial infarction
- Heart Failure
- Hip Replacement
- Knee replacement



In addition to the Quality Accounts audit, WWL also engaged audit services from an accredited external source to obtain assurance that clinical coding quality was of an acceptable standard. The Executive Summary of the external report stated that 'the general standard of clinical coding was good'.

Below is the summary of the accuracy of clinical coding in the areas of diagnosis and procedures in accordance with National Clinical Coding Standards:

	Number Audited	% Correct
Primary Diagnosis	200	90.00%
Secondary Diagnosis	776	90.46%

	Number Audited	% Correct
Primary Procedure	121	97.52%
Secondary Procedure	191	96.34%

A number of recommendations were reported as part of this audit as whilst the findings show a good standard of coding, the levels were not 100% accurate, this is often due to the complex nature of translating clinical information into clinical codes using the national rules and guidelines.

Measures put in place to improve the accuracy are:

- Clinical Coding Divisional Leads to work with the Clinicians to provide clear and concise clinical information detailing patient care delivered. This will aid translation to clinical codes
- Undertake a review of the local policies implemented to ensure these are still valid
- Regular internal review of coding accuracy
- Regular internal clinical coding training



Part 3: Review of Quality Performance 2010/11

3.1 Trust Quality Account

Patient	Patient Safety				
Target		Indicator	Comment		
	4	MRSA (Post 48hrs)	MRSA - Year to Date Actual = 2 cases. Annual Target = 4		
	146	C.Diff	C.Diff - Year to Date Actual = 62. Annual Target = 146		
	>=95%	Ward to Board	Ward to board Quarterly figures have improved: Q3 88.71%, Q4 94.41%. Year to Date Actual = 91.38%		

Clinica	Clinical Effectiveness					
	N/A	HSMR	HSMR Relative risk for the rolling average of 12 months to the end of March 2011 was 94.8 (data available retropsectively)			
	N/A	Never Events	Never Events As at the 31 March 2011 it has been 1094 patient days without a "Never Event" since the establishment of the baseline (1 April 2008).			
	<=5%	Readmission Rates	Readmission Rates 6.62% for the full year			

Patient	Patient Experience					
	N/A	Feedback Scores	Real Time Patient Experience Survey We have achieved an overall average score 89.5% of a positive patient experience during the year.			
	N/A	Complaints	Complaints There were 28 less new complaints received during 2010/11 than 2009/10			
	N/A	Temporary Staff	Temporary Staffing Expenditure on Temporary Staffing remains above the target level set at the start of 2010/11.			
	N/A	Delivering Same Sex Accomodation - Breaches				



3.2 Divisional Quality Accounts

The Divisional quality accounts include national and regional quality improvement measures detailed with the individual dashboards presented below. The tables include national targets where these are available.

3.2.1 Musculoskeletal Division (MSK) - Quality Dashboard Extract

Domains	Measures	Goal	Published	Latest	National
			2009/10	2010/11	Avg.
			Measure	Measure	Figure
Patient Safety	Staff e-compulsory training	90%	82.0%	81.6%	N/A
	Staff Personal Development	85%	76.5%	75.1%	N/A
	Reviews				
	Staff Induction	90%	86.8%	100%	N/A
	MRSA bacteraemia	Nil	Nil	Nil	
	MRSA Screening at Pre-	100%	100.0%	100.0%	100%
	Operative assessment				
	Primary hip replacement –	5.7	5.96	6.21	6.3
	average length of stay				
	Primary knee replacement –	6.0	6.61	6.63	6.2
	average length of stay				
	Revision hip replacement –	11.0	12.44	9.51	9.7
	average length of stay				
	Revision knee replacement –	9.4	7.6	10.55	9.4
	average length of stay				
Clinical	Reduced HSMR for Fractured	<100	81.6	76.7	
Effectiveness	Neck of Femur (hip)	1	10.0		
	Reduced length of stay for	19	16.5	18.3	10.6
	Fractured Neck (hip)	4000/	100.00/	0= 40/	
	Antibiotic received within one	100%	100.0%	95.4%	
	hour of incision time	4000/	75.00/	00.00/	
	Adherence to	100%	75.6%	96.2%	
	thromboprohylaxis policy	95%	07.20/	06.00/	
	Antibiotic discontinues within	95%	97.3%	96.2%	
	24 hours of surgery end time Recommended venous	95%	82.8%	93.8%	
	thromboembolism prophylaxis	95%	02.0%	93.6%	
	ordered				
	Appropriate VTE prophylaxis	95%	82.8%	90%	
	received within 24 hours prior	0070	02.070	3070	
	to or after surgery end time				
Patient Experience	Complaints resolution within	100%	79.2%	83%	
	25 days				
	Day Case Rates	58%	75.5%	50.27%	59.7%
	Reduced Outpatient Hospital	0%	13.8%	10.2%	
	cancellations (Trauma and				
	Orthopaedic)				
	Reduced Outpatient Hospital	0%	2.1%	2.9%	
	cancellations (Rheumatology)				
	18 week pathway for non-	95%	94.49%	88.77%	95%
	admitted Trauma and				
	Orthopaedic				2 = 2/
	18 week pathway for non-	95%	100%	98.32%	95%
	admitted Rhuematology	0.004			000/
	18 week pathway for admitted	90%	75.31	95.01%	90%
	Trauma and Orthopaedic	000/	00.00	05.040/	000/
	18 week pathway for admitted	90%	99.32	95.24%	90%

Domains	Measures	Goal	Published 2009/10 Measure	Latest 2010/11 Measure	National Avg. Figure
	Rheumatology				
	Same day admission rate	80%		95%	92.4%

Achievements

The Division has retained its excellent record against zero MRSA bacteraemia and over the year has made significant improvement to ClostridiumDifficile rates. In a similar vein the Division has undertaken MRSA screening for pre-operative patients for over 10 years. This has now been extended to include non elective and emergency admissions.

Average length of stay has steadily reduced across the year with only two treatment groups currently above our target by less than one day. Further work is planned in 2011/12 to further reduce length of stay for both primary and revision joint replacement. These developments are linked to the Enhanced Recovery Programme which speeds up a patient's recovery after surgery.

Significant improvements have been made on Fractured Neck of Femur (hip) pathways with improved Orthogeriatrician cover, standardised anaesthetic practice and improved time-to-theatre which has resulted in significant reduction in HSMR for this group of patients.

The Division continues to make progress with Patient Reported Outcome Measures (PROMs); 77% of patients about to undergo Primary hip replacement elected to participate in the programme and the participation rate for patients requiring primary knee replacement was 65% in February. Progress continues to move towards real time data entry for Advancing Quality; 90% of data is on the system within the first three days of admission.

The division has also made significant improvements in achieving the CQUIN measures particularly in relation to VTE and antibiotic prescribing.

Areas for improvement

The Division achieved 18 weeks in six consecutive months; however performance has dipped in the later part of 2010/11. The Division is working on action plans to retrieve its previous performance level.

Further improvements need to be made to patient pathways to get fractured neck of femur patients to the right ward within four hours and to reduce re-admissions for both elective and non elective patients.

Sickness and absence is robustly managed within the Division but we have failed to achieve our target of 4.1% although absence rates have reduced across the year.

There has been slow progress in achieving mandatory training and personal development plan targets and monthly meetings with ward and department managers have been implemented to constantly review performance.



3.2.2 Medicine Quality Accounts - Quality Dashboard Extract

Domains	Measures	Goal	Published 2009/10 Measure	Latest 2010/11 Measure	National Target
Patient Safety	Staff e-compulsory training	90%	82.0%	83.6%	
	Staff Personal Development Reviews	85%	99.6%	79.6%	
	Staff Induction	90%	96.3%	97.5%	
	Ward-to-Board Audits	90%	95.6%	95.23%	
	Falls review by Quality and Safety Matron within three days	100%	Yes	100%	
	Aseptic Non-Touch Technique (ANTT) Training	100%	Yes	Yes	
	HSMR – Coronary Heart Disease	90	79.4	89.4	100
	HSMR – Fractured Neck of Femur (Hip)	90	72.8	76.7	100
Clinical Effectiveness	Stroke patients to receive a CT scan within 24 hours	90%	91.2%	100%	
	Increase in number of eligible patient to Theatre within 24 hours	100%	100%	100%	
	Patients Treated and Discharged within four hours	99%	98.7%	95%	
	Reduction in Elective (planned) Length of Stay	One day	5.97	6.5	
	Reduction in non-Elective Length of Stay	One day	4.41	4.94	
	Implementation of care bundle for Acute MI (Heart Attack)	90%	95.0%	90%	
Patient Experience	Privacy and Dignity	90.0%	98.8%	95.29%	
	Hospital Cancellations	0	286	7.9 March	
	Compliance with Access Time Targets	3 weeks	2.52	3.39	
	Picker Institute Surveys Action Plan Complete	Yes	Yes	Yes completed	



Achievements

The vacancy factors affecting Ward establishment are improving week on week thanks to the efforts of all, including Human Resources and Finance.

Quality and Safety Matrons have identified trends within the Division highlighting these faults to the relevant Matrons to work with the teams by developing and monitoring action plans.

Following the review carried out by Price Waterhouse Coopers (PwC) earlier this financial year, the medical Division was highlighted as having some major issues with its governance management and structure. This required urgent attention. Thus far Governance within the Division has been reviewed and changes made to support a greater and more robust pro-active approach. This will be reported back to the Audit Committee meeting in May.

Accident and Emergency (A&E): We have been successful in year-to-date performance against the four hours standard for A&E and building on this the care delivery model to drive further service improvements. A recent visit to Middlesbrough Hospital has energised the team, to consider revising our higher senior profiles and defined roles and responsibilities within A&E. This is expected to enhance timely and effective senior decision making and treatment. The expected outcomes are shorter waits and increased quality.

The Medical Assessment Unit (MAU):The MAU plays an essential role in the provision of high quality care and treatment for acutely ill medical patients. The unit's primary purpose is to assess and initiate treatment for patients with medical conditions who have been referred via their GP or the emergency department.

It is the aim of the Divisional business case to seek approval to expand the current MAU bed base to meet national guidance on bed numbers and also to effectively manage patients in line with current best practice.

Delivering Same-Sex Accommodation (DSSA): With Executive approval we are looking at "piloting" a full compliance to Delivering Same-Sex Accommodation (DSSA) by creating a Cardio-Respiratory Unit; this will consist of Winstanley and Ince Wards combining their services to create single sex wards. Matron has commenced a training needs analysis for both areas; the drivers for this are not only compliance to DSSA but a better service to the patients of both specialities and greater support to the Consultants, Nurses and Multi-disciplinary Team (MDT).

Achievement of 18 Week Target

The Division of Medicine consistently achieved the 18 weeks waiting time target for admitted and non-admitted pathways. The month twelve position is as below:

Admitted	100%	(target 90%)
Non Admitted	98.85%	(target 95%)

Median Waits:

Admitted 4.6 weeks (target 11 weeks)
Non-Admitted 4.0 weeks (target 6 weeks)

Infection: The Division remains well within the trajectory from MRSA Bacteraemia and Clostridium Difficile rates. All incidents of MRSA Bacteraemia and Clostridium Difficile are fully investigated and are subject to Executive Directorscrutiny for lessons learned.



Areas for Improvement

The Division will be using CQUIN and contractual conditions to develop improved services throughout. Areas for review are:

- Patient flow
- Vacancy control and recruitment methodology
- Bed utilisation to include service alignment (cardio-Respiratory Unit, MAU)
- Governance to develop full understanding and cooperation of all staff



3.2.3 Clinical Support Services - Quality Dashboard Extract

Domains	Measures	Goal	Published 2009/10 Measure	Latest 2010/11 Measure	National Target
Patient Safety	Staff e-compulsory training	90%	90.5%	90.70%	
	Staff Personal Development Reviews		95.3%	96.30%	
	Staff Induction	90%	90.9%	100%	
	Sickness Absence	3.9%	4.72%	3.77%	
	Radiology - Reportable IRMA incidents	0	6	1	
	Pharmacy-% Compliance with Antimicrobial Policies by Division - Medicine	95%	64%	89%	
	Pharmacy-% Compliance with Antimicrobial Policies by Division - Surgery	95%	74%	94%	
	Pharmacy-% Compliance with Antimicrobial Policies by Division – Musculoskeletal		81%	94%	
Clinical Effectiveness Pathology-Emergency FI Turn Around Times % wi 1 hour		90%	91.1%	95%	
	Pathology-C.Diff	99%	100%	100%	
	Pathology-Negative MRSA Turnaround times	99%	100%	99%	
	Pathology-Positive MRSA	100%	100%	100%	
	Pharmacy-Medication Histories (Inpatients) % done within 24 hrs of admission	80%	81%	90%	
	Healthcare Operations-Case Note Availability Outpatients	99%	98.9%	99.46%	
Patient Experience	Patient surveys	tbc	Yes	Completed	
	Outpatients-Video Diaries	To complete	N/A	Completed	
	Outpatients-Spot Checks on 18 weeks forms	To complete	Yes	N/A*	
	Out Patients-Up to Date Waiting Times in Clinic	Tbc	Yes	N.A*	
	Delays in Clinic >30 minutes	0%		12.65%	
	No. of Additional Initiative Clinics	0		565	

^{*}Please note these previous outcomes were difficult to measure and have therefore agreed to change to measurable ones.



Achievements

The Division have maintained their excellent record against the HR Quality Account metrics with 100% staff induction, 96.3% of staff with appraisals in the last 12 months, over 90% undertaking mandatory training and a sickness absence level of 3.77%.

Turnaround times for diagnostic tests on the Emergency Floor have improved throughout the year and WWL achieved 95% within the hour by year end, which is well above the original target set. Radiology turnaround times for cancer examination requests has also halved from two weeks to one week and same day CT scanning has been implemented for patients with possible Transient Ischemic Attacks(TIAs). Pathology turnaround times for MRSA and Clostridium Difficile remain at over 99%, whilst availability of case-notes in outpatients has remained high at 99.5%.

A major redesign project has taken place during 2010/11 in the TLC and Leigh Infirmary Outpatient departments in order to improve the patient experience. Achievements have included:

- · communicating clinic waiting times to patients
- improving reception areas to enhance patient confidentiality
- mapping clinic processes to identify and remove system delays
- environmental improvements including redecoration and better signage
- opening the Appointment centre on Saturdays
- improvements in patient data collection.

These improvements have been reflected in the outcome of a recent patient satisfaction survey.

Areas for Improvement

The Division are looking at reasons for hospital cancellations and patient DNA's across the Trust and implementing systems which will reduce the number of cancellations and the number of patients not attending their appointments.

Weekend cover is being examined in areas such as Pharmacy and Radiology in order to enhance the current arrangements.

A major review of case-notes storage and destruction is underway in order to reduce the number of case-notes being stored across the sites and to improve the access to those required for patients.



3.2.4 SurgeryDivision - Quality Dashboard Extract

Domains	Measures	Goal	Published 2009/10 Measure	Latest 2010/11 Measure	National Target
Safety	Safety Staff e-compulsory training		79.2%	82%	
	Staff Personal Development Reviews	85%	39.2%	55.9%	
	Staff Induction	90%	91.6%	96.9%	
	MRSA screening	100%	100%	100%	
	Ward-to-Board reports	90%	86.37%	94.7%	
	Hand washing audit	86%	91.3%	90.86%	
	Never events	0	0	0	0
	Global Trigger Tool	3	3		
	CAS/NPSA Alerts	100%	100%	100%	
Clinical Effectiveness	Mortality rates	0.20%	0.31%	0.39%	
	Day Case Surgery rates	80%	80.40%	79.69%	
	Breast 2 week referrals	93%	96.20%	100%	
	31 day Cancer target	94%	100%	100%	
	Reduced length of stay – for elective patients	2 days	1.94	2.02	
	IHI Care Bundle – Ventilated patient care review	100%	100%	100%	
	IHI Care Bundle – Theatre care	100%	100%	100%	
Patient Experience	Hospital appointment cancelation – Non clinical	0.5%	0.5%	1.1%	
	Hospital Re-admission within 28 days	Zero	8%	3%	
	Reduced Outpatient waiting times	3 weeks	3.52	3.49	
	Reduction in hospital medical theatre cancellations	20	39	32	
	Outpatient appointment cancellations	Zero	9.1%	7.8%	
	Percentage of same day admissions (Inpatient Electives)	85%	76.9%	76.7%	



Achievements

The Division has implemented a number of quality initiatives across bed utilisation including enhanced recovery for colorectal surgery and 23 hour length of stay for patients receiving breast surgery. In addition the Division implemented the surgical admissions lounge to improve the patient experience on the day of surgery.

The Maternity Service at WWL has been successful in gaining a Level 1 compliance with the NHSLitigation AuthorityClinical Negligence Scheme for Trusts (CNST) assessment in January 2011.

The Maternity Service took part in the Care Quality Commission Survey. The results were published in quarter three showing the Service remains as one of the best performing providers in England. Indeed the score allocated made the Service the second best provider within Greater Manchester.

The Surgical Division has achieved the National stage of Treatment Times whereby patients have received first definitive treatment within 18 weeks of referral.

Hospital readmission rates within 28 days reduced to 3% though work is ongoing to reduce this further.

Ward-to-board reports relating to quality of care provided on wards and hand washing audits across the Division have achieved their targets.

Areas for improvement

There has been slow progress in achieving mandatory training and personal development plan targets and monthly meetings with ward and department managers have been implemented to constantly review performance.

Same day admission and day case rates have not significantly changed. These two areas are subject to Divisional scrutiny to ensure Divisional goals are met in the future.

3.2.5 Estates and Facilities - Quality Dashboard Extract

Domains	Measures	Goal	Published 2009/10 Measure	Latest 2010/11 Measure	National Average Figure
Safety	Staff e-compulsory training	90%	90.7%	94.9%	
	Staff Induction	90%	91.0%	93.8%	
	Fire Authority Enforcement Notices	0%	0%	0%	
	Monthly Review of Divisional Risks	100%	100%	100%	
	CDM – Zero Accidents on Construction Sites	0%	0%	0%	
	Medical Devices – Full Compliance with C4b	100%	100%	100%	
Clinical Effectiveness	Staff Personal Development Reviews	85%	90.5%	91.18%	
Staff Turnover		<10%	9.5%	8.89%	
	Sickness Absence	5.50%	6.69%	5.72%	
	Adherence to Asbestos Legislation	90%	100%	100%	
	Adherence to Legionella L8 legislation	90%	100%	100%	
	Energy/Carbon Reduction KWh	-	3.51%	2.5%	
	Waste Reduction (Tonnage of Disposal)	10%	34.4%	1.89%	
Patient Experience	Complaints Resolution within 25 days	100%	100%	100%	
	Patient Environment Action Team (PEAT) – Catering	Good	Excellent	Excellent	
	Patient Environment Action Team (PEAT) – Environment	Good	Very Good/ Excellent	Good	
	In-House Facilities Survey (Very Good – Excellent)	80%	85%	97%	
	Picker Institute Surveys Action Plan Complete	Yes	Yes	Yes	
	National Cleaning Standards (aggregated)	90%	92.0%	94.3%	



Achievements

The Division has continued to make a number of improvements within the financial year 2010/11, particularly around the Human Resources Matrix requirements.

- Improvements in e-compulsory training requirements
- Improved staff induction compliance
- Maintain zero accidents on construction sites
- Improved staff PDR to over 91%
- Staff turnover reduced
- Sickness absence reduced significantly

Again various energy initiatives and improvement in the carbon reduction have been made throughout a number of areas across the Trust. These have given a further reduction of 2.5%.

