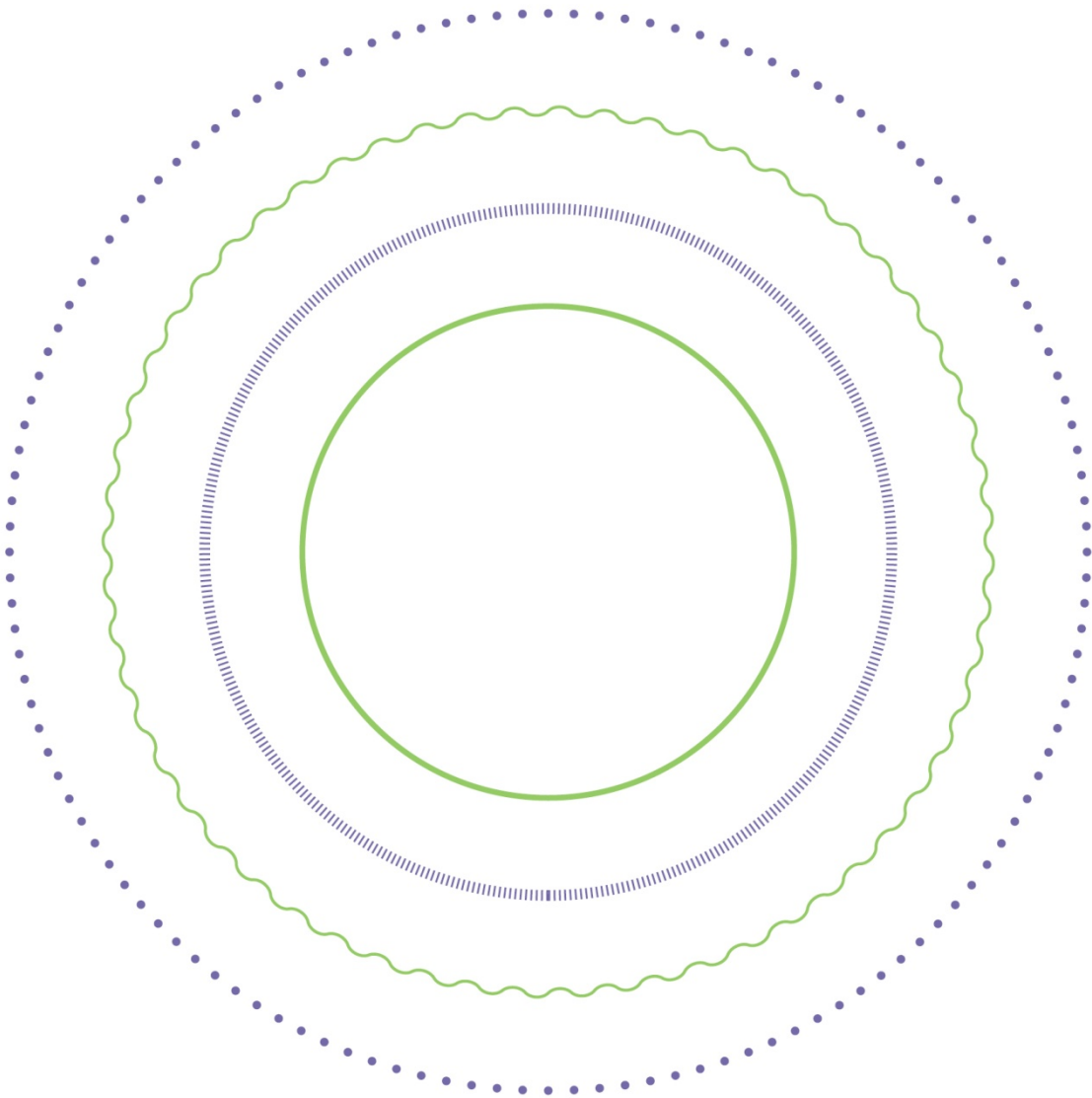


# Annual Report and Accounts

1 April 2011 –  
31 March 2012





**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 2011 – 31 March 2012**

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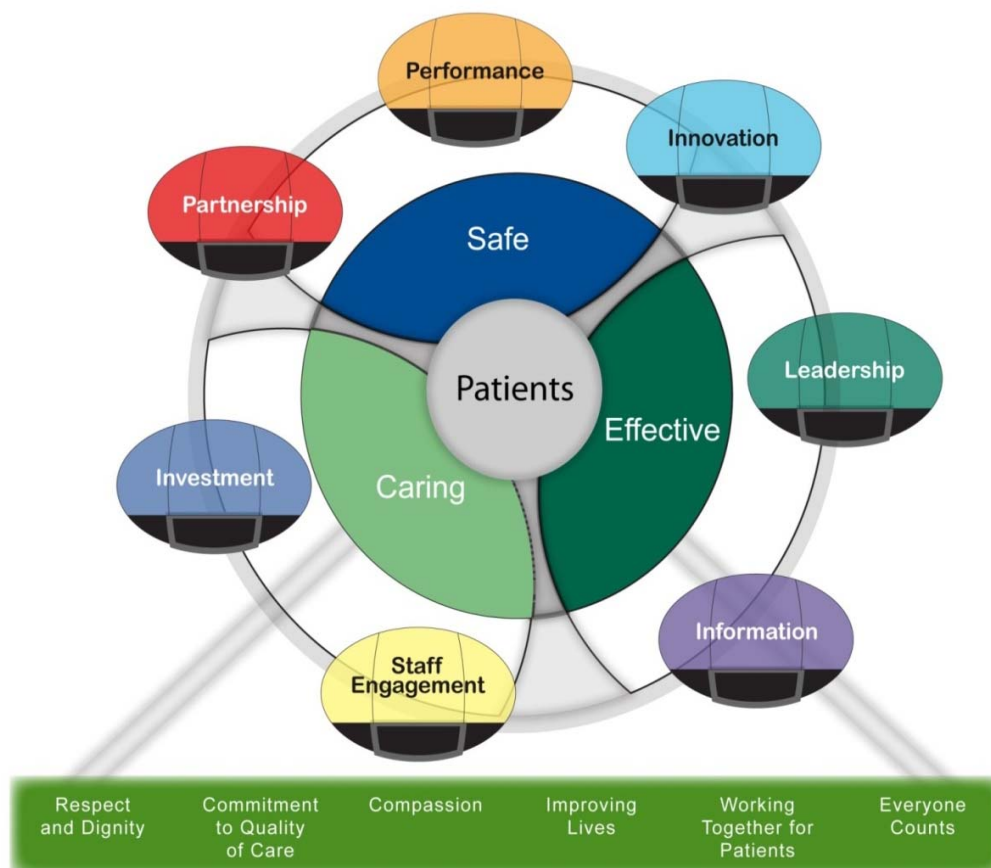


# Review of the Year

Welcome to our annual review. We very much hope that you will enjoy reading about the successes and challenges of our three hospitals during another highly eventful year. This annual publication always contains many facts, figures and diagrams but this does not mask the fact that what really happens in hospitals are millions of highly important interactions between individual people, whether patients, carers or staff. Patients and carers are often at their most vulnerable in hospital and the very human, caring nature of staff and volunteers makes more difference than all of the complex drugs, equipment and procedures. It is one of the greatest strengths of the NHS that staff and volunteers have a true sense of vocation and derive real pleasure and satisfaction from being able to make a difference to patients.

2011/12 was the first year of austerity for the NHS and our biggest challenge has been to continue to improve the quality of services at the same time as reducing our costs. We expect this to be the economic environment for some years to come, so to explain our overall approach, this year we have introduced the 'WWL Wheel' (see below). The wheel is a simple visual representation of what we are trying to achieve. It places patients right at the heart and surrounds them with a commitment to quality, defined as "safe, effective and caring". The wheel sits firmly on a foundation of the NHS Values and has seven 'pods', representing the Trust's seven strategic priorities. Over time we expect everyone to become fully familiar with the Wheel and you will see the way that it has influenced the structure of the Annual Report.