The Facilities team have made a number of changes in the way current services have been run and this has been reflected in the recent survey results which have been improved upon 2009/10 scores. Further to these changes this has again enhanced the Trust's performance in the annual Patient Environment Action Teams (PEAT) assessment, achieving excellent for food and good for environment.

The National Cleaning Standard scores have improved with a result of 94.3%.

Areas for improvement

The Divisional key areas of focus for improvement in 2011/12 are to:

- Continue to maintain and improve levels of sickness absence
- Reduce energy consumption/carbon emissions
- Minimise waste to the lowest level possible with clear focus on clinical waste
- · Achieve PEAT environmental score of excellent
- Achieve National Cleaning Standard score of 95%



3.2.6 Maternity

Service Summary

The Maternity Service at WWL has had a successful first three quarters of 2010. The Service remains on target to care for over 3,000 women and their babies in the full year.

The Unit had only requested one divert up to the end of December 2010, this was due to a plumbing problem in the Unit. Fortunately no women needed to be diverted to other providers during this time.

The Service took part in the Care Quality Commission Survey the results of which were published in the third quarter showing the service to remain as one of the best performing providers in England. Indeed the score allocated made the Service the second best provider within Greater Manchester.

Improvements for Next Year

The Service will be identifying the three key improvements they will be working on over the next year and are currently considering the following as the higher priorities:

- Commissioning for Quality and Innovation (CQUIN)
 - Maintenance and improvement of the current target around supporting mothers who choose to breastfeed.
- National Confidential (Enquiry into Maternal and Child Health Publication
 The tri-ennial review of maternal deaths will be published in March and the Service will robustly review and take forward any recommendations that are relevant.

Commissioning for Quality and Innovation

Improving Normal Birth Rate

Key indicators and drivers from various quality driven initiatives, both local and national, will be considered by the Service to ensure all standards set are met or excelled, upon to ensure a safe, high quality birth is experienced by all mothers.

Review of Current Services

Safety

The key indicators that are reviewed by the Service as part of the quality dashboard currently support the assurancethat a safe service is provided. Key achievements over the last year that required improvement, have been the successful recruitment of Consultant Obstetricians. This allows for the required 60 hour labour ward presence of a Consultant as recommended in Safer Births.

The Supervisor of Midwives resource has also been successfully improved with the Supervision of Midwife ratio now achieving 1:15.

The Service also successfully achieved compliance with the current Level 1 Clinical Negligence Scheme for Trusts (CNST) standards at assessment in January 2011.



Effectiveness

Most targets are regularly achieved as demonstrated via the Maternity dashboard.

The key indicators that are rated red or amber rely on the Service need to improve normal birth rates. The Maternity Team have been carrying out a thoroughanalysis of the information available to them to support any recommended service changes that may be required throughout the coming year. These indicators include increasing home births and reducing the number of inductions of labour.

Experience

The Service has continued to ensure the strong involvement of service users throughout the year to advise on any planned service changes. The links with Maternity Services Liaison Committee, lay user group, continue to support women and their families' views as well as service views to users.

The Maternity Service has also taken the feedback from the small number of complaints they receive very seriously and has actively managed any identified learning from these within the Service.

Strong multi-disciplinary working with:

- Midwives
- Support Workers
- Obstetricians
- Paediatricians
- Nurses

has continued and improved throughout the year with key appointments and development of thorough Clinical guidelines by both teams in consultation.



3.2.7 Patient Relations/PALS - Complaints

On the 1 April 2010 complaints were devolved to the Divisions to instigate their own investigations. This was to encourage more direct ownership and to ensure that lessons are learned from complaints and any actions are taken forward.

The Patient Relations Department would always say that there is something to learn from every complaint, even if this is reflecting on practice, attitude or simply putting yourself in the shoes of the patient/complainant to understand why they have made a complaint.

Whilst we have had a few complaints that have been very serious and very complex, it is important that it is recognised by all that complaints are a positive way of making the patient experience better.

We need to focus on the fact that this 'free market research' into our services is valuable and important to all.

When logging a complaint on the data base we allocate a 'Service Area' to each complaint. For the year 1 April 2010 to 31 March 2011 there have been 462 complaints. These are distributed as follows:

- 254 Inpatient
- 166 Outpatient
- 40 A&E
- 2 Maternity

A few of the positive outcomes following complaints and confirmation that we are learning, are as follows:

- Following a recent complaint, the Palliative Care Team will now be overseeing the implementation of the purple card system within the A&E and MAU. The purple card system has been developed to ensure that when poorly patients known to the Palliative Care team are admitted to hospital, they present their purple card to the staff within the A&E or MAU. Although they will automatically be flagged up on admission the staff will identify these patients as a priority and they will be fast tracked through the department and seen by a senior medic. This will ensure a smoother journey through the system for patients who are already coping with other medical problems
- Communication plays a big part in complaints and getting this right is a key element of reducing complaints
- The case note tracking system is a system that lets anyone know, at any one time, where a patient's case notes are. Problems locating case notes can cause problems in ensuring clinicians make informed decisions about patient care. A complaint highlighted that when there were problems locating case notes, that these were not correctly tracked, there had been incorrect tracking codes used, notes not returned to their original tracking point/location. This is now being monitored and the re-launch of the Trust's tracking code procedure is to take place

To further ensure compliance with any proposed actions, the Patient Relations Department plan to review action plans that have been provided following complaints and check whether these have been completed and adhered to. This will take place throughout the coming months.



Health Service Ombudsman Requests

The role of the Parliamentary and Health Service Ombudsman is to provide a service to the public by undertaking independent investigations into complaints that government departments, a range of other public bodies in the UK, and the NHS in England, have not acted properly or fairly or have provided a poor service.

Their aim is to provide an independent, high quality complaint handling service that rights individual wrongs, drives improvement in public services and informs public policy.

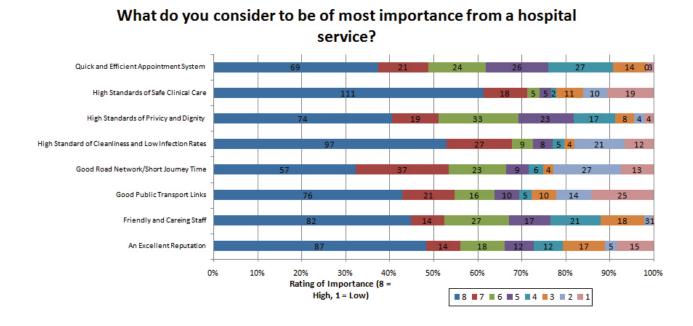
In respect of investigation requests from the Ombudsman and WWL, from the 1 April 2010 to date there have been eight requests from the Ombudsman. Six of these have not been investigated, one is still awaiting a decision and we have one request for the provision of the file. However, from the requests received only the current request relates to the 2010/11 period.

3.2.8 Stakeholder Engagement

The Quality Accounts were discussed with the Trust's Council of Governors (CoG) which acts as the key link between the Trust, its staff and the local community.

During 2010 the Trust sought the views of its membership panel, the general public and the Local Involvement Network (LINk) on their views of our services and also what they consider the most important from a hospital service. The Trust received key priorities identified by our members which are being fed into the Service and Site Review that we are currently undertaking.

In publishing this feedback from our stakeholders into the Quality Accounts, the Trust is acknowledging that these reflect the areas of particular interest to our local community.





3.2.9 Patient Feedback/Surveys

Governors and Volunteers undertake the Real Time Patient Experience Survey once a month on the wards. The questionnaire is based on core elements of what patients believe are important to them. These are privacy and dignity, cleanliness, involvement in decisions of care, communication, pain control, choice of food and if patients would recommend the hospital to family and friends.

The table below details the results of the Real Time Patient Experience Survey and includes the annual average for the last two years and the monthly figures recording during 2010/11:

Real-time Patient Survey 2009/10		2010/11	2010 %						2011 %					
Real-tille Fatient Survey	Average	verage Average		May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Dignity and Respect	96.2%	97.7%	98.0	95.1	96.3	98.8	97.7	97.8	98.2	99.4	97.8	96.8	97.9	98.7
Pain Control	80.9%	79.2%	75.1	72.5	86.1	83.9	76.7	74.2	78.2	86.6	77.3	80.2	81.9	77.1
Involved in Decisions	82.4%	88.5%	85.3	86.6	89.3	88.1	88.7	83.3	94.7	91.6	85.8	90.5	92.4	85.4
Communication: Worries and Fears	N/A	73.3%	69.5	64.8	71.7	78.0	72.2	73.1	78.2	70.9	80.8	83.3	63.9	73.3
Catering	82.5%	83.4%	80.7	82.4	83.4	82.1	76.7	82.3	80.0	87.1	90.1	84.1	88.2	84.1
Cleanliness	96.8%	99.4%	100	99.3	99.5	99.4	99.2	99.5	98.8	98.9	100	99.2	99.3	100
Communication: Questions Answered	86.0%	95.2%	93.9	92.2	96.3	94.6	94.7	94.6	95.3	97.2	97.2	96.8	95.1	94.3
Recommend this hospital	90.0%	96.4%	92.4	97.9	97.9	97.0	98.5	95.7	98.2	96.1	95.7	96.0	96.5	94.9
Average	87.8%	89.1	86.9	86.4	90.0	90.2	88.1	87.6	90.2	91.0	90.6	90.9	89.4	88.5

The results are presented to the Trust Board every month to monitor progress against our corporate objective of over 85% of patients reporting a positive patient experience. Patients are reporting a positive experience in dignity and respect, cleanliness of the wards, involvement in decisions about their care and they are being communicated to in a way that they can understand.

The National NHS Inpatient Survey 2010 reported that 56.5% of patients would recommend the hospital to family and friends. The Trust has undertaken a lot of work improving our patient experience and patients who completed ourReal Time Patient Experience Survey reported on average over 2010/11 that 96.4% would recommend our hospital to family and friends.

In addition we introduced a "How are we doing?" exit survey on 1 June 2010 and also conduct regular Delivering Same Sex Accommodation (DSSA) surveys.

Patients have indicated that they do not feel that they are offered a choice of food and that their pain control could be improved. Any areas that are identified for improvement will be continually monitored through the Chief Executive's Patient Experience Task Force.

How We Have Made a Difference

Picking up on the negative commentary, the Catering Department have worked extremely hard in improving choice of food for our patients by introducing a meal time ordering service and an afternoon tea trolley. The real time survey results have shown an improvement since the introduction of these new services.

The Pain Team have provided extra training and awareness sessions for staff on pain control. This has led to improved results and patient experience.

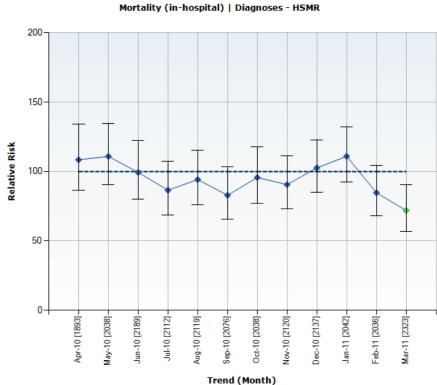
Estates and Facilities Department have changed sliding signs from bathrooms as these were confusing patients as to which sex the bathrooms were allocated. This led to patients reporting that they were sharing bathrooms with the opposite sex when this was not the case. We have installed fixed bathroom signs that are male and female only and can only be changed by nursing staff. The majority of patients now report that they do not share a bathroom with patients of the opposite sex.

3.2.10 Hospital Standardised Mortality Ratio (HSMR)

Hospital Standardised Mortality Ratio (HSMR) is a measure of the likelihood of individual patients dying given their underlying medical condition, age and related measures – and then compares this against the actual number of deaths that occurred in hospitals.

A HSMR score of 100 represents the national average. A HSMR score of less than 100 means a trust has a lower than average mortality ratio which is viewed as a positive indicator of quality of care. It also means more lives are being saved than statistically expected.

HSMR is one of the measures that we use to compare the quality of care provided in this Trust with others. Reducing the number of people who die in hospital is the most desirable outcome of improving the quality of care that patients receive in hospital. Not all improvements in quality will reduce death rates, but many will. We set out to reduce this, and maintain it below 90.



Work in this Trust in the past three years has brought important improvements in HSMR. This is the third year that our HSMR is reported as being better than expected, with a level for the financial year eding

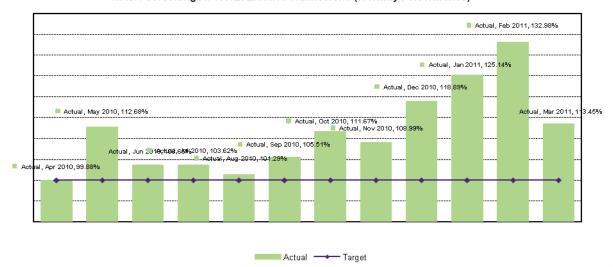
March 2911 reported as 94.8. However this is not as good as the target we had set ourselves.

We are aware that there were greater numbers of deaths during early 2010 than we normally see at that time of year. We have extensively investigated the causes of these deaths. They were varied, and did not suggest any particular area of concern.

We continue to strive to improve our mortality data. This will form an important part of our vision for the future and our ability to demonstrate the quality of our service.



3.2.11 Methicillin-Resistant Staphylococcus Aureus (MRSA)



MRSA Screening At WWL: Elective Admissions (Monthly Performance)

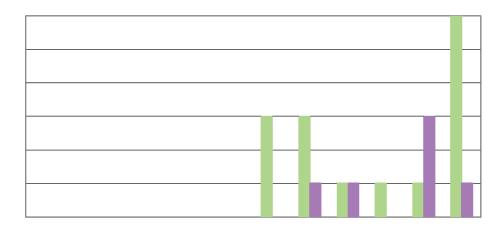
MRSA Elective Screening

As from 1 April 2010, the Trust confirmed compliance with the Department of Health's MRSA Elective Screening Guidelines supported by an Assurance Framework to monitor compliance.

All patients meeting MRSA elective screening criteria are tested for MRSA and, if found to be positive, undergo a decolonisation programme or controlled admission.

The number of patients attending for pre-op assessment/screening is greater than the total number of elective patient admissions. This creates a reserve pool of MRSA screened patients should there be capacity due to elective cancellations.

MSSA Bacteremia





■ MSSA Bacteremia pre 48 hours ■ MSSA Bacteremia post 48 hours

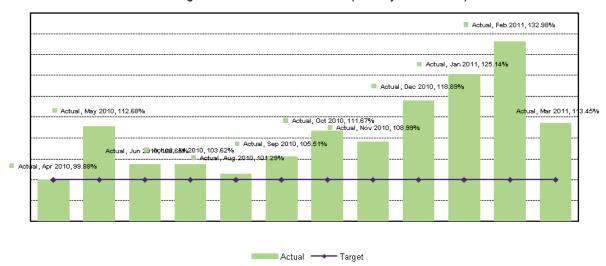
MRSA Bacteraemia

The Trust has continued to report all episodes of MRSA bacteraemia (MRSA identified in blood culture samples taken from inpatients) via local, regional and national reporting systems.

Root Cause Analysis continues to be undertaken for each occurrence of MRSA bacteraemia and an action plan is formulated to learn from each incident.

The Trust continues to show year on year reduction in MRSA bacteraemia cases. At present, the number of inpatient MRSA bacteraemia episodes stands at two. The Trust is well within its trajectory of four episodes of MRSA bacteraemia for 2010/11.

3.2.12 Clostridium Difficile (C-Diff)



MRSA Screening At WWL: Elective Admissions (Monthly Performance)

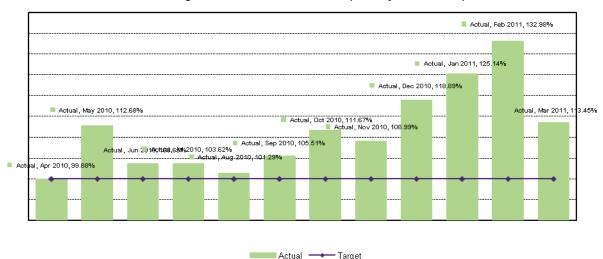
The Trust continues to remain well within the national target for the reduction of Clostridium Difficile infection. Each occurrence of Clostridium Difficile infection is followed up with a root cause analysis.

Where a ward has two hospital-acquired cases within 28 days, a full Saving Lives Clostridium Difficile infection audit is undertaken. This is to assist in reducing the incidence of Clostridium Difficile infections. The audit consists of monitoring the environment, protective clothing, hand hygiene, and antibiotic prescribing. The audit requires that the ward achieves at least 90% compliance for three consecutive weeks before the audit is discontinued.

The Trust works closely with NHS Ashton, Leigh and Wigan Primary Care Trust to reduce Clostridium Difficile infections amongst complex care patients.



3.2.13 Meticillin Sensitive Staphylococcus aureus (MSSA) Bacteraemia



MRSA Screening At WWL: Elective Admissions (Monthly Performance)

The Trust commenced voluntary reporting of Meticillin Sensitive Staphylococcus aureus(MSSA) in October 2010 and continues with mandatory reporting introduced nationally from 1 January 2011.

All episodes of MSSA bacteraemia are subjected to a 'root cause' analysis and action planin order to help identify any common themes, trends and lessons to be learned. Over the next 12 months, a baseline will be formulated allowing the Trust to demonstrate year-on-year reductions in MSSA bacteraemia numbers.

At present, the majority of MSSA bacteraemia episodes occur within 48 hours of admission, indicating that the onset of bacteraemia occurred in the community. The Trust, therefore, has established a partnership with NHS Ashton, Leigh and Wigan Primary Care Trust to investigate common themes, identify trends and take actions upon the lessons learned.

3.2.14 Advancing Quality Initiative (AQI)

The Advancing Quality Initiative (AQI) aims to drive up quality and safely reduce costs through the delivery of standardised clinical process measures. These measures should reduce complications, readmissions and length of patient hospital stay.

The quality improvement programme is now operating in all 24 Acute/Foundation Trusts across the North West region and WWL is participating in five clinical treatments areas:

- Acute Myocardial Infarction (AMI)
- Heart Failure
- Pneumonia
- Hip and knee replacement surgery
- Stroke

AQI reports are released several months later than submitted; data submitted for the first quarter of 2010 (April, May and June) was reported at the beginning of December 2010. For the purpose of this Quality Account only the first quarter is currently available.



The Trusts performance for Year 3, Q1 is summarised below:

a. Acute Myocardial Infarction Acute (AMI)

The Trust achieved a composite quality score of **99.14%**. The Trust is a **top 25% performer** regionally for this group. During the quarter there was one occasion when one patient did not receive thrombolysis within 30 minutes of hospital arrival; otherwise there was full compliance with all relevant measures in all 220 cases. The improvement focus therefore is on getting it right for <u>every</u> patient every time.

b. Heart Failure

The Trust achieved a composite quality score of **80.43**% and moved from being a top 25% performer to being a **top 50% performer**. The greatest challenge for the speciality is the measure related to discharge instructions as only 33 of the eligible 64 patients were recorded as having received appropriate advice on discharge. This may be reflective of the fact that heart failure patients may be admitted to any medical ward and not referred to the heart failure service during their admission, usually because their presenting complaint may be unclearly defined. In September 2010 the specialist team reviewed their processes and commenced heart failure ward rounds – it is anticipated that improved compliance will be realised in Q2

c. Community Acquired Pneumonia

The Trust achieved a composite quality score of **81.69%** which places it outside the top 50% but represents an **improvement** from previous performance. The measures requiring significant improvement are:

- (i) initial antibiotic selection (45/70 compliant)
- (ii) blood cultures performed prior to antibiotics (10/25 compliant)
- (iii) initial antibiotic within six hours of arrival (81/91 compliant)

Work is underway within the Accident and Emergency department to address these areas.

d. Hip and Knee Surgery

The Trust achieved a composite quality score of **93.09%** which is outside the limit of top 50% performance but represents a **significantimprovement** from previous quarters.

The speciality has continued to make significant progress to improve compliance with each measure and it is anticipated that this will be demonstrated in future results.

Quality Incentives Year 3

The above results indicate the Trust is on target to achieve Quality Incentives in all specialities except heart failure (which is 10.85% below target).

Achievement of quality incentives is dependent on the Trust also achieving 95% for coding and data completeness respectively.

Community Stroke Team: WWL has been successful in securing the contract for providing the Community Stroke Team in the NHS Ashton, Leigh and Wigan area. This will enable early supported discharge- patients will be discharged back home or to community hospitals and intensive therapy will be provided. Patients benefit from care and therapy in more pleasant surrounding, where they are more at ease and encouraging them to speedier recovery. This delivers a fully integrated Stroke Service with continuity of contact and care with input from the same staff in the acute setting outreaching into the community which improves patient experience and acceptability

3.2.15 Advancing Quality Alliance (AQuA)Care Pathways

The Advancing Quality Alliance (AQuA) is the North West's health care quality improvement organisation.

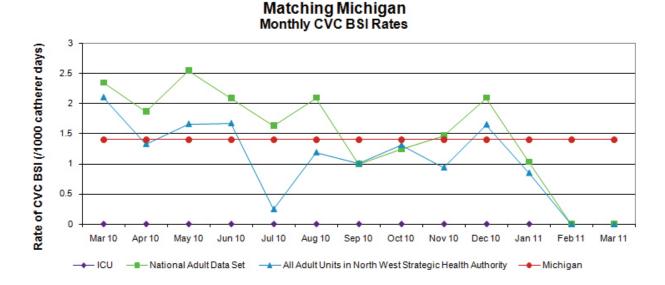
WWL is an active member of AQuA with members of staff from a number of areas across the Trust participating in various current initiatives.

3.2.16 Matching Michigan

Matching Michigan is a quality improvement project based on a model developed in the United States which, over 18 months, saved around 1,500 patient lives. It took place at Intensive Care Units (ICUs) in Michigan and introduced technical interventions (changes in clinical practice) and non-technical interventions (linked to leadership, teamwork and culture change), which when applied together have been shown to significantly reduce the incidences of Central Venous Catheter bloodstream infections.

Ninety seven percent of acute trusts in England are now participating in Matching Michigan.

There were no detected central line associated infections detected in Intensive Care Unit/High DependencyUnit (ICU/HDU) during March. This gives the Trust a 15 month period free from such infections in ICU/HDU.





3.2.17 Pressure Ulcers/Sores

Improving Pressure Ulcer Prevention

In 2007/8 a total of 70 patients acquired a pressure ulcer whilst in the care of WWL hospitals. The prevalent culture at that time was one where pressure ulcers were viewed to be unavoidable in some patients who had many risk factors.

Using learning from infection control, the senior nursing team set about some focused improvement work. Central to this work was the premise that all hospital acquired pressure ulcers could be prevented, and a zero tolerance approach was thus adopted.

Each case of hospital acquired pressure ulcer was treated as a serious untoward incident and subject to root cause analysis and executive review. Lessons were learned and quickly disseminated throughout the organisation. The Trust's supporting infrastructure was strengthened with improved mattresses, more efficient availability of specialist equipment via the equipment loan store and an enhanced specialist tissue viability service.

As illustrated in chart below, an 84% reduction in hospital acquired pressure ulcers was achieved within two years. There are two main benefits arising out of this work; firstly, and most importantly, there is less suffering for patients. There are also financial benefits; even the most superficial pressure ulcer can cost more than £1,000 to treat.

No. of Pressure Ulcers — Moving Average — Upper Control Limit — Lower Control Limit

SPC Chart for Number of Pressure Ulcers

The purpose of an SPC chart is to use a standardised statistical approach to understand a process. A specific calculation is used to create the upper and lower limits and therefore may sometimes not produce a rounded/whole number.



Moving forward, whilst there have been great improvements, hospital acquired pressure ulcers continue to occur in a small number of patients. In the early part of 2011 efforts have been refocused via a 'Rapid Spread' improvement method whereby the 'Safe SKIN' bundle has been implemented quickly throughout the organisation and the focus on improving this aspect of care has been reenergised. This work also focuses on improving nutrition, a major factor in the maintenance of healthy skin. At the same time work has commenced with Ashton, Leigh and Wigan Community Health Services to improve communication as patients at risk of pressure ulcers transfer between health service providers.

3.2.18 Falls

Reducing falls in hospitals is a national initiative and our aim at WWL is to decrease the number of falls in the Trust by 50%.

The project was split in three phases:

- Phase 1 Diagnostic phase
- Phase 2 Pilot Intervention phase and monitoring
- Phase 3 Spread, sustain and monitor

Phases 1 and 2 have now been completed. Phase 1 identified how and why falls occurred and Phase 2 tested various interventions to see which reduced the number of falls across the three wards (Aspull, Standish and Winstanley) taking part in the pilot study.

Now that the pilot has proved so successful, Phase 3 can now begin, which involves the falls programme being rolled out across all wards. This started on the 1 December 2010.

Staff are receiving falls training as appropriate and the programme will begin this week with Quality and Safety Matrons.

We hope with the help of all our ward staff that the success of this initiative will continue. The benefits in terms of patient care are enormous. Less falls means fewer patient injuries, which reduces the patient's (and staff) stress and avoids longer spells in hospital as a result of falls injuries. This also has the added benefit of reducing the Trust's costs, which in the current economic climate, can only be a good thing.

3.2.19 Accident and Emergency

The Accident and Emergency Department (A&E) has undergone a significant improvement during theyear. Where the department was previously struggling to achieve the four hour target; this year the service achieved 98.3% and the health economy achieved 99% up to quarter three of the financial year. This success is likely to continue. As at 28th February 2011 the Trust A&E performance stood at 98.3%.

This has been achieved; in part;

- the redesign of the patient pathway to include the Medical Assessment Unit (MAU), incorporating the ambulatory unit to help avoid admissions
- a focus on the patient flow in, through and out of the hospital
- liaising with the community service to ensure that patients can be safely discharged without a hospital admission
- identification and targeted community care on regular attendees to the department

It is planned for 2011/12 to further improve on this patient pathway.

3.2.20 Monitor Governance Rating

As at 28 February 2011 the Monitor Governance rating for the Trust was 'Amber-Green', this represents an improvement in 2010/11 as the rating for the Trust in November 2010 previously stood at 'Amber'. 'Amber Green' is described as 'Limited concerns surrounding terms of authorisation'. Currently 38 out of 130 Foundation Trusts have an 'amber-green status'.

http://www.monitor-nhsft.gov.uk/home/about-nhs-foundation-trusts/nhs-foundation-trust-performance/actual-performance/risk-ratings#

3.2.21 Stroke and Transient Ischaemic Attack (TIA)

WWL is presently designing the model of care for the "Early" Supportive Discharge Team for stroke rehabilitation care nearer to home. This will improve the patient experience and quality of care by reducing the length of stay within hospital and effect personal care planning within a community, or preferentially their own home.

Following the work completed with NHS Ashton, Leigh and Wigan, we now have a one-site stroke service based at the RAEI. The advantage of this is access to Consultant, multidisciplinary teams and diagnostics for expert opinion and timely interventions that minimise delay to treatment. A senior stroke team member holds a stroke bleep, meets and greets stroke patients on arrival in A&E seven days a week. Members of this Team are also on site for patients who develop strokes whilst an inpatient on other sites or wards. We aim to receive all patients admitted from our A&E and Salford Royal Foundation Trust (SRFT) following thrombolysis (clot removing/busting) directly onto the ward to again reduce delays.

The service commitment to quality depends on achieving "key" performance standards and also learning and sharing of best practice from other organisations for example WWL participated with the 'Stroke 90.10' project – part of the North West's Advancing Quality Alliance (AQuA). The aims of the project are to improve acute assessment and care to patients following a stroke. As a result all patients now have their scans, swallowing assessments and first dose of Aspirin within 24 hours and first stroke therapy assessments within 72 hours of arrival. We are also working closely with the national and local voluntary organisations, to improve care and support for patients and carers following a stroke or Transient Ischemic Attack (TIA), in the hospital and community to develop patient and carer involvement when designing changes.

The service for Transient Ischemic Attack (TIA - a 'mini stroke') has undergone major transformation since July 2010. We are presently the only five-day clinic with zero waiting lists for TIA. All TIA patients have brain scan and vascular imaging done, reported and actioned on the same day.

Our aim is to provide the patients with the best evidence-based care available. We monitor this through our compliance to best standard audits and report performance to the Division, Trust Board and NHS Ashton, Leigh and Wigan. Trust reports on standards of care within stroke are also available on notice boards outside the ward areas for the public to view.



3.2.22 Fractured Neck of Femur

Fractured Neck of Femur (hip) is a common well-defined injury, which occursmostly in older people and is associated with significant morbidity and mortality and their care is a challenge to our health care system.

Key elements of good care include:

- Prompt admission to orthopaedic care
- Rapid comprehensive assessment medical, surgical and anaesthetic
- Minimal delay to surgery
- Accurate and well-performed surgery
- Prompt mobilisation
- Early multidisciplinary rehabilitation
- Early supported discharge and ongoing community rehabilitation
- Secondary prevention, combining bone protection and falls assessment

WWLhas achieved much higher results compared to the national and regional values (Figure 1), especially in time of admission to surgery, bone protection and falls assessment. Mortality has steadily decreased as well – (RR 83.6 - Nov-09 / Oct-10).

Figure 1 – Blue Book Data for Fractured Neck of Femur:

	Bluebook Times	Trust	SHA	National
1	Average time to ward (hrs)	40.45	10.83	9.8
2	Average time to theatre (hrs)	29.38	38.08	37.6
3	Average length of stay (days)	20.45	21.67	20.56

- 1 Time from diagnosis to arrival on an Orthopaedic ward
- 2 Time from diagnosis to arrival in theatre
- 3 | Average length of stay

Trust is our performance, the SHA and National figures are % of patients with a diagnosis of fractured neck of femur who get to an Orthopaedic ward within four hours of diagnosis and to theatre within 36 hours of diagnosis

Bluebook Times	Trust	Local %	SHA	National
Pressure ulcers	6	1.75	3.98	3.49
Pre-operative assessment	220	64.14	56.74	65.46
Bone protection medication	301	87.76	61.82	67.82
Specialist falls assessment	321	93.59	67.77	75.53

Trust	is count	: of	patient	เร

Trust % , SHA and National is the percentage of patient with a diagnosis of fractured neck of femur against the assessment criteria





3.2.23 Recognising Excellence Awards

The Trust holds an annual awards ceremony at which it recognises and celebrates individual staff and team achievements during the past year. This year's ceremony took place at the DW Stadium, Wigan on the evening of the 15 September 2010 and awards were given for the following categories:

Award Category	Winner
Quality and Safety An award that recognises the demonstration of commitment and improvement to quality and safety putting patients at the heart of everything we do.	The Pelvic Unit for their Cell-salvage to reduce intra-operative blood loss in pelvic surgery.
Improving the Patient Experience An award to recognise the improvement of a specific patient service which is aimed at enhancing the patient experience and places them as a partner in their care, making a positive impact on the reputation of the Trust.	WWL Adult Learning Difficulty Audiology Service for their Adult Learning Difficulty Audiology Hearing Therapy Service.
Supporting Staff and Colleagues An award that recognises the introduction of an initiative which responds to staff feedback or supports their welfare and development and contributes to making WWL a great place to work.	Corporate Communications and Medical Illustration for the Corporate Video Podcasts.
Innovation An award that recognises the introduction of an initiative unique to the Trust which adds value and improvement to the delivery of patient care or other services.	Accounts Payable and Accounts Receivable Team for their Treasury Management Initiative.
Going Green, Staying Green An award to recognise the implementation of a new way of working or service change aimed at reducing waste or conserving energy and promoting environmentally sustainable ways of working.	Energy / Environmental Manager for Trust Energy Management.
Chairman's Award An award to recognise an individual in the Trust who has made an outstanding personal contribution to the delivery of a quality service to the patients, staff or colleagues.	Jo Puddy from the Physiotherapy Department.
Foundation Trust Award This award is an overall award that recognises from all the entries the initiative that has made an outstanding positive impact on the delivery of high quality healthcare in the Trust.	WWL Adult Learning Difficulty Audiology Service for their Adult Learning Difficulty Audiology Hearing Therapy Service.

Pictured to the right are the WWL Adult Learning Difficulty Audiology Service who won the Improving the Patient Experience and the Foundation Trust Award categories.

The Trust remains committed to celebrating staff achievements and has scheduled the 2011 annual Recognising Excellence Award event for November 2011.



3.2.24 National and Regional Awards

Health Service Journal and Nursing Times Patient Safety Award

Working with the NHS Institute for Innovation and Improvement, WWL won an award at the 2011 Health Service Journal and Nursing Times Patient Safety Awards.

The category was Effective Data to Develop a Business Case for Safety. This initiative was focused on building a new and reliable way of collecting, integrating and analysing clinical and cost data in relation to hospital falls.

The project began in 2009 when Dr Mahmood Adil, a fellow with the Institute of Healthcare Innovation, who has extensively researched this patient safety issue, agreed to work with us to achieve our target of decreasing the number of falls in the Trust by 50% (from a baseline 2008 - 2009).

The internal lead within the Trust is Pauline Jones, Deputy Director of Nursing and Patient Experience, supported by a multi-disciplinary team of Ward Managers, Nurses, Assistant Practitioners, Physiotherapists, Patient Safety Team, Finance, IT and Corporate Communications.

A pilot was successfully carried out on Aspull, Standish and Winstanley wards. It put in place systems to integrate Datix, electronic patient records and the patient administration system. In addition the scheme also established patient-level costing for falls.

The falls initiative was then rolled across all Trust wards in January 2011. The initiative has the potential to achieve a £120,000 cost saving by reducing falls by 50% in two years. This includes the cost of implementing the systems and interventions which show how and why falls take place and the measures put in place to reduce the number of falls.

This is a fantastic achievement which has improved patient care whilst making cost savings.

Healthcare Financial Management Association - Finance Director of the Year

Below is what Healthcare Financial Management Association (HFMA) said in their supplement about the short listing of the Director of Finance for the Finance Director of the Year award:

"The senior finance team at Wrightington, Wigan and Leigh NHS Foundation Trust were keen to nominate their Director of Finance and Informatics for his role in delivering a £14.5m cost improvement programme in 2009/10 (£13.6m in 2010/11) in 'an open, inclusive and most importantly safe, risk-aware manner'. His financial strategy has exceeded plans, delivering a financial risk rating of 4 in the first year of operation as a Foundation Trust. His honest approach means staff at all levels understand the issues facing the trust."



Healthcare Financial Management Association - Efficiency

Below is what HFMA said in their supplement for the Treasury Management which was short listed in the efficiency category:

"Judges were also impressed with the other shortlisted entries, particularly Wrightington, Wigan and Leigh's treasury management and sharing of best practice."

Cephied National/Regional Awards for Infection Prevention

The Trust is delighted that Lynda Barkess–Jones, Associate Director of Infection Prevention and Control won the Cephied Northwest Regional Infection Control Nurse of the Year 2010 award for excellence and innovation in Infection Prevention and Control practice.

The Cephied awards are open to all Infection Control Nurses in England, Wales and Scotland.

Lynda has worked relentlessly to implement and improve upon the 'Deep Clean/Keep it Clean Programme'. Her success is proven by the 85% reduction of Clostridium Difficile and MRSA cases within Wrightington, Wigan and Leigh NHS Foundation Trust for 2009/2010.

The expert judging panel, which included leading healthcare journalists and microbiologists, plus representatives of UNISON and the Royal College of Nursing, provided extremely positive feedback on Lynda's work. "Lynda has not only championed her role but she has also willingly helped other NHS Trusts by sharing her experience and knowledge," said Rose Gallagher, Infection Control Nurse Advisor at the Royal College of Nursing and judging spokesperson. "This goes to show her commitment to improving patient care and lowering infection rates nationally, rather than just worrying about her own Trust's position on the league table."

Louise Barnes, Non Executive Director of the Trust, who nominated Lynda for the award, said: "We are delighted that Lynda has won the award for the North West region. She has worked tirelessly to spread the message that infection control is everybody's business. She is an extremely modest person and believes her endeavours to be 'just part of the job' but we have all observed her tenacity and dedication to improving infection awareness and this award is extremely well deserved."

All regional finalists were presented with an inscribed plaque at the awards ceremony to display their achievement within their hospital.



3.2.25 Statements from NHS Ashton, Leigh and Wigan, Local Involvement Networks and Wigan Overview and Scrutiny Committee

This section includes feedback on an early draft of the Trust's Quality Account from NHS Ashton, Leigh and Wigan, the Wigan Local Involvement Networks (LINks) and Wigan Borough's Overview and Scrutiny Committee.

3.3.1 NHS Ashton, Leigh and Wigan

We hold bi-monthly minuted Quality Review Meetings with WWL attended by the Deputy Chief Executive and Medical Director and chaired by the Director of Public Health which feed into the contract monitoring arrangements for the WWL contract and as required into the PCT's Integrated Governance Committee. Through 2011/12, these meetings will include representation from the emergent GP Commissioning Clusters. Standing agenda items include CQUIN; Review of all Incidents; Patient Experience; Compliance with NICE; NSPA and other national guidance; Responses to issues raised by regulators; Findings of Clinical Audits and Infection Control. An action record with named owners is circulated after each meeting and reported on at the subsequent meeting. Specific comments on this report reflect the work undertaken in the CQR meetings over the last 12 months.

NHS Ashton, Leigh and Wigan welcomes the publication of these Quality Accounts for 2010/11. It is gratifying to see assembled in one place the full breadth of information relating to quality of care and patient experience. They allow patients, carers and members of the public to scrutinise the Trust's performance. We will be using the reported findings to inform our commissioning of health services, in partnership with GP Commissioners and Wigan Council with the Trust.

Some highlights:

- We are pleased to note that deaths in hospital are now back on track with national rates, and would like to commend the Trust on the concerted effort on many fronts that has been undertaken to achieve this improvement
- We are pleased that infection control is better than ever, with very few cases of hospital-acquired infection, notably very few cases of MRSA infection. It is to be commended that the Trust is also now reporting on MSSA infection, and that the numbers of this infection also remain very low. There is still improvement to be made in reducing cases of Clostridium Difficile, but impressive progress has been made over the last three or four years
- Many improvements to stroke care, including the extension of the Transient Ischaemic Attack ("mini-stroke") clinic to a five day service will help ensure that Wigan residents have quick access (within 24 hours) to assessment when they have stroke symptoms, to ensure treatment to reduce risk of a major stroke in the next few weeks and years
- We have observed a gradual change in culture to being more open about poor performance so that measures can be taken to address shortcomings
- The Trust has made inroads into the challenging area of getting more local mothers to breastfeed their baby. We hope they will continue to improve this over the coming years, and help the Wigan population to achieve the national rate of breastfeeding uptake (and beyond!)

CQUIN

"The Commissioning for Quality and Innovation Scheme was initiated in 2009/10; it is an incentive scheme which challenges Trusts to improve performance within three domains, patient experience, safety and effectiveness.

We are very pleased to see the results presented in this format, by specialty, as it highlights areas where our attention needs to focus.