**The WWL Wheel**



There have been many highlights of the year, here are just a few:

### **Safe**

- In the whole year we had just three MRSA bloodstream infections
- The number of cases of Clostridium Difficile fell again to 47 compared with 62 in the previous year
- We only had six hospital acquired pressure ulcers

### **Effective**

- Our Hospital Standardised Mortality Ratio (HSMR) fell again to 87.1 (for the period 1 April 2011 to 29 February 2012)
- We achieved a surplus of £2.9m (subject to audit) to invest in new buildings and equipment for next year
- We successfully achieved all of the targets for waiting times

### **Caring**

- We reduced the number of cancelled outpatient appointments to 5.11% compared with 6.08% last year
- Our national patient survey showed that 91.2% of patients would recommend the hospital to family and friends
- Our local patient survey showed that 95.5% of patients would recommend the hospital to family and friends

It is also important to note that we conducted a year-long review into whether to close one or more of our hospitals in order to cope with the economic downturn. We are very pleased to report that this exhaustive analysis concluded that our best strategy is to retain and invest in all of our hospital sites. We have appointed development partners and the first investments will take effect during 2012.

Our main challenge was and will continue to be economic. Our turnover is £247m, but last year we had to achieve savings of £14m and expect a similar annual target for the foreseeable future. This means shrinking the size of the hospital and this year saw the closure of two wards as well as the first year of a staff pay freeze.

These are difficult times for everybody and we would like to conclude this review by expressing our heartfelt thanks to three very important groups. Firstly, we thank our GPs and other colleagues in commissioning who have worked in close partnership to protect the viability of your NHS Hospitals during times of austerity. Secondly, we thank our unpaid Board of Governors who generously contribute their time in overseeing our Board and our strategy. Finally, we thank our staff and volunteers who continue to provide that most excellent human quality of care despite these demanding times.



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, national and international catchment area.

The Trust's strategy puts patients at the centre of all we do. Our commitment to quality surrounds our patients to ensure we deliver services which are safe, effective and caring. The Trust continues to demonstrate considerable success in improving quality. We have again reduced incidences of MRSA Bacteraemia, Clostridium Difficile, incidences of pressures sores and also continue our focus on improving our mortality rate (Hospital Standardised Mortality Ratio). The Quality Accounts section of this annual report provides much more detail on the ongoing quality improvements we are achieving.

WWL employs approximately 4,275 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 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 738 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, nationally and internationally. Hip replacement surgery was pioneered at Wrightington Hospital in the early 1960's 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. It 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 main RAEI site in Wigan, with Leigh Infirmary and Wrightington Hospital developing primarily as specialist diagnostic and treatment centres. Our service and site strategy has defined a £80 million investment programme across the three hospital sites over the next 10 years.

The Care Quality Commission (CQC) is the health and social care regulator for England. It carried out inspections in the Trust in the summer of 2011 and their report, published in July 2011, stated:

"We found that Wrightington, Wigan and Leigh NHS Foundation Trust was meeting all the essential standards of quality and safety we reviewed."



# Mission Statement

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

**“To provide the best quality healthcare for all our patients”**

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 staff and recognises that it cannot provide the best possible patient care unless it provides a working environment in which staff can thrive.

## Quality Governance Reporting

During 2011/12 the Trust has had arrangements in place to govern service quality. These arrangements include having regard to Monitor's quality governance framework, which has been built into the business planning process for Divisions. The Board Assurance Framework for 2011/12 included monitoring of key quality indicators, including reducing mortality figures, achieving positive patient experience scores in real-time patient experience surveys and maintaining CQC registration without conditions.

The Trust has a quality strategy, and later in this report information is provided from Divisions and Departments on initiatives undertaken to bring about quality improvements during the year.