It was pleasing to see that many of the indicators showed improvement to Quarter 2, meeting the targets. The area of most concern is the suite of indicators around discharge, – and so these indicators have been included again in the 2011/12 with more stringent targets. Other areas where performance failed to meet targets were fractured neck of femur management, quality of heart failure treatment and number of patients discharged with a urinary catheter in place

Some Areas of Concern:

1. Participation in Clinical Audit

During the period 1 April 2010 to 31 March 2011, Wrightington, Wigan and Leigh NHS Foundation Trust was required to participate in an interface audit of treatment of fractured neck of femur, from ambulance call to post-discharge. We were very disappointed by the lack of participation in this audit as partner organisations (ambulance, community services, and social services) provided data, but unfortunately the required input from Wrightington, Wigan and Leigh NHS Foundation Trust was not forthcoming and the audit had to be declared abandoned. This does not give assurance that quality of care provided by the Trauma and Orthopaedics teams in the Trust meets quality standards. The matter has been raised through the CQR meeting in April 2011 and is being investigated by the Deputy Director of Nursing and Patient Services and the Head of Quality and Safety to be reported back to the CQR meeting in June 2011.

2. Discharge Procedures

Feedback via complaints and GPs suggests that there are still issues with discharges from the Trust. A range of indicators (the CQUIN indicators) were put in place to:

- Encourage more weekend discharges so that people are not kept in hospital unnecessarily
- Ensure that written documentation (discharge summaries) was issued within 24 hours of discharge – essential for liaison with the patient's GP, community health services and Out-of-Hours services
- Ensuring prescriptions are ready promptly on the day of discharge

2011/12 Quality Work Programme

We look forward to working with the Trust over the coming year to improve quality of care for people with dementia and their carers, implementing the new care pathway. This is a national priority and one we have embraced locally. The Trust will be rewarded if it achieves certain standards of care through CQUIN.

WWL continues to develop its role in health improvement through the expanding role and work programme of its Healthy Hospital programme and we look forward to working with the Trust on the development of its staff's capacity and capability to deliver health improvement through the roll-out of the Make Every Contact Count programme and the engagement of the Trust membership in community based health improvement activity through the Community Health Advocates programme. It is also pleasing to have active senior Trust clinical engagement in the major health and well-being programmes for the Borough such as SmokeFree Wigan and Leigh and Heart of Wigan.

Quality of the physical environment is a very important aspect of the healthcare experience. Wrightington, Wigan and Leigh NHS Foundation Trust has been working with NHS Ashton, Leigh and Wigan and Ashton, Leigh and Wigan Community Healthcare to improve the sustainability of local health services, through a whole health economy Environmental Management System.

The coming year will present continued financial challenges – having to achieve more productivity for less – but, critically maintain high standards of patient safety and improve health and well-being outcomes. The commissioners will continue to work with this Trust and other providers to prevent as many people as possible from becoming ill, and to ensure seamless, high quality care for patients when they need it.

3.3.2 Wigan Local Involvement Network(LINk)

Health and Care Together, the Wigan Borough Local Involvement Network, welcomes the opportunity to comment on the Quality Accounts of the WWL. We can only offer our comments on the draft in hand which has figures for the first three quarters of the year and a number of areas where figures are still awaiting confirmation.

We congratulate WWL NHS Foundation Trust on its highlighted achievements such as being the second best in the North West in terms of percentage treated within four hours in A&E.

However, the annual Picker survey results indicating 'too many anecdotes of poor experience' correlates with the findings in the Health and Care Together report on the Hospital Discharge of Older People, which was submitted to the Overview and Scrutiny Committee in March 2011.

We are pleased to note the recommended action to create a new pathway for patients with Dementia.

We also welcome the continuing participation in Research and Development including the Greater Manchester Clinical Research Network. We support the growth in trials and were interested in the numbers of patients recruited to assist in research in 2010/11 demonstrating the willingness of patients to contribute to wider health improvements and increasing the equality of care of all patients.

As the Annual Report of WWL is widely distributed and available to many members of the community throughout Wigan Borough we felt that the presentation of some of the information could be made more comprehensible. We found some of the terminology off-putting where it mentions the 'Purple Card System within the A&E and MAU' and 'Penalisation must be stopped at week 14'. Making documents more comprehensible would encourage more involvement from the general public. We also thought some of the colours used in the diagrams were too strong and almost obliterated the figures such as in the 'Real Time Patient Survey'.

We felt it would have been helpful to have an indication of the number of people included in some of the surveys particularly the one asking the question 'What do you consider to be of most importance for a hospital service?' We also thought the community might like to have seen more detailed information on the Mortality in Hospital Diagnosis and the WWL NHS Stroke Pathfinder.

Queries were raised about the goals for staff e-compulsory training and induction being 90% rather than 100%.

We have concerns in relation to the reports concerning the heart failure rates. But it is good to see the investigations into possibly instituting a Cardio-Respiratory Unit which could address these concerns and presumably improve targets for Quality Incentives in Heart Failure which is currently below target.

We would like to see more information about admittance figures relating to socially produced health problems - for example the effects of excessive alcohol or substance misuse. In addition information relating to patients with learning difficulties or mental health problems such as with the latter the number of admissions associated with suicide attempts.

We congratulate WWL on the progress made in bringing down the rates of Clostridium Difficile but still feel the level is too high at 60.

We were interested in the statement from the Care Quality Commission (CQC) regarding their visit to WWL in September 2010. It was good to learn that procedures had been immediately implemented to

improve patient experience, that this was one of WWL's top priorities, and that the issue of wards and departments up to date relevant patient information on how to raise concerns and complain was being addressed. The CQC acknowledgment of the staff commitment to provide the best possible care for all patients is reassuring for patients and an example of best practice.

Again we would welcome explanations of the terminology used when presenting external information. It would be helpful if the 'various quality driven initiatives' were expanded on and if there was an explanation of 'Matching Michigan'.

We were interested in the co-operation between WWL and external audits, research etc. for example in relation to the 'National Stroke Sentinel Audits', the 'United Kingdom Clinical Research Network' and also local research networks.

Recommendations

- 1. A random selection of complaints should be investigated by an outside team e.g. LINk in order that the public have confidence in the complaints procedure.
- 2. The accredited external sources used to obtain details of Quality Assurance should be stated (p11).
- 3. It would be beneficial to patients if the WWL Adult Learning Audiology Service could initiate an inhouse programme for nursing staff on how to engage with patients with moderate/ severe hearing loss.

Health and Care Together support the new Trust Governance Policy giving patients and carers the opportunity to meet and discuss any matters of concern.

The Health and Care Together Steering group look forward to increasing involvement with WWL during the transition into Healthwatch and beyond.

3.3.3 Wigan Council Overview and Scrutiny Committee

Copies of the draft quality accounts were issued to the Wigan Council Adult Health and Wellbeing Scrutiny Committee who circulated it to their members. No feedback was received.

Appendix A

National Clinical Audits and National Confidential Enquiries

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	E ligible to participate Y/N	Participated	Number eligible	Actual submissions
Peri-operative care	Yes	Yes	8	100%
Surgery in Children	Yes	Yes	8	100%
Cardiac Arrest procedures	Yes	Yes	7	100%
Deaths in Acute Hospitals: Caring to the end	Yes	Yes	24	100%
Parenteral Nutrition: A mixed bag (2010)	Yes	Yes	4	100%
Emergency and Elective Care in the elderly	Yes	Yes	11	100%
National Audits	Eligible	Participated		
Perinatal mortality - Centre for Maternal and Child Enquiries (CEMACH)	Yes	Yes	11 (inc 2 stillbirths)	100%
Neonatal Intensive and special care (NNAP)	Yes	Yes	244	100%
Paediatric Pneumonia - British Thoracic Society (BTS)	Yes	No	NA	NA
Paediatric asthma (BTS)	Yes	Yes	14	100%
Paediatric fever	Yes	Yes	50	100%
Childhood epilepsy - Royal College of Paediatrics and Child Health (RCPCH)	Yes	Registered	Not yet started	
Paediatric Intensive Care Audit Network (PICANet)	No	NA	NA	NA
Paediatric Cardiac Surgery - National Institute for Clinical Outcome Research (NICOR)	No	NA	NA	NA
Diabetes (RCPH National Paediatric Diabetes)	Yes	Yes	86	55 (64%)
Emergency use of oxygen (BTS)	Yes	No	NA	NA
Adult community acquired pneumonia (BTS)	Yes	No	NA	NA
Non-invasive ventilation (NIV) adults (BTS)	Yes	No		
Pleural procedures (BTS)	Yes	No	NA	NA
Cardiac Arrest (National Cardiac Arrest)	Yes	Yes	7	100%
Vital signs in majors (CEM)	Yes	Yes	50	100%
Adult critical care (Case mix programme)	Yes	Yes		
Potential donor audit (NHS Blood & Transplant)	Yes	Yes	DBD – 1 DCD - 6	DBD – 100% DCD – 83%
Diabetes (National Adult)	Yes	Yes	3122	1649 (52.8%)
Heavy Menstrual Bleeding (RCOG)	Yes	Registered	Started Feb 11	
Chronic Pain	Yes	Yes (Pilot site)	Not known	23 (%??)
Ulcerative colitis &Crohn's disease (National IBD)	Yes	Yes	Ongoing (40 to date)	100%
Parkinson's disease	Yes	No	NA	NA
COPD (BTS/Euro Audit)	Yes	No	NA	NA
Adult Asthma (BTS)	Yes	Yes	23	20 (87%)
Hip, Knee and ankle replacements (NJR)	Yes	Yes	1699	93%
Elective Surgery (PROMs)	Yes	Yes		Hips – 75% Knees 76% (Oct – Jan Ortho) Hernia – Varicose Veins
Cardiothoracic transplantation (NHSBT)	No	NA	NA	NA
Liver transplantation (NHSBT)	No	NA	NA	NA
Coronary angioplasty (NICOR)	Yes	Yes	402	402 ongoing

Peripheral vascular surgery (VSGBI)	Yes	Yes	104	100%
Carotid interventions	Yes	Yes	Submitted via NW Vascular Audit	100%
CABG and valvular surgery	No	NA	NA	NA
Familial hypercholesterolaemia	Yes	Yes	163	(6) 3.5%
Acute Myocardial Infaction& Other ACS (MINAP)	Yes	Yes	20	100%
Heart Failure Audit	Yes	No	NA	NA
Pulmonary Hypertension Audit	Yes	No		
Acute Stroke	Yes	Registered		by Regional co- nator
Stroke Care (National Sentinel Stroke)	Yes	Yes	60	100%
Renal replacement therapy	No	NA	NA	NA
Renal Transplant (NHSBT)	No	NA	NA	NA
Patient Transport (National Kidney Care)	No	NA	NA	NA
Renal Colic	Yes	Yes	50	100%
Lung Cancer (LUCADA)	Yes	Yes	161 to date	90.7%
Bowel Cancer (NBOCAP)	Yes	Yes	233	73%
Head & Neck (DAHNO)	Yes	Yes		49
Hip fracture (NHFD)	Yes	Yes	344**	100%
Severe Trauma (TARN)	Yes	Yes	250	(50*) 20%
Falls and non-hip fractures (NFBH)	Yes	Yes	60	100%
Depression & Anxiety (NAPT)	No	NA	NA	NA
Prescribing in mental health services (POMH)	No	NA	NA	NA
National audit of Schizophrenia (NAS)	No	NA	NA	NA
O Neg blood use (NCABT)	Yes	No	Due to an external inspection of BTS in the Trust and compliance required following inspection along with the change and roll out of a new blood labelling system. Workload demands were priority at the time. Participated in previous audit	
Platelet use (NCABT)	Yes	Yes	11	100%
National Audit of Dementia (TBC)	Yes	Yes	40	100%

^{*}New Co-ordinator in post (backlog to be input as soon as possible)

The reports of four of National Clinical Audits that were reviewed by the provider in the period 1 April 2010 to 31 March 2011, and WWL intends to take the following actions to improve the quality of healthcare provided.

^{**}Includes patients under 60 (need to filter out under 60's when Trust PAS data updated)

National Reports/Actions

Audit	Recommended actions	Status
In patient falls audit	Increase awareness in educational sessions. Review of polypharmacy and medications for falls patients. Address bone health issues. Ongoing falls audits throughout Trust. Falls reduction programmed rolled out January 2011	Actions Complete
Sentinel Stroke Audit	Dedicated stroke unit moved to RAEI to attend emergency floor immediately for every stroke patient admitted. New rehabilitation facilities provided — Patients with symptoms onset less than four hours, who may be suitable for thrombolysis) transferred to Salford Royal Foundation Trust, which is the Primary Stroke Centre providing 24/7 thrombolysis service for all of Greater Manchester before returning to WWL stroke unit. Trust now has fully operational Transient Ischaemic Attack (TIA) clinics service	Actions Complete
National Audit of Dementia	Create a new pathway for dementia	In progress
National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Trusts to audit their own Confidential Enquiry into Patient Outcome and Death (CEPODs) on a regular basis	Local CEPODs presented on a monthly basis at audit meetings

The reports of 236 local clinical audits were reviewed by the provider in the period 1 April 2010 to 31 March 2011. WWL intends to take the following actions to improve the quality of healthcare provided.

Local Reports/Actions

Audit	Recommended actions	Status
Electronic Patient Record (EPR) Discharge audit	Changes in EPR discharge template to cover documentation and medications	Completed
MI Death Certification Audit	New proforma/flow chart to be implemented	Completed
International Normalised Ratio (INR) Assessment in Trauma Patients	Protocols to be laminated and displayed on Aspull Ward to remind colleagues re guidelines	Completed
North West Pelvic Acetabular Fracture Service	Schedule further audit of services. strengthen image access via PACS Review post op protocols Develop protocols with referring hospitals Monitor activity and long term outcome	Completed
Re-Audit of Transfer & Treatment of Periprosthetic Fractures	Use of Cell Salvage in all patients	In progress
Cell Salvage in Pelvic Surgery	Change Current Policy for cross matching 6 units, to only 2 units	Completed
An audit of Investigations of patients presenting with 'Acute Severe Headache' with a suspicion of Sub-arachnoid Haemorrhage admitted through Emergency Floor at RAEI	Re-audit in 12 months after implementation of LP/Xanthochromia pack and acute headache algorithm	Completed
Review of Analytical Profiles	Remove Gamma GT test from Liver Profile. Implement reflex testing of Gamma GT on all children and on other patients with raised alkaline phosphatase levels. Set up Gamma GT as a separate request if required	Completed
The Role of Atropine & Optical Penalisation in Patients who have Failed Initial Occlusion Therapy	Patients will be brought back to the clinic at 16 weeks for a review - but the penalisation has to be stopped at week 14	Completed
Audit of Discharge Times in Fractured Neck of Femur Patients	Mr Shah to take this audit to Management for discussion regarding the provision of 16 discharge beds	In Progress
What % of surgical patients have had their VTE risk assessment and appropriate VTE prophylasis?	VTE risk assessment incorporated into drug board i.e. drug board is formally changed, in the meantime why not staple onto the drug board on admission – action agreed by VTE committee and should be available by end September. Include new guidelines on form	Completed
Carotid Endarterectomy in patients with TIA/minimal stroke	As from Monday 21/6 any suspected ABCD2 or 4 will be seen rapidly by specialist	Completed
Nurse-Led Elective Cardioversion	Need to devise a simple AF referral form for inpatient referral (similar to the TIA referral form)	Completed
Appropriate use of Prothrombin Complex Concentrate	From this audit the blood product request form will be amended to include the PCC.	In progress
Severe Acute Headache Audit	Suggest algorithm of 'Acute Headache' in our clinical guideline section of Intranet	Completed
Audit of compliance with Trust Antibiotic Treatment guidelines October 2008 onwards	Common themes amongst non-compliant patients are fed back to the Infection Control Committee, Medicines Management Committee and to prescribing doctors present on the wards at the time of audit.	In progress
	Educational sessions are regularly held for junior medics	
Discharge Planning Audit	To add the recommendation - to advise the	In Progress

Audit	Recommended actions	Status	
	patient to visit the optician (at the next time of re-print)		
Referral Guidelines For Suspected Upper Gl Cancer	Need to inform the GP's in the area about the findings, and ensure each practice has a copy of the referral guidelines	In Progress	
The Management of asthma in the Emergency department	A laminated poster will be devised to act as a reminder to all staff	Completed	
Low Vision Service	An Instruct leaflet / pack will be given to the patient after their first appointment to reiterate the verbal information they have been given	Completed	
Renal Colic	Produce a poster showing all the conditions which require a fast scan	In progress	
Pre-Operative Assessment Charts (Part 2/3 Audit)	It was highlighted that the fasting guideline on the intranet should include a point to state that a tablet controlled diabetic should not take their tablet on the morning of surgery	In Progress	
Audit of NICE guidelines for Osteoarthritis	We can recommend long term NSAIDs or treatment but it needs to be the GP who follows up. Patient information to be made available regarding OA	In Progress	
EPR Rheumatology Discharge summary Audit 2010	Instructions to be put up on ward and into induction packs	Completed	
Initiation of DMARDs in newly diagnosed rheumatoid arthritis - Pilot	Establish which practices were involved to see whether delays were in referrals (for next audit)	In Progress	

Independent Auditor's Assurance Report to the Board of Governors of Wrightington, Wigan and Leigh NHS Foundation Trust on the Annual Quality Report

We have been engaged by the Board of Governors of Wrightington, Wigan and Leigh NHS Foundation Trust to perform an independent assurance engagement in respect of the content of Wrightington, Wigan and Leigh NHS Foundation Trust's Quality Report for the year ended 31 March 2011 (the "Quality Report").

This report, including the conclusion, has been prepared solely for the Council of Governors of Wrightington, Wigan and Leigh NHS Foundation Trust as a body, to assist the Council of Governors in reporting Wrightington, Wigan and Leigh 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 2011, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the Quality Report. 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 Wrightington, Wigan and Leigh NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Scope and subject matter

We read the Quality Report and considered whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual, and considered the implications for our report if we become aware of any material omissions.

Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual 2010/11 issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

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 content of the Quality Report is not in accordance with the NHS Foundation Trust Annual Reporting Manual or is inconsistent with the documents.

We read the other information contained in the Quality Report and considered whether it is inconsistent with the specified documents in the Monitor guidance.

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

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'). Our limited assurance procedures included:

- · Making enquiries of management;
- Comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; 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

It is important to read the Quality Report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual.

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 2011, the content of the Quality Report is not in accordance with the NHS Foundation Trust Annual Reporting Manual.

Deloitte LLP

Chartered Accountants

Debitte W

Leeds

31 May 2011

Annual Accounts 1 April 2010 – 31 March 2011

Presented to Parliament pursuant to Schedule 7, paragraph 25(4) of the National Health Services Act 2006	
Wrightington, Wigan and Leigh NHS Foundation Trust Accounts for the year ended 31 March 2011	

Contents

	Page
Statement of the Chief Executive's responsibilities as the Accounting Officer	1
Statement on Internal Control	2 -11
Auditors' Report	12 - 13
Foreword to the accounts	14
Statement of Comprehensive Income	15
Statement of Financial Position	16
Statement of Changes in Taxpayers' Equity	17
Statement of Cash Flows	18
Notes to the Statement of Cash Flows	19
Notes to the accounts	20 - 52

Statement of the Chief Executive's responsibilities as the Accounting Officer of Wrightington, Wigan and Leigh NHS Foundation Trust

For the year ended 31 March 2011

The NHS Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of 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 the Independent Regulator of NHS Foundation Trusts ("Monitor").

Under the NHS Act 2006, Monitor has directed Wrightington, Wigan and Leigh NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Wrightington, Wigan and Leigh 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 NHS Foundation Trust Annual Reporting Manual and in particular to:

- observe the Accounts Direction issued by Monitor, 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 have been followed, and disclose and explain any material departures in the financial statements; 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 Monitor's NHS Foundation Trust Accounting Officer Memorandum.