Within the annual accounts section of this report there is an Annual Governance Statement (AGS) from page 2 of this report. This statement sets out the steps that have been put in place to assure the Board that the governance arrangements for maintaining a sound system of internal control are in place. Section 4.2 of the AGS outlines the processes in place for the quality governance arrangements. In addition, the Trust's Quality Accounts for 2011/12 is a separate section of this report that goes into much more detail on how the Trust has performed against a wide range of quality indicators aimed at improving the experience of patients who use our services.

Part 2 of the Quality Accounts provides details of the Trust's performance against key healthcare targets, the monitoring arrangements for improving quality using Divisional quality dashboards and the Trust's performance against Commissioning for Quality and Innovation (CQUIN) and the CQC targets. Our partnership arrangements with key stakeholders are also described in section 2.1.2. Part 3 of the Quality Accounts reports in detail on a wide range of initiatives that the Trust has engaged with to improve patient care. The Advancing Quality Programme, Safety Express/Harm Free Care and Energising for Excellence are all initiatives designed to improve the care we provide to patients. More details on each of these programmes is provided in Part 3 of the Quality Accounts.

# 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:

## Non-Executive Directors:

**Les Higgins**  
Chairman

**Louise Barnes**  
Vice Chair/  
Senior  
Independent  
Director

**Robert  
Armstrong**  
Non-  
Executive  
Director

**Stephen  
Ball**  
Non-  
Executive  
Director  
(Resigned  
31/01/12)

**Geoff Bean**  
Non-  
Executive  
Director

**Robert  
Collinson**  
Non-  
Executive  
Director

**Neil  
Turner**  
Non-  
Executive  
Director

**Christine  
Parker  
Stubbs**  
Non-  
Executive  
Director  
(Appointed  
12/03/12)

## Executive Directors:

**Andrew Foster**  
Chief Executive

**Silas  
Nicholls**  
Director of  
Strategy and  
Planning

**Umesh  
Prabhu**  
Medical  
Director

**Gill Harris**  
Deputy Chief  
Executive  
Director of  
Nursing and  
Performance

**Keith  
Griffiths**  
Director of  
Finance and  
Informatics  
(resigned  
22/07/11)

**Jon  
Lenney**  
Director of  
Human  
Resources

**Rob Forster**  
Director of  
Finance and  
Informatics  
(Acting  
24/07/11.  
Appointed  
10/11/11)

## 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 the year there were changes to the Board of Directors. Mr Stephen Ball resigned as a Non-Executive Director on 31/01/12 and Mrs Christine Parker Stubbs joined the Trust as a Non-Executive Director on 12/03/12. The Executive Director of Finance and Informatics, Mr Keith Griffiths left the Trust on 22/07/11 to take up a new post with Huddersfield and Calderdale NHS Foundation Trust. We were pleased to appoint Mr Rob Forster as the new Director of Finance and Informatics. The Board members are as follows:

### Non-Executive Directors:

**Leslie Higgins (Reappointed 1/11/11)**  
**Chairman**

#### Experience:

Les Higgins 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 and Remunerations Committee.

He 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 (Reappointed 1/12/11)**  
**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 (Resigned 31/01/12)**



**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 (Reappointed 1/08/11)**



**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 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 (Reappointed 1/08/11)**

**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.

**Robert Armstrong**

**Non-Executive Director (Reappointed 1/03/12)**

**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.

Robert chairs the Finance and Investment committee and Shared Services Board.

Robert is a school governor at Britannia Bridge School, in Ince.

**Qualifications:**

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

**Neil Turner**

**Non-Executive Director (Appointed 30.3.11)**

**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.



**Christine Parker Stubbs**

**Non-Executive Director (Appointed 12/03/12)**

**Experience:**

Christine is an IT graduate with a broad range of experience delivering and managing IT in commercial environments. Following university Christine worked as a consultant for Oracle, delivering bespoke IT solutions into North West based blue chip companies. Since then Christine has worked predominantly in the automotive sector latterly as a Divisional IT Director at RAC Motoring Services where she was responsible for the Business Solutions division. Christine's experience also includes the delivery of large scale business change and transformation projects.

Christine lives in the Wigan area with her young family.



**Qualifications:**

BSc (Hons) Computing and Information Technology (University of Surrey)

## Details of Non-Executive Appointments:

Name	Date of Appointment	Appointment Ends
Mr Robert Armstrong	1/03/08 Reappointed 1/03/12	28/02/12 28/02/15
Mr Geoff Bean	1/08/07 Reappointed 1/08/11	31/07/11 31/07/14
Mr Robert Collinson	1/08/07 Reappointed 1/08/11	31/07/11 31/07/14
Mrs Janine Louise Barnes (Senior Independent Director)	First appt. 1/12/03 Reappointed 1/12/07 Reappointed 1/12/11	30/11/11 30/11/14
Mr Les Higgins (Chair)	Reappointed 1/12/06 Appointed Acting Chair 30/06/07 Appointed Chair 1/11/07 Reappointed 1/11/11	31/10/11    31/10/14
Mr Stephen Ball	1/07/09	31/06/12 Resigned 31/01/12
Mr Neil Turner	30/03/11	29/03/14
Mrs Christine Parker Stubbs	12/03/12	11/03/15

## 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.

#### Qualifications:

BA (Hons) in Philosophy, Politics and Economics from Keble College, Oxford, 1976.





**Gill Harris**  
**Deputy Chief Executive / Director of Nursing and Performance**



**Experience:**

Gill Harris 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 on to 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, and 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).

**Keith Griffiths**  
**Director of Finance and Informatics (Resigned 22/07/11)**



**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).



## **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.

**Silas Nicholls**  
**Director of Strategy and Planning**



**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**



**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 (Hons) in Public Administration (Sheffield City Polytechnic - 1986) and is a FCIPD (Fellow of the Chartered Institute of Personnel and Development.)

**Rob Forster**  
**Director of Finance and Informatics (from 24/07/11)**



**Experience:**

Rob was appointed as Director of Finance and Informatics in July 2011, after joining the Trust as Deputy Director of Finance in April 2009.

After qualifying in Law, Rob then went on to become a chartered accountant with PricewaterhouseCoopers, spending most of his professional and commercial accounting career at General Motors where he worked across Europe, including in Italy and Switzerland

**Qualifications:**

LLB (Hons) in Law  
ACA in Finance  
MBA in Business

## Trust Board Attendance:

Non-Executive Directors:	Attendance 2011/12
Mr Les Higgins, Chairman	12/12
Ms Louise Barnes, Vice Chairman/Senior Independent Director	11/12
Mr Geoff Bean, Chair of Audit	12/12
Mr Robert Armstrong	11/12
Mr Robert Collinson	11/12
Mr Stephen Ball	7/9
Mr Neil Turner	9/12
Mrs Christine Parker Stubbs	1/1
Executive Directors:	Attendance 2011/12
Mr Andrew Foster, Chief Executive	12/12
Mrs Gill Harris, Director of Nursing and Performance	11/12
Mr Keith Griffiths, Director of Finance and Informatics	3/3
Dr Umesh Prabhu, Medical Director	9/12
Mr Jon Lenney, Director of Human Resources and OD	11/12
Mr Silas Nicholls, Director of Strategy and Planning	12/12
Mr Rob Forster, Director of Finance and Informatics	10/10