Signed:

Andrew Foster, Chief Executive

Dated: 27th May 2011

Statement on Internal Control 2010/11

1. SCOPE OF RESPONSIBILITY

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of NHS the 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.

2. 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 Wrightington, Wigan and Leigh 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 Wrightington, Wigan and Leigh NHS Foundation Trust for the year ended 31 March 2011, and up to the date of approval of the annual report and accounts.

3. CAPACITY TO HANDLE RISK

3.1 Leadership

As Accounting Officer, I have overall accountability and responsibility for leading risk management arrangements on behalf of the Board.

The Director of Nursing and Performance (who is also the Director of Infection Prevention and Control and Deputy CEO) provides leadership at Board level for the implementation of Integrated Governance and Risk Management. The Director of Finance is designated as the accountable and responsible officer for managing financial risk in the Trust. The Medical Director provides professional clinical leadership for governance and patient safety within the Trust. The Trust Risk Management Strategy clearly defines the responsibilities of individual Executive Directors specifically and generally the Risk Management Strategy applies to all employees and requires an active lead from managers at all levels to ensure risk management is a fundamental part of the total approach to quality, corporate and clinical governance, performance management and assurance.

Employees, contractors and agency staff are required to report all adverse incidents and concerns. The Trust supports a learning culture, ensuring that an objective investigation or review is carried out to learn from things when they go wrong, only assigning blame to individuals where it is clear that Trust policies and procedures have not been appropriately followed.

3.2 Training

To ensure the successful implementation and maintenance of the Trust's approach to risk management, staff at all levels are appropriately trained in incident reporting and carrying out a risk assessment. An ongoing risk management training programme has been developed which includes Incident Reporting, Health & Safety, Risk Management, Patient Safety, Fire Safety, Resuscitation, Moving and Handling, Safeguarding Children and Vulnerable Adults, Infection Control and Prevention, Information Governance, Equality and Diversity and Conflict Resolution training which is mandatory for staff as identified in the training needs analysis.

Statement on Internal Control 2010/11

Incident Reporting: The learning from incidents and risks takes place at the monthly Quality Improvement Committee comprising of Executive Directors and senior staff. This ensures that concerns identified from incidents, claims and complaints are investigated, that lessons are learned and that good practice is shared. The Trust fosters an environment where individuals are treated in a fair and just way, and where lessons are learned rather than blame being attributed.

To further encourage a positive and wider learning culture the Trust introduced a monthly Staff Feedback Newsletter in December 2010 covering key messages and learning arising from analysis of Claims, Incidents and Complaints. This features learning and contributions from both corporate and local perspectives.

The Trust also delivers additional training in risk management to both the Board (Executive and Non Executive Directors) and to all senior managers. This year the Trust achieved 100% compliance with training for senior managers.

4. THE RISK AND CONTROL FRAMEWORK

4.1 Key Elements of the Risk Management Strategy

The Risk Management Strategy is endorsed by the Trust Board. It covers the principles of risk management and is subject to an annual review (completed in September 2010, next due in August 2011) to ensure it remains appropriate and current. Staff accountable and responsible for risk management, are clearly identified as well as the system for identifying, managing, evaluating and controlling individual risk. Risks are identified from risk assessments and analysis of data from other intelligence sources including concerns, near misses, incidents, serious untoward incidents, formal and informal complaints and medico legal activity.

The key organisational risks for the year were identified from the corporate Strategic Objectives for 2010/11 forming part of the Board Assurance Framework and included:

- Consistent delivery of every element of Monitor/CQC targets
- Maintaining CQC registration without conditions
- Approving a new overall site and service strategy

The key future risks include:

- Achieving Financial Risk Rating of 4 including the CIP programme for 11/12 and maintain compliance with the Monitor Compliance Framework
- Successfully manage the transfer of community services
- Achieve HSMR of no more than 90
- Achieve the revised A&E Standards

The Risk Management Strategy is cross referenced to a series of related risk management documents for example the policy and procedure for the reporting of near misses, adverse events and serious untoward incidents.

The Risk Management Strategy is available to all staff via the document library on the Trust Intranet.

4.2 How Risk Management is Embedded in The Activity of the Trust

In line with legislation, all public organisations are required to publish information to show that they have assessed all their policies and practices on equality. As part of the Trust's Single Equality Action Plan, all new and revised policies, procedures and services are equality impact assessed. Where any negative impact is identified, a Full Assessment, including a service improvement plan must be completed and addressed at the relevant Divisional Service Improvement Team Meeting.

Statement on Internal Control 2010/11

Trust project plans, business case and policy templates all include sections on equality impact assessments.

The Trust believes that this assessment should be used as a tool to further improve the work of the Trust by making sure its does not discriminate and that, where possible, it promotes equality. The Trust recognises that Equality and Diversity is not just a 'tick' box exercise, a set of forms to be filled in or something that someone else does for you or to you. It is a way of thinking about the purpose and functions of the Trust in relation to the needs of the diverse communities, who are both patients and/or staff.

Risk Management is embedded in the activity of the organisation through induction training, regular risk management training and ad hoc training when need is identified. An untoward incident reporting system (Datix web, launched across the organisation in April 2010) is in place and concerns, near misses and incidents are reported by staff and stored on a database for analysis. Root cause analysis is undertaken and identified changes in practice are implemented as a result. In February 2011 Audit North West gave "limited assurance" in respect of the web-based system and a series of recommendations, all of which, will be implemented by the end of May 2011.

Risk Management is embedded within the Trust through key committees, identified in the Corporate Governance Structure, and consists of clinical and non clinical committees which report to the Governance and Risk Committee (G&R) and the Risk and Environmental Management Committee (REMC) and the Quality Improvement Committee (QIC)

The Governance and Risk Committee reports to the Audit Committee and also reports directly to the Board.

4.3 Elements of the Assurance Framework

The Board Assurance Framework has been in place during 2010/11. The Assurance Framework:

- Covers all of the Trust's main activities
- Identifies the corporate objectives/targets that the Trust is striving to achieve.
- Identifies the risks to the achievement of these objectives and targets.
- Identifies the system of internal control in place to manage the risks.
- Identifies and examines the review and assurance mechanisms which relate to the effectiveness of the system of internal control.
- Records the actions taken by the Board to address control and assurance gaps.
- Monitors the Trust's compliance with the CQC Essential Standards of Care during 2010/11.

The Governance & Risk Committee and Risk Management and Environmental Committee consider high/significant risks and if appropriate, recommend their inclusion on the Corporate Risk Register and/or Board Assurance Framework. The Board considers high/significant risks and approves their inclusion on the Board Assurance Framework and/or Corporate Risk Register.

Risk prioritisation and action planning is informed by the corporate objectives which have been derived from internal and external sources of risk identified from national requirements and guidance, complaints, claims, incident reports and audit findings. This also includes any other sources of risk derived from ward, departmental and divisional risk assessments, which feed up to Divisional and Corporate level management.

Statement on Internal Control 2010/11

Action plans are developed for unresolved risks and the rating of risks is adopted from the Australian Risk Management Process.

Lead Executive Directors and Lead Managers are identified to deal with the gaps in control and assurance and are responsible for developing action plans to address the gaps. The Board Assurance Framework serves to assure the Board of Directors that the organisation is addressing its risks systematically. The action plan ensuing from each risk also serves as a work plan for the Lead Manager to ensure mitigation against risks and closure of any gaps in control or assurance.

The Board Assurance Framework is monitored and reviewed on a bi-monthly basis by the Governance & Risk Committee and regularly by the Audit Committee followed by the Board of Directors. In addition, Meeting Point provides a monthly opportunity for executive discussion of the Board Assurance Framework. This provides evidence to support the Statement of Internal Control.

The Audit Committee is a sub committee of the Board of Directors and provides independent assurance on aspects of governance, risk management and internal control. The Deputy Director of Integrated Governance & Safety is also a member of the Governance & Risk Committee and provides governance and risk management assurance to the Audit Committee at each of its meetings, thus ensuring an integrated risk management approach.

An internal audit review of the Assurance Framework concluded that the Trust had achieved "overall significant assurance".

4.4 How Public Stakeholders are involved in Managing Risks

Public stakeholders, which include NHS Ashton, Leigh and Wigan and Wigan Council Adult Health and Wellbeing Scrutiny Committee, Wigan Local Safeguarding Children's Board, and Local Involvement Networks (LINk) are consulted on service developments and changes. There is also lay representation in most cases through Foundation Trust Governors on the Quality Improvement Committee, Engagement Committee and Patient Experience Task Force, Clinical Audit Committee and PEAT visits.

The Trust recognises that risk management is a two way process between healthcare providers across the health economy. Issues raised through the Trust's Risk Management processes that impact on partner organisations e.g. NHS Ashton, Leigh & Wigan would be discussed in the appropriate forum so that action can be agreed.

An established communications framework is in place in the form of a Major Incident plan and cross community emergency planning and business continuity arrangements are in place.

4.5 Information Governance, Data Security - Identifying and Maintaining Risk

The Information Governance Committee monitors the Information Governance work programme which is chaired by the Medical Director who is the Caldicott Guardian. The Director of Finance and Informatics is the nominated Board Lead for information risk and the Senior Information Risk Owner (SIRO) for the Trust. The nominated Information Asset Owners for information systems / assets have overall responsibility for identifying information risks and the Information Asset Administrators undertake operational activities to ensure risks are mitigated.

The Trust achieved 77% compliance with the Information Governance Toolkit assessment for 2010/11 which was submitted on the 31st March 2011. Of the 22 mandated key requirements, 21 scored the required level 2 attainment. The final mandated requirement, which relates to Information Governance Mandatory training, has been extended to 30th June. The Trust has put actions plans in place which aim to achieve a 95% compliance rate for this requirement, which is the standard required for Information Governance Induction attendance and completion of the Information Governance module by staff on the in-house e-learning mandatory system during the past 2 years.

Statement on Internal Control 2010/11

For the year ending 2010/11 the Trust had 22 reported information governance and / or security related incidents recorded. These were classified as per the Information Governance incident scoring criteria from 0-2. Only incidents classified as a severity rating of 3-5 need to be reported as a serious untoward incident and reported to Monitor and the Information commissioner.

Table 1 provides a summary of the information incidents classified with a risk score of 0-2.

1st April 2010 – 31st March 2011

Category	Nature of Incident	Total
i	Loss of inadequately protected electronic devices or paper documents from secured NHS premises	2
li	Loss of inadequately protected electronic devices or paper documents from outside secured NHS premises	1
III	Insecure disposal or inadequately protected electronic equipment ,devices or paper documents	1
lv	Unauthorised disclosure	12
V	Other	6
	TOTAL	22

In response to the gaps the incidents have highlighted the Trust has implemented encryption solutions for all portable media (CD / DVD's, memory sticks / USB pen drives) and equipment such as laptops, together with an encrypted email service.

4.6 Compliance

The Foundation Trust is fully compliant with the requirements of registration with the Care Quality Commission.

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 membership Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisations obligations under equality, diversity and human rights legislation are complied with.

The Foundation Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

5. REVIEW OF ECONOMY, EFFICIENCY AND EFFECTIVENESS OF THE USE OF RESOURCES

The Trust has robust arrangements in place for setting objectives and targets on a strategic and annual basis. These arrangements including ensuring the financial plan is affordable, ensuring delivery of Cost Improvement Requirements / QIPP requirements, compliance with the terms of authorisation and coordination of individual objectives with corporate objectives as approved by the Board of Directors.

Statement on Internal Control 2010/11

Performances against objectives are monitored and actions identified through a number of channels:

- Approval of annual budgets by the Board of Directors.
- Monthly reporting to the Board on key performance indicators, covering quality and safety, finance, activity and human resources targets.
- Weekly reporting by exception to the Executive Team on key influences on the Trusts financial position including activity and workforce indicators.
- The Divisions play an active part in the ongoing review of financial performance including Cost Improvement requirements / QIPP delivery.
- Quarterly reporting to Monitor and compliance with terms of authorisation.
- Cost improvement programme is a monthly agenda item at the Executive Management Board to ensure Clinical Engagement and full visibility.
- The Trust also participates in initiatives to ensure value for money for example:
 - Value for money is an important component of the internal and external audit plans that provides assurance to the Trust regarding processes that are in place to ensure effective use of resources.
 - In year cost pressures are rigorously reviewed and challenged, and alternatives for avoiding cost pressures are always considered.
 - The Trust subscribes to a national benchmarking organisation (Dr Foster) that provides comparative information analysis on patient activity and clinical indicators. This is used for the risk management process and to identify where improvements can be made.
 - The Trust has introduced a WWL productivity tool that allows it to review performance against national indicators to drive efficiency.
 - The Trust has a standard assessment process for future business plans to ensure value for money and to ensure that full appraisal processes are employed when considering the effect on the organisation. Procedures are in place to ensure all strategic decisions are considered at Board level.

6. ANNUAL QUALITY REPORT

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. 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.

6.1 Governance and leadership

The mission of the Trust is to provide the best quality health care for all patients that we serve. Our vision is to be in the top 10% for all that we do. The Trust has reviewed its objectives and reemphasised it's commitment to the Quality & Safety Agenda. Aligned with this are key objectives to improve quality and safety and support the adoption of a 'Zero Tolerance to Harm Culture'. These values are incorporated within the Trust Mission, Vision and Strategy.

Statement on Internal Control 2010/11

The Trust recognises that a major determinant of patient choice is the perceived quality of services and the overall experience that patients have when using our services. In particular we feel there will be strong patient expectations around the following areas;

- Improved Patient and staff experience
- Waiting times
- Cleanliness
- Ease of access to services / site
- Clinical safety and continued reduction in HSMR
- Staff responsiveness

Key drivers to improve these areas are embedded within the Trust's Quality Strategy.

6.2 Policies

In January 2011 the Trust Board approved its Quality Strategy which was then launched across the Trust in February 2011. This document sets out a quality strategy based around key themes of "safe effective and caring." Following the launch of the new Monitor Quality Governance framework, this strategy is being further refined to reflect this framework. The quality strategy is a "living document" that will continue to be refined to describe how the Trust aims to deliver best quality services to patients.

6.3 Systems and processes

Clinical quality improvements are monitored at the Clinical Advisory Board and through the Quality Improvement Committee. Escalation arrangements include referral to Governance and Risk Committee and from there to Trust Board. The Clinical Audit committee have an annual clinical audit cycle. Clinical Audit performance is also monitored by the Audit Committee.

Complaints and Serious Untoward Incidents are monitored weekly, with all serious complaints being red rag rated and discussed by the Director of Nursing and Medical Director. Monthly monitoring is conducted on all serious complaints and SUIs at the Quality Improvement Committee. A quarterly report is received by the Trust Board. This information is also reported within the quarterly Monitor returns, signed off by the Board.

Each Division has produced a quality account reporting on progress against the three domains of patient safety, clinical effectiveness and patient experience.

6.4 People and skills

Senior Clinicians and members of the Executive have attended a variety of quality events and the Trust is affiliated to the North West Advancing Quality Alliance (AQuA). The Trust is also a member of QUEST, a membership organisation of Trust's with already excellent quality performance to share good practice and drive standards ever higher through a series of collaborative programmes.

The Trust holds an annual award ceremony, entitled "Recognising Excellence Awards", at which it recognises and celebrates individual staff and team achievements during the year. There are seven categories in total, one of which is a quality and safety award that recognises the demonstration of commitment and improvement to quality and safety, putting patients at the heart of everything we do.

6.5 Data use and reporting

All Trust staff have responsibility to record accurate data which is reflected in the Data Quality Policy. Key staff in the organisation have designated roles to ensure procedures and guidelines are in place to accurately capture information in real time. The Trust's Data Quality Committee has responsibility to ensure procedures and guidelines are being followed, that data is accurate and validated by the Divisions and Audits are carried out as approved by the Audit Committee.

Statement on Internal Control 2010/11

7. REVIEW OF EFFECTIVENESS

As Accountable 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, and the executive managers 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 a plan to address weaknesses and ensure continuous improvement of the system is in place. My review has been informed by:

- The Board Assurance Framework itself provides me with evidence of the effectiveness of controls that manages the risks to the organisation.
- The Board of Directors, Audit Committee and the Governance & Risk Committee and the Risk and Environmental Management Committee advise me on the implications of the result of my review of the effectiveness of the system of internal control. These committees also advise outside agencies and myself on serious untoward events.
- All the relevant Committees within the Corporate Governance structure have a clear timetable of meetings and a clear reporting structure to allow issues to be raised.
- A plan to address weaknesses and ensure continuous improvement of the system is in place.
- The Trust Board also monitors and reviews the effectiveness of the Board Assurance Framework on a monthly basis.
- The Governance and Risk Committee manages and reviews the Board Assurance Framework, which is agreed in conjunction with Executive Directors. The minutes of the Governance & Risk Committee are presented to the Board of Directors. The Risk & Environmental Management Committee produces an Annual Risk Management Report which is presented to the Governance & Risk Committee and the Audit Committee followed by the Board of Directors to provide assurance on control.
- The Audit Committee reviews the establishment and maintenance of an effective system of Integrated Governance Risk Management and Internal Control across the whole of the organisations activities (both clinical and non clinical) that supports the achievement of the organisations objectives. The Audit Committee reviews the Board Assurance Framework on an exceptional basis.
- Internal Audit reviews the Board Assurance Framework and the effectiveness of the system of internal control as part of the internal audit work to assist in the review of effectiveness.
- The Head of Internal Audit Opinion for 2010/11 is that significant assurance can be given that there is a generally sound system of internal control designed to meet the organisation's objectives and that controls are generally being applied consistently. However, some weaknesses in the design and inconsistent application of controls put the achievement of particular objectives at risk.
- My review also takes account of comments made by external auditors and other external review bodies in their reports, for example, in September 2010 the Trust received an unannounced visit from the CQC in relation to national standards related to Healthcare Associated Infections and received no conditions on our registration.

Statement on Internal Control 2010/11

- The CQC wrote to the Trust on the 14th March 2011 in relation to four key CQC outcome measures, the Trust responded as requested within the stipulated timeframe with evidence of compliance with the outcomes on the 23rd March 2011 at this time the Trust awaits the CQCs response.
- Following a period of poor performance in A&E the Trust was rag rated red for governance by Monitor on 28.2.10. As a result PWC conducted a governance review across the Trust. An action plan was drawn up and all actions are now almost complete. Monitor reassessed the Trust and on 15.12.10 the Monitor Board agreed to change the rag rating to amber/green. The A&E department is now performing extremely well.
- The Trust failed to upload the cancer data to the Open Exeter database for two months during quarter three. A process is now in place to ensure timely uploads take place.
- The Trust has invested in a joint decontamination unit (K61) which, before 31st March 2011 became responsible for the decontamination of the vast majority of equipment. The service meets the latest regulatory requirements.
- The Maternity Service at WWL has been successful in gaining a Level 1 compliance with the NHSLA CNST assessment in January 2011.

7.1 Financial Position / Risks

The Trust delivered a trading surplus of £4.2m in year and a bottom line technical surplus of £4.1m including £0.1m for impairments due to assets not compatible with the newly commissioned decontamination facility at K61.

Based on this year end position (subject to final audit) the Trust achieved a Monitor Financial Risk Rating (FRR) of 4 which is in line with the planned FRR of 4 as submitted to Monitor in the Trusts three year plan.

In considering significant risks the Trust reached a full and final settlement with Ashton Leigh and Wigan PCT in respect of 2010/11. Looking forward to 2011/12, the income contract has already been completed and signed on what is believed to be an equitable basis for all parties. The key outstanding risks remain in delivering the required Cost Improvement Plan, minimising contract condition challenges and maximising CQUINs income available. In addition, and subject to Due Diligence, the Trust has to incorporate the agreed elements of community services into the operation in a financially viable model, whilst reacting as appropriate to any changes derived from the move to GP consortia commissioning

Looking forward to 2011/12, the income contract with ALW PCT was signed on the 22nd March 2011. An in year variation may be required relating to the transfer of Community Services.

Statement on Internal Control 2010/11

8. CONCLUSION

With the exception of the internal control issues that I have outlined in this statement, my review confirms that Wrightington, Wigan and Leigh NHS Foundation Trust has generally sound systems of internal control that supports the achievement of its policies, aims and objectives and that those control issues have been or are being addressed.

This is conclusively evidenced by the robustness of the organisation's risk management arrangements which in November 2010 were assessed by the NHSLA (National Health Service Litigation Authority) as compliant with the Level 2 Risk Management Standards.

Signed:

Andrew Foster Chief Executive

Date: 27th May 2011

Independent Auditors' Report to the Board of Governors and Board of Directors of Wrightington, Wigan and Leigh NHS Foundation Trust

We have audited the financial statements of Wrightington, Wigan and Leigh NHS Foundation Trust for the year ended 31 March 2011 under the National Health Service Act 2006 ("the Act") which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes 1 to 27. These financial statements have been prepared in accordance with the accounting policies set out therein. We have also audited the information in the Directors' Remuneration Report that is described as having been audited.

This report is made solely to the Board of Governors and Board of Directors ("the Boards") of Wrightington, Wigan and Leigh NHS Foundation Trust, as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards those matters we are required to state to them in an auditors' report and for no other purpose. To the fullest extent permitted by law, we do not, in giving our opinion, accept or assume responsibility to anyone other than the Trust and the Boards, as a body, for this report, or for the opinions we have formed.

Respective Responsibilities of the Accounting Officer and Auditors

The Accounting Officer's responsibilities for preparing the Annual Report, the Directors' Remuneration Report and the financial statements in accordance with directions issued by Monitor – Independent Regulator of NHS Foundation Trusts are set out in the Statement of Accounting Officer's Responsibilities.

Our responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements (including statute and the Audit Code of NHS Foundation Trusts) and International Standards on Auditing (UK and Ireland).

We report to you our opinion as to whether the financial statements give a true and fair view in accordance with the accounting policies directed by Monitor – Independent Regulator of NHS Foundation Trusts and whether the financial statements and the part of the Directors' Remuneration report to be audited have been properly prepared in accordance with the National Health Service Act 2006 and the directions made there under by Monitor – Independent Regulator of NHS Foundation Trusts. We also report to you whether in our opinion the information given in the directors' report is consistent with the financial statements.

In addition, we report to you if, in our opinion, the financial statements have not been prepared in accordance with directions made under paragraph 25 of Schedule 7 of the Act, the financial statements do not comply with the requirements of all other provisions contained in, or having effect under, any enactment applicable to the financial statements, or proper practices have not been observed in the compilation of the financial statements.

We review whether the statement on internal control reflects compliance with the requirements of Monitor contained in the NHS Foundation Trust Annual Reporting Manual. We report if it does not meet the requirements specified by Monitor or if the statement is misleading or inconsistent with other information we are aware of from our audit of the financial statements. We are not required to consider, nor have we considered, whether the statement on internal control covers all risks and controls. We are also not required to form an opinion on the effectiveness of the Trust's corporate governance procedures or its risk and control procedures.

We read the other information contained in the Annual Report as described in the contents section and consider whether it is consistent with the audited financial statements. We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the financial statements. Our responsibilities do not extend to any further information outside the Annual Report.

Independent Auditors' Report to the Board of Governors and Board of Directors of Wrightington, Wigan and Leigh NHS Foundation Trust

Basis of audit opinion

We conducted our audit in accordance with the Audit Code for NHS Foundation Trusts issued by Monitor, which requires compliance with International Standards on Auditing (UK & Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements and the part of the Directors' Remuneration Report to be audited. It also includes an assessment of the significant estimates and judgements made by the Directors in the preparation of the financial statements, and of whether the accounting policies are appropriate to the Trust's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements and the part of the Directors' Remuneration Report to be audited.

Opinion

In our opinion:

- The financial statements give a true and fair view of the state of affairs of Wrightington, Wigan and Leigh NHS Foundation Trust as at 31 March 2011 and of its income and expenditure for the year then ended in accordance with the accounting policies directed by Monitor Independent Regulator of NHS Foundation Trusts:
- The financial statements and the part of the Directors' Remuneration Report to be audited have been properly prepared in accordance with the National Health Service Act 2006 and the directions made there under by Monitor – Independent Regulator of NHS Foundation Trusts; and
- The information given in the directors' report is consistent with the financial statements.

Certificate

We certify that we have completed the audit of the accounts in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts.

Signed:

Dated: 31st May 2011

Paul Thomson (Senior Statutory Auditor)
For and on behalf of Deloitte LLP

Chartered Accountants
Leeds, UK

Foreword to the accounts For the year ended 31 March 2011

These accounts for the year ended 31 March 2011 have been prepared by Wrightington, Wigan and Leigh NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 of the National Health Services Act 2006.

Signed: Andrew Foster, Chief Executive

Dated: 27th May 2011

Statement of Comprehensive Income For the year ended 31 March 2011

Note	Year ended 31-Mar-11 £'000	As restated Year ended 31-Mar-10 £'000
Operating Income from continuing operations 2	230,886	222,337
Operating Expenses from continuing operations * 3 OPERATING SURPLUS	(222,132) 8,754	(220,186) 2,151
FINANCE COSTS Finance income 6 Finance expense - financial liabilities 7 Finance expense - unwinding of discount on provisions PDC Dividends payable NET FINANCE COSTS	201 (11) (21) (4,814) (4,645)	134 (12) (19) (4,864) (4,761)
SURPLUS/(DEFICIT) FOR THE PERIOD	4,109	(2,610)
Other comprehensive income Impairments * Receipt of donated assets Asset disposals Movements arising from classifying non current assets as Assets Held for Sale Other reserves movements	0 261 0 0 (128)	(5,065) 361 (1) 32 (111)
TOTAL COMPREHENSIVE INCOME/(EXPENSE) FOR THE YEAR	4,242	(7,394)

All income and expenditure is derived from continuing operations.

Notes 1 to 27 form part of these accounts.

A corresponding transfer from the Revaluation Reserve to the Income & Expenditure Reserve has been made to ensure that the Trusts reserves are in the same position as if IAS 36 had applied.

^{*} The prior year impairment charge has been increased by £422k from that reported in the Trusts 2009/10 Annual Accounts, in accordance with the NHS Foundation Trust Annual Reporting Manual 2010-11, to reflect the divergence from IAS 36 regarding impairment losses arising from a clear consumption of economic benefits or service potential.

Statement of Financial Position As at 31 March 2011

		31-Mar-11	31-Mar-10
	Note	£'000	£'000
Non-current assets			
Intangible assets	8	4,797	4,104
Property, plant and equipment	9	144,390	140,235
Trade and other receivables	12	267	163
Total non-current assets		149,454	144,502
Current assets			
Inventories	11	3,298	3,769
Trade and other receivables	12	7,899	8,574
Non-current assets for sale and assets in disposal groups	10	307	648
Cash and cash equivalents		17,260	16,716
Total current assets		28,764	29,707
Current liabilities			
Trade and other payables	13	(15,201)	(14,814)
Borrowings	14	(15)	(15)
Provisions	18	(286)	(800)
Tax payable Other liabilities	13 13	(3,080)	(3,061)
	13	(235)	(240)
Total current liabilities		(18,817)	(18,930)
Total assets less current liabilities		159,401	155,279
Non-current liabilities			
Borrowings	14	(22)	(35)
Provisions	18	(839)	(877)
Other liabilities	13	(209)	(278)
Total non-current liabilities		(1,070)	(1,190)
Total assets employed		158,331	154,089
Financed by (taxpayers' equity)			
Public dividend capital		94,083	94,083
Revaluation reserve		35,726	36,419
Donated asset reserve		1,760	1,627
Income and expenditure reserve		26,762	21,960
Total taxpayers' equity		158,331	154,089

In circumstances where a prior period adjustment is actioned IFRS suggests a third Statement of Financial Position column to show the pre and post adjustment. As there is a net nil impact the Trust has not reported the third column.

The financial statements on pages (15 to 52) were approved by the board on 25th May 2011 and signed on its behalf by:

Signed: Andrew Foster, Chief Executive

Dated: 27th May 2011

Statement of Changes in Taxpayers' Equity For the year ended 31 March 2011

TOTAL £'000	Income & Expenditure Reserve £'000	Donated Asset Reserve £'000	Revaluation Reserve £'000	Public Dividend Capital £'000
154,089	21,960	1,627	36,419	94,083
4,109	4,109	0	0	0
261	0	261	0	0
0	242	0	(242)	0
(128)	451	(128)	(451)	0
158,331	26,762	1,760	35,726	94,083

Taxpayers' Equity at 1 April 2010

Surplus for the year Receipt of donated assets Asset disposals Other reserves movements

Taxpayers' Equity at 31 March 2011

Taxpayers' Equity at 1 April 2009

Deficit for the year * Impairments Receipt of donated assets Asset disposals Movements arising from classifying non current assets as Assets Held for Sale Other reserves movements *

Taxpayers'	Equity 1	at 31	March	2010

94,083	42,198	1,551	23,651	161,483
0	0	0	(2,610)	(2,610)
0	(4,892)	(173)	0	(5,065)
0	0	361	0	361
0	(11)	(1)	11	(1)
0	32	0	0	32
0	(908)	(111)	908	(111)
94,083	36,419	1,627	21,960	154,089

^{*} The prior year impairment charge has been increased by £422k from that reported in the Trusts 2009/10 Annual Accounts, in accordance with the NHS Foundation Trust Annual Reporting Manual 2010-11, to reflect the divergence from IAS 36 regarding impairment losses arising from a clear consumption of economic benefits or service potential.

A corresponding transfer from the Revaluation Reserve to the Income & Expenditure Reserve has been made to ensure that the Trusts reserves are in the same position as if IAS 36 had applied.

Statement of Cash Flows For the year ended 31 March 2011

	Year	Year
	ended	ended
	31-Mar-11	31-Mar-10
	£'000	£'000
Cash flows from operating activities		
Operating surplus from continuing operations *	8,754	2,151
Operating surplus	8,754	2,151
Non-cash income and expense		
Depreciation and amortisation	7,317	6,548
Impairments *	59	5,951
Transfer from the donated asset reserve	(128)	(111)
Decrease/(Increase) in Trade and Other Receivables	573	(2,418)
Increase in Other Assets	(97)	0
Decrease/(Increase) in Inventories	471	(474)
(Decrease)/Increase in Trade and Other Payables	(544)	2,973
(Decrease)/Increase in Other Liabilities	(74)	63
Decrease in Provisions	(509)	(121)
Other movements in operating cash flows	0	9
NET CASH GENERATED FROM OPERATIONS	15,822	14,571
Cash flows from investing activities		
Interest received	203	132
Purchase of intangible assets	(1,656)	(485)
Purchase of Property, Plant and Equipment	(9,454)	(10,342)
Sales of Property, Plant and Equipment	484	0
Net cash used in investing activities	(10,423)	(10,695)
Cash flows from financing activities		
Capital element of finance lease rental payments	(13)	(11)
Interest element of finance lease	(11)	(12)
PDC Dividend paid	(4,831)	(4,883)
Net cash used in financing activities	(4,855)	(4,906)
Increase/(Decrease) in cash and cash equivalents	544	(1,030)
Cash and Cash equivalents at 1 April	16,716	17,746
Cash and Cash equivalents at 31 March	17,260	16,716
Cao. and Juon oquitaionio at or maion		10,710

^{*} The prior year impairment charge has been increased by £422k from that reported in the Trusts 2009/10 Annual Accounts, in accordance with the *NHS Foundation Trust Annual Reporting Manual 2010-11*, to reflect the divergence from IAS 36 regarding impairment losses arising from a clear consumption of economic benefits or service potential.

A corresponding transfer from the Revaluation Reserve to the Income & Expenditure Reserve has been made to ensure that the Trusts reserves are in the same position as if IAS 36 had applied.

Notes to the Statement of Cash Flows For the year ended 31 March 2011

Note 1: Cash and cash equivalents

	31-Mar-11 £'000	31-Mar-10 £'000
At 1 April	16,716	17,746
Net change in year	544	(1,030)
At 31 March	17,260	16,716
Broken down into:		
Cash at commercial banks and in hand	30	12
Cash with the Government Banking Service	17,230	16,704
Cash and cash equivalents as in SoFP	17,260	16,716

Note 2: Reconciliation of net cash flow to movement in net funds

	31-Mar-11	31-Mar-10
	£'000	£'000
Increase/(Decrease) in cash and cash equivalents in the year	544	(1,030)
Cash outflow from debt repaid and finance lease capital repayments	13	11
Change in net funds resulting from cash flows	557	(1,019)
Non-cash changes in debt (new finance leases / HP contracts)	0	(19)
Change in net funds	557	(1,038)
Net funds at 1 April	16,666	17,704
Net funds at 31 March	17,223	16,666

Notes to the accounts
For the year ended 31 March 2011

Note 1: Accounting Policies

Basis of preparation

Monitor has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the Foundation Trust Annual Reporting Manual (FT ARM) which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the FT ARM 2010/11 issued by Monitor. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual (FReM) to the extent that they are meaningful and appropriate to NHS Foundation Trusts.

The accounting policies have been applied consistently to all periods presented in these financial statements and in dealing with items considered material in relation to the accounts.

The financial statements have been prepared in accordance with International Financial Reporting Standards (IFRSs) and International Financial Reporting Interpretation Committee (IFRIC) interpretations as endorsed by the European Union, and those parts of the Companies Act 2006 applicable to companies reporting under IFRSs.

The financial statements are presented in Pounds Sterling, rounded to the nearest thousand. They are prepared on the historical cost basis modified for the revaluation of certain financial instruments.

Going concern

After making enquiries, the directors have a reasonable expectation that the Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing these financial statements.

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.

Income recognition

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the Trust is contracts with commissioners in respect of healthcare services.

Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

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.

The Trust does not account for income in respect of partially completed spells.

Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments 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 Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions

The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. It is not possible for the NHS Foundation Trust to identify its share of the underlying scheme liabilities. Therefore, the scheme is accounted for as a defined contribution scheme.

Employers pension cost contributions are charged to operating expenses as and when they become due.

Notes to the accounts For the year ended 31 March 2011

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 NHS Foundation Trust commits itself to the retirement, regardless of the method of payment.

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.

Current / non-current classification

Assets and liabilities are classified as current if they are expected to be realised within twelve months from the Statement of Financial Position date, the primary purpose of the asset and liability is to be traded, or for loans and receivables where they have a maturity of less than twelve months from the Statement of Financial Position date. All other assets and liabilities are classified as non-current.

Property, plant and equipment

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; and
- The cost of the item can be measured reliably.

Property, plant and equipment assets are capitalised if they are capable of being used for a period which exceeds one year and they:

- Individually have a cost of at least £5,000; or
- Collectively have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are and its under single managerial control; or
- Form part of the initial equipping and setting-up cost of a new building, ward or unit irrespective of their individual or collective cost.

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 economic lives.

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.

Until 31 March 2009, the depreciated replacement costs of specialised buildings were estimated for an exact replacement of the asset in its present location. HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued.

Valuations of property and land are carried out as mandated by a qualified valuer DTZ Debenham Tie Leung who are members of the Royal Institute of Chartered Surveyors and in accordance with the appropriate sections of the Practice Statement ("PS") and United Kingdom Practice Statements contained within the RICS Valuation Standards, 6th Edition. The valuations are carried out as follows:

- Interim every 3 years
- Full valuation every 5 years

A full valuation was conducted during the year ending 31st March 2010.

All assets are measured subsequently at fair value:

- Specialised buildings used for the Trust's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and any subsequent accumulated impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the statement of financial position date.
- Fair values are determined by using a (depreciated replacement cost) Modern Equivalent Asset approach.

Notes to the accounts For the year ended 31 March 2011

 Land and non specialised buildings – market value for existing use.

The carrying value of existing assets (fixtures and fittings) at that date will be written off over their remaining useful lives and new fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

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 economic 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' ceases to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

The estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over their estimated useful lives or, where shorter, the lease term.

Buildings, installations and fittings are depreciated on their current value over the estimated remaining life of the asset as assessed by a qualified valuer recognised in accordance with RICS. Leaseholds are depreciated over the primary lease term. Equipment is depreciated on current cost evenly over the estimated life of the asset as follows:

•	Vehicles	7 years
•	Furniture	10 years
•	Office and IT equipment	5 years
•	Soft furnishings	7 years
•	Medical and other equipment	5 to 15 years
•	Mainframe-type IT installations	8 years

Where the useful economic life of an asset is reduced from that initially estimated due to the revaluation of an asset for sale, depreciation is charged to bring the value of the asset to its value at the point of sale.

Revaluation gains and losses

At each reporting period end, the Trust checks whether there is any indication that any of its PPE or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

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 the operating expense.

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 FT ARM, impairments that are due to a loss of economic benefits or 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:

- The impairment charged to operating expenses; and
- The balance in the revaluation reserve attributable to that asset before impairment.

Notes to the accounts For the year ended 31 March 2011

An impairment arising from a loss of economic benefit or service potential is reversed when, and to the extent that, the circumstances that give rise to the loss is reversed. Reversals are recognised in operating income 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.

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; and
- The sale must be highly probable, i.e.:
 - Management are committed to a plan to sell the asset:
 - 2. An active programme has begun to find a buyer and complete the sale;
 - 3. The asset is being actively marketed at a reasonable price;
 - 4. The sale is expected to be completed within 12 months of the date of classification as 'Held for Sale'; and
 - 5. The actions needed to complete the plan indicate it is unlikely that the plan will be dropped 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 economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated assets

Donated fixed assets are capitalised at their current value on receipt and this value is credited to the donated asset reserve.

Donated fixed assets are valued and depreciated as described above for purchased assets. Gains and losses on revaluations are also taken to the donated asset reserve and, each year, an amount equal to the depreciation charge on the asset is released from the donated asset reserve to the income and expenditure account. Similarly, any impairment on donated assets charged to the income and expenditure account is matched by a transfer from the donated asset reserve.

On sale of donated assets, the net book value of the donated asset is transferred from the donated asset reserve to the income and expenditure reserve.

Intangible Assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Foundation 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 Foundation Trust and where the cost of the asset can be measured reliably.

Assets that are subject to amortisation are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. Any impairment loss is recognised in the Statement of Comprehensive Income to reduce the carrying amount to the recoverable amount.

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 Foundation Trust intends to complete the asset and sell or use it;
- The Foundation 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;

Notes to the accounts For the year ended 31 March 2011

- Adequate financial, technical and other resources are available to the Foundation Trust to complete the development and sell or use the asset; and
- The Foundation 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.

Measurement

Intangible assets are recognised initially at cost, comprising of 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 fair value. Revaluation gains and losses and impairments are treated in the same manner as for property, plant and equipment.

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 economic lives, in a manner consistent with the consumption of economic or service delivery benefits, as follows:

Software licences
 Internally generated IT
 5 to 10 years
 5 to 10 years

Government Grants

Government grants are grants from Government bodies other than income from Primary Care Trusts or NHS Trusts for the provision of services. Grants from the Department of Health, including those for achieving three star status, are accounted for as Government grants as are grants from the Big Lottery Fund. Where the Government grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure the grant is held as deferred income and released to operating income over the life of the asset in a manner consistent with the depreciation charge for that asset.

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.

Trade receivables

Trade receivables are recognised initially at fair value and subsequently measured at amortised cost using the effective interest method, less provision for impairment. A provision for impairment of trade receivables is estimated when there is objective evidence that the Foundation Trust will not be able to collect all amounts due.