## Charitable Trust Board Attendance:

Board Member	Attendance 2011/12
Mr Les Higgins, Chairman	2/4
Ms Louise Barnes, Vice Chairman/Senior Independent Director	4/4
Mr Geoff Bean, Chair of Audit	3/4
Mr Robert Armstrong	3/4
Mr Robert Collinson	4/4
Mr Stephen Ball	1/3
Mr Neil Turner	2/4
Mrs Christine Parker Stubbs	0/0
Mr Andrew Foster, Chief Executive	3/4
Mrs Gill Harris, Director of Nursing and Performance	2/4
Mr Keith Griffiths, Director of Finance and Informatics	1/2
Dr Umesh Prabhu, Medical Director	2/4
Mr Jon Lenney, Director of Human Resources and OD	4/4
Mr Silas Nicholls, Director of Strategy and Planning	3/4
Mr Rob Forster, Director of Finance and Informatics	3/4

## Sub-Committees of the Board

During 2011/12 the Board has the following sub-committees:

Committee	Members	Attendance 2011/12
Remuneration	LH (Chair) GB RA RC LB SB NT	1/1 1/1 1/1 0/1 1/1 0/1 0/1
Governance and Risk	LB UP GH AF RC LH SB JL	6/6 4/6 5/6 3/6 3/6 4/6 4/5 3/6
Finance and Investment	AF JL KG LB GH SN UP GB RA RF	12/12 9/12 2/3 10/12 5/12 11/12 7/12 10/12 12/12 12/12
Audit	GB RA RC SB NT	6/7 5/7 7/7 1/6 5/7

**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
SN	Silas Nicholls	RC	Robert Collinson
JL	Jon Lenney	SB	Stephen Ball
RF	Rob Forster	NT	Neil Turner
		CPS	Christine Parker Stubbs

## **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. 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. All Directors have taken the necessary steps as required of a Director to exercise reasonable care, skill and diligence.

## **Balance of Board Membership**

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.

## **Performance Evaluation and Decision Making**

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 Council of Governors present and voting at the meeting, 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 2011/12 progress against the external governance review action plan conducted by PricewaterhouseCoopers in 2010/11 has been monitored. The areas for improvement have been addressed and embedded in the Trust moving forward.

## **Remuneration Committee**

The Remuneration Committee met in June 2011 to approve the annual performance reviews of Executive Directors. The terms of reference were reviewed to ensure these remained in line with best practice. The committee also agreed a new Executive Director remuneration policy. During 2011 an independent external consultancy was commissioned to support the process to appoint a new Executive Director of Finance and Informatics.

## **Statement of Accounts Preparation**

The Directors can confirm that the accounts have been prepared under directions issued by Monitor, the independent Regulator for Foundation Trusts as required by Paragraph 24 and 25 of Schedule 7 to the National Health Service Act, in accordance with the NHS

Annual Reporting Manual 2012 and Monitor Code of Governance provision F1.1. During the 2011/12 reporting period the Trust did not make any political or charitable donations.

## **Review of System of Effectiveness of Internal Controls**

The Board has in place processes to conduct an annual review of the effectiveness of the Trust's system of internal controls. All sub-committees of the Board conduct an annual review of effectiveness including Finance and Investment, Governance and Risk and Audit Committee. In addition the Audit committee received annual effectiveness reports from the HR, Patient Engagement, Clinical Audit, Information Governance and Corporate Communications Committees. The annual governance statement giving more details on the internal controls is reported separately within the Annual Accounts.

## **Director Register of Interests**

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. Telephone 01942 822027 or email [helen.hand@wwl.nhs.uk](mailto:helen.hand@wwl.nhs.uk).



## **The Audit Committee**

The objective of the Audit Committee is to provide a source of assurance for the Trust Board regarding the effectiveness of the Trust's Financial, Quality and Governance processes. As part of its work plan, the Committee reviewed the various regulatory reports which the Trust Board has to provide, including reports to Monitor and the Care Quality Commission (CQC). The Committee reviewed the Reports and Accounts of the Trust and the Charitable Funds before recommending them to the respective Boards.

In its meetings the Audit Committee has again requested presentations from each of the Trust's clinical Divisions on the continuing development of their Quality Accounts and how the Divisions are using these as part of their own management and monitoring of quality standards. These presentations assured the Committee that progress is continuing and that actions are in place to address areas requiring improvement. Presentations have also been received on the Trust's progress towards meeting the requirements laid out in the Information Governance Toolkit. Considerable progress has been made in the past year and, although achievement of the full requirements has not been possible to date, the Committee is assured that action plans are in place to do so in 2012/13.

The Internal Audit work plan which was developed in conjunction with Trust Executives and Internal Audit specialists has been completed. At each meeting, the Committee received and reviewed individual reports which identified the level of assurance which could be given for specific processes, along with recommended corrective actions. Status reports which monitor progress against the action plans are used to ensure timely completion and, if necessary, the responsible manager is called to the Committee to explain performance against the action plans. Some of the topics covered by the Internal Audit reports included: several areas of financial control procedures; Human Resources personal files; CQC registration (which included the multiple requirements relating to patient safety and care); business planning and investments in information management and technology.

The performance of the Trust and decisions being made by management relating to clinical quality and business depend upon the quality of data held and used throughout the Trust. The Trust has a Data Quality Committee (DQC) which aims to verify and improve the quality of these huge amounts of data. To do this it uses audits carried out by the Data Quality Department which assess the processes for data collection and the accuracy of data used in reporting. Managers and clinicians are responsible for ensuring data quality improvements. The Audit Committee received a presentation from the DQC on the level of data assurance and also received two Internal Audit reports on data quality specifically relating to the clinical areas of mortality rates and A&E clinical indicators.

The Audit Committee has received progress reports from the Trust's Counter Fraud Specialist (CFS) on the performance against planned actions to deter, prevent, and detect fraud in the Trust. The CFS worked with several other NHS and legal agencies to identify and investigate possible fraud. In the year, £16,771.69 has been recovered from persons committing fraud or unintentional overcharging. The Trust continued to improve its counter fraud performance and has achieved a creditable Level 3 on the national fraud assessment indicators.

During the reporting period Deloitte, the Trust's external auditors, were remunerated for services which were non-audit related. This was for ongoing Board development support 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 process was approved by the Council of Governors to ensure objectivity and independence had been safeguarded.

## 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 31 March 2012.

These tables are subject to External Audit review.

### 1. Salaries and Allowances

Name & Title	Year ended 31-Mar-12 Salary	Year ended 31-Mar-12 Other Remuneration	Year ended 31-Mar-12 Benefits in Kind	Year ended 31-Mar-11 Salary	Year ended 31-Mar-11 Other Remuneration	Year ended 31-Mar-11 Benefits in Kind
	Bands of £5,000 £'000s	Bands of £5,000 £'000s	£'000s	Bands of £5,000 £'000s	Bands of £5,000 £'000s	£'000s
<b>Directors:-</b>						
L Higgins - Chairman	45 - 50			45-50		
A Foster - Chief Executive	165 - 170			165-170		
G Harris - Director of Nursing and Performance & Deputy CEO	140 -145			130-135		
K Griffiths - Director of Finance & Informatics ( in post until 24th July 2011)	35 - 40			125-130		
R Forster - Acting Director of Finance and Informatics( in post 24/07/11 to 09/11/11)	25 - 30					
R Forster - Director of Finance and Informatics( in post 10/11/11 - ongoing)	40 - 45					
J Lenney - Director of HR & Organisational Development	105 - 110			45-50		1.0
M Cloney - Acting Director of HR (in post 28/06/10 to 17/10/10)				20-25		
S Nicholls - Director of Strategy & Planning	100 - 105			45-50		
U Prabhu - Medical Director	40 - 45	100 - 105		40-45	65-70	
C J Chandler - Medical Director (in post 01/04/10 to 05/04/10)				0-5	0-5	
W Livingstone - Director of HR & Deputy CEO (in post 01/04/10 to 17/10/10)				75-80		
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 (in post until 31/01/12)	10 - 15			10-15		
N Turner - Non Executive Director	10 - 15			0-5		
C Parker Stubbs - Non Executive Director (in post 12/03/12 - ongoing)	0 - 5					
P McCann - Non Executive Director (in post 01/04/10 to 17/09/10)				05-10		

All of the above Directors were in post for the 12 month period to 31 March 2012 except where indicated.