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 say, from date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

Bank overdrafts are shown as borrowings in current liabilities; however, they would be included in cash and cash equivalents for the purpose of cash flow statement.

Trade payables

Trade payables are recognised initially at fair value and subsequently measured at amortised at amortised cost using the effective interest method.

Financial instruments and financial liabilities

Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Foundation Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Notes to the accounts For the year ended 31 March 2011

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and Measurement

Financial assets are categorised as loans and receivables or available for sale financial assets.

Financial liabilities are classified as other financial liabilities.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The Trust's loans and receivables comprise; cash and cash equivalents, NHS debtors, accrued income and other debtors.

Loans and receivables are recognised initially at fair value, net of transaction costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Available-for-sale financial assets

Available-for-sale financial assets are non-derivative financial assets which are either designated in this category or not classified in any of the other categories. They are included in long-term assets unless the Foundation Trust intends to dispose of them within 12 months of the Statement of Financial Position date.

Available-for-sale financial assets are recognised initially at fair value, including transaction costs, and measured subsequently at fair value, with gains and losses recognised in reserves and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'. When items classified as 'available-for-sale' are sold or impaired, the accumulated fair value adjustments recognised are transferred from reserves and recognised in 'finance costs' in the Statement of Comprehensive Income.

Other financial liabilities

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to finance costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Impairment of financial assets

At the Statement of Financial Position date, the Foundation Trust assesses whether any financial assets, other than those held at 'fair value through income and expenditure' are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced through the use of a bad debt provision.

Leases

The Trust as lessee

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the NHS Foundation Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is

Notes to the accounts For the year ended 31 March 2011

that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property, plant and equipment.

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to finance costs in the Statement of Comprehensive Income.

The lease liability is de-recognised when the liability is discharged, cancelled or expires.

Operating leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

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.

The Trust as lessor

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 on a straight-line basis over the lease term.

Provisions

The NHS Foundation 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 HM Treasury's discount rate of 2.2% in real terms, except for early retirement provisions and injury benefit provisions which both use the HM Treasury's pension discount rate of 2.9% in real terms.

Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the NHS Foundation Trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the NHS Foundation Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the NHS Foundation Trust is disclosed at note 18 but is not recognised in the NHS Foundation Trust's accounts.

Non-clinical risk pooling

The NHS Foundation Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the NHS Foundation Trust pays an annual contribution to the NHS Litigation Authority 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.

Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 21 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 21, 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.

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 Trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

Notes to the accounts For the year ended 31 March 2011

A charge, reflecting the forecast cost of capital utilised by the NHS Foundation 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 NHS Foundation 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, (ii) net cash balances held with the Government Banking Service (GBS), 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 (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.

Value Added Tax

Most of the activities of the NHS Foundation 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.

Corporation Tax

The Trust is a Health Service Body within the meaning of s519A ICTA 1988 and accordingly in relation to specified activities of a Foundation Trust (s519A (3) to (8) ICTA 1988).

None of the Trusts activities in the period are subject to a corporation tax liability.

Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Foundation Trust has no beneficial interest in them. However, they are disclosed in note 23 in accordance with the requirements of HM Treasury's FReM.

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 each individual case is 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 NHS Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However, note 24 is compiled directly from the losses and compensations register which reports on an accruals basis with the exception of provisions for future losses.

Segmental Analysis

In line with IFRS 8 on Operating Segments, the Board of Directors, as Chief Decision Maker, have assessed that the Trust continues to report its Annual Accounts on the basis that it operates in the healthcare segment only. The accompanying financial statements have consequently been prepared under one single operating segment.

Notes to the accounts
For the year ended 31 March 2011

Note 2.1: OPERATING INCOME (by classification)

	Year ended 31-Mar-11 £'000	Inter-NHS Foundation Trusts £'000	Year ended 31-Mar-10 £'000	Inter-NHS Foundation Trusts £'000
Income from Activities				
Elective income	59,570	0	54,852	0
Non elective income	60,395	0	61,596	0
Outpatient income	43,366	0	35,608	0
A & E income	7,943	0	8,011	0
Other NHS clinical income	41,000	0	45,111	0
Private patient income	2,396	0	2,846	0
Other non-protected clinical income	2,478	373	1,190	83
Total income from activities	217,148	373	209,214	83
Other operating income				
Research and development	86	54	414	120
Education and training	5.990	5	6,166	15
Charitable and other contributions to expenditure	59	0	59	0
Transfer from donated asset reserve in respect of				
depreciation on donated assets	128	0	111	0
Non-patient care services to other bodies	3,865	1,521	3,302	98
Other *	3,563	290	3,071	93
Gain on disposal of assets held for sale	47	0	0	0
Total other operating income	13,738	1,870	13,123	326
TOTAL OPERATING INCOME	230,886	2,243	222,337	409

^{*} Significant items within the category of 'other' in other operating income include staff and patient car parking income of £1,139k, catering income of £649k, pharmacy income of £422k, staff accommodation rentals of £213k, occupational health income of £103k and other income of £924k.

Note 2.2: Private patient income

Private patient income Total patient related income Proportion (as percentage)

Year ended 31-Mar-11 £'000	
2,396 217,148 1.1%	

Year
ended
31-Mar-10
£'000
2,846
209,214
1.4%

Base Year 2002/03 £'000	
2,891 140,399 2.1%	

Section 44 of the NHS Act 2006 requires that the proportion of private patient income to the total patient related income of the NHS Foundation Trust should not exceed its proportion whilst the body was an NHS Trust in 2002/3.

Notes to the accounts
For the year ended 31 March 2011

Note 2.3: OPERATING INCOME (by type)

	Year ended 31-Mar-11 £'000	Year ended 31-Mar-10 £'000
Income from Activities		
NHS Foundation Trusts	373	83
Primary Care Trusts	211,998	203,964
Local Authorities	276	306
Department of Health - other	0	91
NHS Other	57	26
Non NHS: Private patients	2,396	2,846
Non-NHS: Overseas patients (non-reciprocal)	10	3
NHS injury scheme (was RTA) *	1,349	1,214
Non NHS: Other	689	681
Total income from activities	217,148	209,214
Other operating income		
Research and development	86	414
Education and training	5,990	6,166
Charitable and other contributions to expenditure	59	59
Transfer from donated asset reserve in respect of	128	111
depreciation on donated assets Non-patient care services to other bodies	3,865	3,302
Gain on disposal of assets held for sale	3,803	3,302
Other	3,563	3,071
Total other operating income	13,738	13,123
TOTAL OPERATING INCOME	230,886	222,337

^{*} NHS injury scheme income is subject to a provision for doubtful debts of 9.6% (2009/10: 7.8%) to reflect expected rates of collection.

Note 2.4: Income from activities - mandatory and non-mandatory services

	Year ended 31-Mar-11 £'000	Year ended 31-Mar-10 £'000
Income from activities Mandatory services Non-mandatory services	215,110 2,038	207,319 1,895
Total income from activities	217,148	209,214

Notes to the accounts
For the year ended 31 March 2011

Note 3.1: OPERATING EXPENSES (by type)

	Year ended 31-Mar-11 £'000	Year ended 31-Mar-10 £'000
Services from NHS Foundation Trusts	1,423	1,332
Services from NHS Trusts	608	572
Services from other NHS Bodies	54	1,221
Purchase of healthcare from non NHS bodies	1,424	1,177
Employee Expenses - Executive directors	930	1,031
Employee Expenses - Non-executive directors	137	139
Employee Expenses - Staff	153,567	148,107
Drug costs	13,368	12,515
Supplies and services - clinical (excluding drug costs)	21,516	20,143
Supplies and services - general	3,124	3,258
Establishment	2,312	2,330
Transport	1,039	987
Premises	9,311	9,170
Increase in bad debt provision	285	222
Depreciation on property, plant and equipment	5,854	5,300
Amortisation on intangible assets	1,463	1,248
Impairments of property, plant and equipment *	59	5,951
Audit fees:		
audit services - statutory audit	68	70
Other auditors remuneration:		
further assurance services	0	6
other services **	142	134
Clinical negligence	3,777	3,627
Loss on disposal of other property, plant and equipment	1	12
Legal fees	133	118
Consultancy costs	420	383
Training, courses and conferences	407	439
Patient travel	23	21
Redundancy	18	0
Hospitality	0	1
Insurance	345	372
Losses, ex gratia & special payments	143	155
Other	181	145
TOTAL	222,132	220,186

The Trusts auditors Deloitte LLP have a limitation on their liability of £1,000,000.

A corresponding transfer from the Revaluation Reserve to the Income & Expenditure Reserve has been made to ensure that the Trusts reserves are in the same position as if IAS 36 had applied

^{*} The prior year impairment charge has been increased by £422k from that reported in the Trusts 2009/10 Annual Accounts, in accordance with the *NHS Foundation Trust Annual Reporting Manual 2010-11*, to reflect the divergence from IAS 36 regarding impairment losses arising from a clear consumption of economic benefits or service potential.

^{**} Other audit services relate to internal audit costs.

Notes to the accounts
For the year ended 31 March 2011

Note 3.2.1: Arrangements containing an operating lease

Year ended 31-Mar-11 £'000
903
903

Minimum lease payments

TOTAL

Note 3.2.2: Arrangements containing an operating lease

Hire of plant and machinery Other operating lease rentals

TOTAL

Year	Year
ended	ended
31-Mar-11	31-Mar-10
£'000	£'000
340	342
563	545
903	887

Note 3.2.3: Arrangements containing an operating lease

	<u>.</u>
Year	Year
ended	ended
31-Mar-11	31-Mar-10
£'000	£'000
526	422
1,937	1,635
3,117	1,037
5.580	3.094

Land & Buildings

Other Leases			
Year	Year		
ended	ended		
31-Mar-11	31-Mar-10		
£'000	£'000		
646	357		
1,643	533		
0	0		
2,289	890		

Future minimum lease payments due:

- not later than one year;
- later than one year and not later than five years;
- later than five years.

TOTAL

The trust leases various premises under non-cancellable operating leases, with lease terms between 5 and 15 years. The leases are at market rates. The trust also leases various equipment under non-cancellable operating leases, with lease terms between 3 and 5 years.

Operating lease expenditure charged to the Income Statement during the year is disclosed in note 3.2.1.

Notes to the accounts
For the year ended 31 March 2011

Note 4.1: Directors aggregate remuneration

	Year ended	Year ended
	31-Mar-11	31-Mar-10
	£'000	£'000
Executive Directors	742	823
Employers contribution to pension	104	114
	846	937
Non Executive Directors *	125	127
TOTAL	971	1,064

^{*} Non Executive Directors are not members of the NHS pension scheme.

Note 4.2: Employee Expenses

	Year ended 31-Mar-11 £'000	Year ended 31-Mar-10 £'000
Salaries and wages Social security costs Pension Costs - Employers contributions to NHS Pensions Agency/contract staff	123,742 9,412 13,835 8,646	121,309 9,030 13,218 5,789
TOTAL	155,635	149,346

Staff costs capitalised in the year amounted to £1,119k (31 March 2010: £206k).

Note 4.3: Average number of employees (WTE basis)

	Hullibei	Hullibei
Medical and dental	415	413
Administration and estates	753	742
Healthcare assistants and other support staff	496	511
Nursing, midwifery and health visiting staff	1,463	1,457
Scientific, therapeutic and technical staff	472	461
Bank and agency staff	139	106
Other	125	119
TOTAL	3,863	3,809

31-Mar-11

Number

31-Mar-10

Note 4.4: Exit packages

		Numbers of	Total number of exit
Exit package cost band	Number of Compulsory redundancies	other departures agreed	packages by cost band
£10,000 to £25,000	1	0	1

During 2010/11 the Trust's exit package is in line with Agenda for Change contractual terms and conditions.

Note 4.5: Early retirements due to ill health

During the year ended 31 March 2011 there were 15 (31 March 2010: 4) early retirements from the Trust agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £826k (March 2010: £192k). The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Notes to the accounts
For the year ended 31 March 2011

Note 5: Better Payments Practice Code

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

Year ended

£'000

102,150

97,552

95.5%

24,954

24,589 **98.5%**

The Trusts performance against the BPPC in the year was as follows:

	31-Mar-11 Number	
Non-NHS		
Trade invoices paid in the period	73,902	10
Trade invoices paid within target	69,075	9
Percentage of trade invoices paid within target	93.5%	(
NHS		
Trade invoices paid in the period	2,536	2
Trade invoices paid within target	2,392	2
Percentage of trade invoices paid within target	94.3%	9

Year ei 31-Ma	
Number	£'000
74,429 71,335 95.8%	96,592 93,889 97.2%
3,114	25,509
3,095	25,479
99.4%	99.9%

Note 6: Finance income

Bank interest receivable Other interest receivable

TOTAL

Year ended 31-Mar-11 £'000
177 24 201

Year ended 31-Mar-10 £'000
134 0
134

Note 7: Finance costs - interest expense

Finance leases

Year
ended
31-Mar-11
£'000
(11)

Notes to the accounts
For the year ended 31 March 2011

Note 8.1: Intangible assets 2010/11

	Software licences	Information Technology (internally	Intangible Assets Under	
	(purchased) £'000	generated) £'000	Construction £'000	£'000
Gross cost at 1 April 2010	8,308	148	143	8,599
Reclassifications	374	303	(143)	534
Additions - purchased	145	115	1,385	1,645
Gross cost at 31 March 2011	8,827	566	1,385	10,778
Amortisation at 1 April 2010	4,478	17	0	4,495
Provided during the year	1,378	85	0	1,463
Reclassifications	0	23	0	23
Amortisation at 31 March 2011	5,856	125	0	5,981
Net book value				
NBV - Purchased at 1 April 2010	3,830	131	143	4,104
NBV - Finance Lease at 1 April 2010	0	0	0	0
NBV - Donated at 1 April 2010	0	0	0	0
NBV total at 1 April 2010	3,830	131	143	4,104
Net book value				
NBV - Purchased at 31 March 2011	2,971	441	1,385	4,797
NBV - Finance Lease at 31 March 2011	0	0	0	0
NBV - Donated at 31 March 2011	0	0	0	0
NBV total at 31 March 2011	2,971	441	1,385	4,797

The reclassification of £534k is a transfer from property, plant and equipment to intangible assets following a detailed review of asset categorisation on capitalisation.

Notes to the accounts For the year ended 31 March 2011

Note 8.2: Intangible assets 2009/10

	Software licences (purchased) £'000	Information Technology (internally generated) £'000	Intangible Assets Under Construction £'000	TOTAL £'000
Gross cost at 1 April 2009	7,917	31	0	7,948
Reclassifications	489	117	0	606
Additions - purchased	41	0	143	184
Disposals	(139)	0	0	(139)
Gross cost at 31 March 2010	8,308	148	143	8,599
Amortisation at 1 April 2009	3,383	3	0	3,386
Provided during the year	1,234	14	0	1,248
Disposals	(139)	0	0	(139)
Amortisation at 31 March 2010	4,478	17	0	4,495
Net book value NBV - Purchased at 1 April 2009 NBV - Finance Lease at 1 April 2009	4,534 0	28 0	0	4,562 0
NBV - Donated at 1 April 2009	0	0	0	0
NBV total at 1 April 2009	4,534	28	0	4,562
Net book value	2 020	424	4.40	4 404
NBV - Purchased at 31 March 2010 NBV - Finance Lease at 31 March 2010	3,830 0	131 0	143 0	4,104
NBV - Pinance Lease at 31 March 2010	0	0	0	0
NBV total at 31 March 2010	3,830	131	143	4,104

Notes to the accounts
For the year ended 31 March 2011

Note 9.1: Property, plant and equipment 2010/11

				Assets Under	Dlamt 9	T	luda umatia u	F	
	Land	Buildings	Dwellings	Construction	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings	TOTAL
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Cost or valuation at 1 April 2010	15,050	102,748	3,181	4,986	36,956	182	7,294	471	170,868
Additions - purchased	0	3,865	0	2,992	3,425	0	104	29	10,415
Additions - donated	0	0	0	0	261	0	0	0	261
Reclassifications	0	850	0	(3,957)	613	0	1,954	6	(534)
Transferred to disposal group as asset held for sale	(25)	0	(75)	0	0	0	0	0	(100)
Disposals	0	0	0	0	(69)	0	0	0	(69)
Cost or valuation at 31 March 2011	15,025	107,463	3,106	4,021	41,186	182	9,352	506	180,841
Accumulated depreciation at 1 April 2010	0	1,757	63	0	24,831	145	3,626	211	30,633
Provided during the year	0	1,808	63	0	2,569	7	1,394	13	5,854
Impairments recognised in operating expenses	0	0	0	0	59	0	0	0	59
Reclassifications	0	0	0	0	0	0	(23)	0	(23)
Transferred to disposal group as asset held for sale	0	0	(3)	0	0	0	(23)	0	(3)
Disposals	0	0	0	0	(69)	Ö	0	0	(69)
Accumulated depreciation at 31 March 2011	0	3,565	123	0	27,390	152	4,997	224	36,451
Net book value									
NBV - Owned at 1 April 2010	15,050	99,880	3,118	4,986	11,568	37	3,660	260	138,559
NBV - Finance lease at 1 April 2010	15,050	99,000	0,110	4,960	49	0	3,000	0	49
NBV - Donated at 1 April 2010	0	1,111	0	0	508	0	8	0	1,627
'						37			
NBV total at 1 April 2010	15,050	100,991	3,118	4,986	12,125		3,668	260	140,235
Net book value									
NBV - Owned at 31 March 2011	15,025	102,812	2,983	4,021	13,090	30	4,350	282	142,593
NBV - Finance lease at 31 March 2011	0	0	0	0	37	0	0	0	37
NBV - Donated at 31 March 2011	0	1,086	0	0	669	0	5	0	1,760
NBV total at 31 March 2011	15,025	103,898	2,983	4,021	13,796	30	4,355	282	144,390
•									

The reclassification of £534k is a transfer from property, plant and equipment to intangible assets following a detailed review of asset categorisation on capitalisation.

Notes to the accounts
For the year ended 31 March 2011

Note 9.2: Property, plant and equipment 2009/10

	Land £'000	Buildings £'000	Dwellings £'000	Under Construction £'000	Plant & Machinery £'000	Transport Equipment £'000	Information Technology £'000	Furniture & Fittings £'000	TOTAL £'000
Cost or valuation at 1 April 2009	22,728	106,692	1,474	4,557	35,890	182	6,510	204	178,237
Additions - purchased	0	1,840	0	3,491	1,395	0	1,088	0	7,814
Additions - donated	0	92	0	0	269	0	0	0	361
Impairments charged to revaluation reserve *	(8,460)	3,392	3	0	0	0	0	0	(5,065)
Reclassifications	947	(2,133)	2,201	(3,062)	953	0	221	267	(606)
Revaluation surpluses	0	(7,135)	(10)	0	0	0	0	0	(7,145)
Transferred to disposal group as asset held for sale	(165)	0	(487)	0	0	0	0	0	(652)
Disposals	0	0	0	0	(1,551)	0	(525)	0	(2,076)
Cost or valuation at 31 March 2010	15,050	102,748	3,181	4,986	36,956	182	7,294	471	170,868
Accumulated depreciation at 1 April 2009	0	1,204	13	0	23,803	137	3,267	203	28,627
Provided during the year	0	1.766	67	0	2,573	8	878	8	5,300
Impairments recognised in operating expenses *	0	5,922	29	0	0	0	0	0	5,951
Revaluation surpluses	0	(7,135)	(42)	0	0	0	0	0	(7,177)
Transferred to disposal group as asset held for sale	0	0	(4)	0	0	0	0	0	(4)
Disposals	0	0	Ó	0	(1,545)	0	(519)	0	(2,064)
Accumulated depreciation at 31 March 2010	0	1,757	63	0	24,831	145	3,626	211	30,633
Net book value									
NBV - Owned at 1 April 2009	22,728	104,277	1,461	4,533	11,741	45	3,231	1	148,017
NBV - Finance lease at 1 April 2009	0	0	0	0	42	0	0	0	42
NBV - Donated at 1 April 2009	0	1,211	0	24	304	0	12	0	1,551
NBV total at 1 April 2009	22,728	105,488	1,461	4,557	12,087	45	3,243	1	149,610
Net book value									
NBV - Owned at 31 March 2010	15,050	99,880	3,118	4,986	11,568	37	3,660	260	138,559
NBV - Finance lease at 31 March 2010	0	0	0	0	49	0	0	0	49
NBV - Donated at 31 March 2010	0	1,111	0	0	508	0	8	0	1,627
NBV total at 31 March 2010	15,050	100,991	3,118	4,986	12,125	37	3,668	260	140,235

Assets

On 1 April 2009 the Trusts land and buildings were revalued under the Modern Equivalent Asset Valuation (MEAV) method by DTZ Debenham Tie Leung Limited. This assessment valued the land and buildings on the basis of Depreciated Replacement Cost (specialised operational property), Existing Use Value (land and non-specialised operational property) and Open Market Value (non-operational property). This valuation is reflected in the table above.

At the same time as the revaluation to MEAV DTZ undertook an assessment of the useful economic life of the Trusts land and buildings. The results of this assessment are also reflected in the table above.

A corresponding transfer from the Revaluation Reserve to the Income & Expenditure Reserve has been made to ensure that the Trusts reserves are in the same position as if IAS 36 had applied.

^{*} The prior year impairment charge has been increased by £422k from that reported in the Trusts 2009/10 Annual Accounts, in accordance with the NHS Foundation Trust Annual Reporting Manual 2010-11, to reflect the divergence from IAS 36 regarding impairment losses arising from a clear consumption of economic benefits or service potential.

Notes to the accounts
For the year ended 31 March 2011

Note 9.3: Analysis of property, plant and equipment

	Land £'000	Buildings £'000	Dwellings £'000	Assets Under Construction £'000	Plant & Machinery £'000	Transport Equipment £'000	Information Technology £'000	& Fittings	TOTAL £'000
Net book value NBV - Protected assets at 31 March 2011 NBV - Unprotected assets at 31 March 2011 Total at 31 March 2011	0 15,025 15,025		2,983 2,983	0 4,021 4,021	0 13,796 13,79 6	0 30 30	0 4,355 4,355	0 282 282	59,905 84,485 144,390
Total at 31 Match 2011	15,025	103,090	2,963	4,021	13,796		4,355		144,390
Net book value									
NBV - Protected assets at 31 March 2010 NBV - Unprotected assets at 31 March 2010	0 15,050	58,680 42,311	0 3,118	0 4,986	0 12,125	0 37	0 3,668	0 260	58,680 81,555
Total at 31 March 2010	15,050		3,118	4,986	12,125	37	3,668	260	140,235

Note 9.4: Assets held at open market value

31-Mar-11	31-Mar-10
£'000	£'000
4,570	4,845

Freehold

Note 9.5: The net book value of land, buildings and dwellings at the balance sheet date comprised:

31-Mar-11		31-Mar-10
£'000		£'000
121,906		119,159
	l	

Freehold

Notes to the accounts
For the year ended 31 March 2011

Note 9.6: Net book value of assets held under finance leases

31-Mar-11 £'000 31-Mar-10 £'000 49

Plant & Machinery

Note 9.7: Depreciation charged to the income statement in respect of assets held under finance leases and hire purchase contracts

31-Mar-11 £'000 31-Mar-10 £'000

Plant & Machinery

Note 10: Non-current assets for sale and assets in disposal groups

NBV of non-current assets for sale and assets in disposal groups at 31 March 2010

Plus assets classified as available for sale in the year Less assets sold in year

NBV of non-current assets for sale and assets in disposal groups at 31 March 2011

Property,
Plant &
Equipment
£'000

648
97
(438)

Notes to the accounts
For the year ended 31 March 2011

Note 11.1: Inventories

Materials & consumables

31-Mar-11
£'000
3,298

31-Mar-10 £'000 3,769

Note 11.2: Inventories recognised in expenses

Inventories recognised in expenses
Write-down of inventories recognised as an expense
TOTAL

Year
ended
31-Mar-11
£'000
25,724
73
25,797

31-Mar-11

Year ended 31-Mar-10 £'000 24,773 106 24,879

31-Mar-10

Note 12.1: Trade and other receivables

	£'000	£'000
Current		
NHS Receivables	4,389	4,519
Other receivables with related parties	209	354
Provision for impaired receivables	(329)	(314)
Prepayments	778	747
Accrued income	46	8
PDC receivable	36	19
Other receivables	2,770	3,241
TOTAL CURRENT TRADE AND OTHER RECEIVABLES	7,899	8,574
Non-Current		
Other receivables	267	163
TOTAL NON-CURRENT TRADE AND OTHER RECEIVABLES	267	163

All non-current receivables are due after one year.

The carrying amounts of trade and other receivables approximates to the fair value.

Notes to the accounts
For the year ended 31 March 2011

Note 12.2.1: Provision for impairment of receivables

	31-Mar-11 £'000	31-Mar-10 £'000
At 1 April	(314)	(242)
Increase in provision	(412)	(87)
Amounts utilised	270	150
Unused amounts reversed	127	(135)
At 31 March	(329)	(314)

Included in the above table is a provision of £182k against the NHS Injury Scheme, which is externally managed by the Compensation Recovery Unit and therefore has not been aged and is excluded from the analysis in note 12.2.2 below.

Note 12.2.2: Analysis of impaired receivables

	31-Mar-11	31-Mar-10
	£'000	£'000
Ageing of impaired receivables		
Up to three months	8	27
In three to six months	2	5
Over six months	213	248
Total	223	280
Ageing of non-impaired receivables past their due date		
Up to three months	1,104	139
In three to six months	142	608
Over six months	70	322
Total	1,316	1,069

Trade receivables that are less than 6 months past due and not with a debt agency are not considered impaired.

Company receivables from related parties are not considered impaired and therefore are included in non-impaired receivables past their due date.

Notes to the accounts
For the year ended 31 March 2011

Note 13.1: Trade and other payables

	31-Mar-11 £'000	31-Mar-10 £'000
Current		
Receipts in advance	445	556
NHS payables	2,925	4,488
Amounts due to other related parties	362	330
Trade payables - capital	3,279	2,329
Other trade payables	865	2,605
Taxes payable	3,080	3,061
Other payables	29	46
Accruals	7,296	4,460
TOTAL CURRENT TRADE AND OTHER PAYABLES	18,281	17,875

Note 13.2: Other liabilities

	31-Mar-11	31-Mar-10
	£'000	£'000
Current		
Deferred Income	165	160
Deferred Government Grant	70	80
TOTAL OTHER CURRENT LIABILITIES	235	240
Non-current		
Deferred Government Grant	209	278
TOTAL OTHER NON-CURRENT LIABILITIES	209	278

Notes to the accounts For the year ended 31 March 2011

Note 14: Borrowings

	31-Mar-11 £'000	31-Mar-10 £'000
Current Obligations under finance leases	15	15
TOTAL CURRENT BORROWINGS	15	15
Non-current Obligations under finance leases	22	35
TOTAL OTHER NON-CURRENT BORROWINGS	22	35

Note 15: Finance lease obligations

	Lease Pa	yments
	31-Mar-11 £'000	31-Ma
Gross liabilities due: - not later than one year; - later than one year and not later than five years; - later than five years. Gross lease liabilities Finance charges allocated to future periods	20 28 0 48 (11)	_
Net lease liabilities	37	
of which liabilities are due: - not later than one year; - later than one year and not later than five years; - later than five years.	15 22 0 37	

Present V	
Minimum Leas	se Payments
31-Mar-11	31-Mar-10
£'000	£'000
20	24
28	46
0	0
48	70
(11)	(20)
37	50
15	15
22	35
0	0
37	50

Minimum

31-Mar-10

£'000

(20)

Notes to the accounts
For the year ended 31 March 2011

Note 16: Prudential borrowing limit

The NHS Foundation Trust is required to comply with and remain within a prudential borrowing limit. This is made up of two elements:

the maximum cumulative amount of long term borrowing. This is set by reference to the five ratio tests set out in Monitor's Prudential Borrowing Code. The financial risk rating set under Monitor's Compliance Framework determines one of the ratios and can therefore impact upon the long term borrowing limit; and

- the amount of any working capital facility approved by Monitor.

Further information on the NHS Foundation Trust Prudential Borrowing Code and Compliance Framework can be found on the website of Monitor, the Independent Regulator of Foundation Trusts.

The Trusts performance against the Prudential Borrowing Limit (PBL) in the year was:

	31-Mar-11	31-Mar-10
	£'000	£'000
Total long term borrowing limit set by Monitor	41,600	43,200
Working capital facility agreed by Monitor	16,000	16,000
TOTAL PRUDENTIAL BORROWING LIMIT	57,600	59,200
Long term borrowing at 1 April	50	42
Net actual (repayment)/borrowing in year - long term	(13)	8
Long term borrowing at 31 March	37	50
Working capital borrowing at 1 April	0	0
Net actual borrowing/(repayment) in year - working capital	0	0
Working capital borrowing at 31 March	0	0

Financial ratio performance for the year ended 31 March 2011:

	Approved PBL ratios	Actual ratios
Maximum debt to capital ratio *	< 25%	0.02%
Minimum dividend cover	> 1x	3
Minimum interest cover	> 3x	1,457
Minimum debt service cover	> 2x	1,214
Maximum debt service to revenue	< 2.5%	0.01%

^{*} The percentage approved depends on the Financial Risk Rating (FRR) achieved in the year. The percentage used above is that relating to a Foundation Trust with an FRR of 4.

Notes to the accounts
For the year ended 31 March 2011

Note 17: Financial Risk Rating (FRR)

			YTD	
Metric	Criteria	Actual	Rating	Weighting
EBITDA margin	Underlying Performance	7.0%	3	25%
EBITDA, % achieved	Achievement of Plan	98.4%	4	10%
Return on investment	Financial Efficiency	5.7%	4	20%
I&E surplus margin	Financial Efficiency	1.8%	3	20%
Liquid ratio	Liquidity days	37.5	4	25%
Weighted Average		_	3.6	100%
Overall Financial Risk	Rating	-	4.0	

Financial Risk Rating boundaries:

EBITDA margin EBITDA, % achieved Return on investment I&E surplus margin Liquid ratio

Weighting	5	4	3	2	1
25%	11%	9%	5%	1%	< 1%
10%	100%	85%	70%	50%	< 50%
20%	6%	5%	3%	-2%	< -2%
20%	3%	2%	1%	-2%	< -2%
25%	60	25	15	10	< 10
100%					

The Financial Risk Rating (FRR) is a key component of Monitors Compliance Framework which provides details of financial metrics that reports the level of financial risk faced by the Trust.

The Compliance Framework identifies a range of risks from 1 (highest risk) to 5 (lowest risk).

The Trust achieved an FRR of 4 in the year, in line with the plan.

Notes to the accounts
For the year ended 31 March 2011

Note 18: Provisions for liabilities and charges

	Other Legal			
	Claims	Other	TOTAL	31-Mar-10
	£'000	£'000	£'000	£'000
At 1 April 2010	1,150	527	1,677	1,778
Change in the discount rate	(64)	0	(64)	0
Arising during the year	370	50	420	1,291
Utilised during the year	(179)	(71)	(250)	(804)
Reversed unused	(173)	(506)	(679)	(607)
Unwinding of discount	21	0	21	19
At 31 March 2011	1,125	0	1,125	1,677
Expected timing of cash flows:				
- not later than one year;	286	0	286	800
 later than one year and not later than five years; 	214	0	214	210
- later than five years.	625	0	625	667
TOTAL	1,125	0	1,125	1,677

Legal provisions include £229k for employers and public liability claims (for which there is also a corresponding contingent liability of £123k declared in note 21), and £896k for the capitalised cost of permanent injury retirees.

The amount provided for employers / public claims are based on actuarial assessments received from the National Health Service Litigation Authority (NHSLA) as to their value and anticipated payment date.

£43,375,297 is included in the provisions of the NHS Litigation Authority at 31 March 2011 in respect of clinical negligence liabilities of the trust (31 March 2010: £33,278,852).

Notes to the accounts
For the year ended 31 March 2011

Note 19: Capital commitments

At 31 March 2011 the Trust had capital commitments as follows:

Contracted for but not provided in the financial statements

31-Mar-11
£'000
1,774

31-Mar-10
£'000
3,686

Note 20: Events after the reporting period

The Trust does not have any material events after the reporting period.

Note 21: Contingencies

Contingent liabilities

31-Mar-11
£'000
123

31-Mar-10 £'000
133

The contingent liability relates to employers and public liability claims.

Note 22: Private finance transactions

The Trust does not have any PFI transactions.

Note 23: Third party assets

The trust held £2,602 cash at 31 March 2011 (31 March 2010: £5,147) which relates to monies held by the NHS Foundation Trust on behalf of patients. This has been excluded from the cash and cash equivalents figure reported in the accounts.

Note 24: Losses and special payments

During the year ended 31 March 2011 there were 233 cases of losses and special payments (31 March 2010: 276 cases) totalling £180,498 (31 March 2010: £187,158).

Notes to the accounts For the year ended 31 March 2011

Note 25.1: Related party transactions

Wrightington, Wigan and Leigh NHS Foundation Trust is a body corporate established by order of the Secretary of State for Health.

During the year none of the Board Members or members of the key management staff have undertaken any material transactions with Wrightington, Wigan and Leigh NHS Foundation Trust.

Members of the Trust Board, Governors of the Trust and senior staff hold positions with the following bodies which during 2010/11 the Trust has had a significant number of material transactions and or hold debtor and creditor balances with them at 31 March 2011:

NHS Ashton, Leigh and Wigan Five Boroughs Partnership NHS Foundation Trust Wigan Metropolitian Borough Council Santander Bank PLC **Depuy International Limited** Johnson & Johnson Medical Ltd Osteotec Ltd

The Department of Health, NHS Supply Chain and the Collaborative Procurement Hub are regarded as related parties. During the year Wrightington, Wigan and Leigh NHS Foundation Trust has had a significant number of material transactions with them and with other entities list below for which are regarded as related parties:

NHS Central Lancashire

NHS Halton and St Helens

NHS Bolton

NHS Bury

NHS Cumbria

NHS Sefton

NHS North Lancashire

NHS East Lancashire

NHS Stockport

NHS Warrington

NHS Northwest

NHS Business Services Authority

NHS Litigation Authority

NHS Blood and Transport

In addition, the Trust has a significant number of material transactions with other Government departments and other central and local Government bodies.

The Trust has also received revenue and capital payments from a number of charitable funds, certain of the Trustees for which are also members of the NHS Foundation Trust Board.

Note 25.2: Related party transactions with key management personnel

Key management personnel are identified as Executive Directors, Deputy Directors / Associates and Non-Executive Directors of the Trust.

Short-term employee benefits (gross pay and employers NIC) Post employment benefits (employers costs for NHS pension scheme) *

Total remuneration paid to key management personnel

* Non Executive Directors are not members of the NHS pension scheme.

Year Year ended ended 31-Mar-11 31-Mar-10 £'000 £'000 1,702 1,645 197 1.899 1,834

189

Notes to the accounts
For the year ended 31 March 2011

Note 26.1: Financial Instruments

International Financial Reporting Standard 7 and International Accounting Standard 32 require disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Foundation Trust has with Primary Care Trusts and the way those Primary Care Trusts are financed, the NHS Foundation Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies. An NHS Foundation Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Foundation Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's Standing Financial Instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations, with its functional currency being Sterling.

Credit risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2011 are in receivables from customers, as disclosed in the Trade and Other Receivables note.

Liquidity risk

The Trust's net operating costs are incurred under contracts with Primary Care Trusts, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its Prudential Borrowing Limit.

Interest rate risk

The Trust is not exposed to significant interest rate risk. Notes 26.2.2 and 26.3.2 disclose the interest rate profiles of the Trust's financial assets and liabilities.

Notes to the accounts
For the year ended 31 March 2011

Note 26.2.1: Financial assets by category

As per Statement of Financial Position at 31 March 2011

Trade and other receivables (excluding non-financial assets)
Non current assets held for sale and assets held in
disposal group (excluding non-financial assets)
Cash and cash equivalents

Total financial assets at 31 March 2011

	Loans and receivables £'000	Available for sale £'000	TOTAL £'000
)	7,388	0	7,388
	0	307	307
	17,260	0	17,260
ı	24,648	307	24,955

As per Statement of Financial Position at 31 March 2010

Trade and other receivables (excluding non-financial assets) Non current assets held for sale and assets held in disposal group (excluding non-financial assets) Cash and cash equivalents

Total financial assets at 31 March 2010

)	7,990	0	7,990
	0	648	648
	16,716	0	16,716
	24,706	648	25,354

Note 26.2.2: Fair value of financial assets

Non current trade and other receivables (excluding non-financial assets)
Other

Total

31-Mai	r-11
Book	Fair
Value	Value
£'000	£'000
267	267
24,688	24,688
24,955	24,955

31-Mar-10		
Book	Fair	
Value	Value	
£'000	£'000	
163	163	
25,191	25,191	
25,354	25,354	

Cash and cash equivalents earn interest at a floating rate, all other financial assets are not interest bearing.

Notes to the accounts
For the year ended 31 March 2011

Note 26.3.1: Financial liabilities by category

Other financial liabilities £'000	Liabilities at fair value through income statement £'000	TOTAL £'000
37 17,836	0	37 17,836
1,125	0	1,125

As per Statement of Financial Position at 31 March 2011

Obligations under finance leases

Trade and other payables (excluding non-financial liabilities) Provisions under contract

Total financial liabilities at 31 March 2011

As per Statement of Financial Position at 31 March 2010)

Obligations under finance leases

Trade and other payables (excluding non-financial liabilities) Provisions under contract

Total financial liabilities at 31 March 2010

•	17,319 1,677
	17,319

Note 26.3.2: Fair value of financial liabilities

Non current trade and other payables (excluding non-financial liabilities)
Provisions under contract
Other

Total

31-M	ar-11
Book	Fair
Value	Value
£'000	£'000
22	22
1,125	1,125
17,851	17,851
18,998	18,998

31-Ma	ar-10
Book	Fair
Value	Value
£'000	£'000
35	35
1,677	1,677
17,334	17,334
19,046	19,046

None of the Trusts financial liabilities are interest bearing.

Notes to the accounts
For the year ended 31 March 2011

Note 27: Accounting standards and amendments issued but not yet adopted in the ARM

Change published	Published by IASB	Financial year for which the change first applies
IFRS 7 Financial Instruments: Disclosures - amendment Transfer of financial assets	October 2010	Effective date of 2012/13 but not yet adopted by the EU.
IFRS 9 Financial Instruments Financial Assets Financial Liabilities	November 2009 October 2010	Uncertain. Not likely to be adopted by the EU until the IASB has finished the rest of its financial instruments project.
IAS 12 Income Taxes amendment	December 2010	Effective date of 2012/13 but not yet adopted by the EU.
IAS 24 (Revised) Related Party Disclosures	November 2009	2011/12
Annual Improvements 2010	May 2010	2011/12
IFRIC 14 amendment	November 2009	2011/12
IFRIC 19 Extinguishing financial liabilities with equity instruments	November 2009	2011/12