## 2. Hutton Review of Fair Pay

Band of Highest Paid Director Remuneration (£'000s)

Median total remuneration of the Trust

Ratio of median remuneration to that of the highest paid Director

165 - 170	165-170
£24,544	£24,028
6.80	6.95

The Hutton Review of Fair Pay requires reporting bodies to disclose the relationship between the highest paid Director of the Trust and the median remuneration of the organisation's workforce. In this context the median is defined as the total remuneration of staff members lying in the middle of the linear distribution of staff, excluding the highest paid director. The median is based on the annualised, full time equivalent remuneration for the year excluding employers' costs.

The banded remuneration of the highest paid director in WWL in the financial year 2011/12 was £165k to £170k (2010/11 £165k to £170k). This was 6.80 times the median remuneration of the workforce, (2010/11 6.95) which was £24,544 (2010/11 £24,028).

In 2011/12, eight employees received remuneration in excess of the highest paid director (2010/11 14 employees). Their remuneration in 2011/12 ranged from £165k to £210k (2010/11 £165k to £220k).

Total remuneration includes salary, non-consolidated performance related pay if applicable, benefits in kind, as well severance payments.

Factors which have had an impact on the median remuneration of the workforce during 2011/12 were:

1. A mutually agreed severance scheme (MASS) which resulted in 72 leavers in 2011/12.
2. The overall headcount reduction of 146 Whole Time Equivalents (WTE) during 2011 (including 47 MAS leavers in 2011/12).
3. The TUPE transfer of unscheduled care services from Bridgewater Community Healthcare NHS Trust on 1 October 2011 resulted in a headcount increase of 87 staff.
4. As part of the Trust's redesign of pathology services 123 pathology staff were TUPE transferred to Salford Royal NHS Foundation Trust on 1 December 2011.
5. The national pay freeze introduced in 2011/12 for public sector employees affected all staff on Agenda for Change terms and conditions except those earning £21,000 or less.
6. Staff employed via temporary staffing agencies are excluded on the grounds that comparable median remuneration data is not available to provide a meaningful comparison.

### 3. Remuneration Sub-Committee

Directors' salaries (excluding Non-Executive Directors) are determined by the Trust's Remuneration 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 to recruit and retain high quality people, ensuring a clear link between pay increases and the achievement of individual key tasks 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 an 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, other than the contractual 12 week period of notice, 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.

During the period there were no performance related bonus payments, no compensation payments made to former senior managers or any amounts payable to third parties for the services of a senior manager.

Independence of Non-Executive Directors is established in accordance with the Monitor NHS Foundation Trust Code of Governance (2010), provision A.3.1.

### 4. Pension Benefits

#### Executive Directors

A Foster - Chief Executive  
G Harris - Director of Nursing and Performance & Deputy CEO  
K Griffiths - Director of Finance & Informatics  
R Forster - Director of Finance and Informatics  
J Lenney - Director of HR & Organisational Development  
S Nicholls - Director of Strategy & Planning  
U Prabhu - Medical Director

Pension Benefits						
Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at aged 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2012 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2012 (bands of £5,000)	Cash Equivalent transfer value at 31 March 2012	Cash Equivalent transfer value at 31 March 2011	Real increase in Cash Equivalent transfer value
£000	£000	£000	£000	£000	£000	£000
0 - 2.5	5 - 7.5	20 - 25	30 - 35	433	364	40
2.5 - 5	7.5 - 10	50 - 55	160 - 165	966	810	92
0 - 2.5	2.5 - 5	40 - 45	130 - 135	727	562	33
0 - 2.5	0	0 - 5	0	45	22	11
2.5 - 5	10 - 12.5	30 - 35	100 - 105	569	432	87
0 - 2.5	0 - 2.5	5 - 10	25 - 30	123	96	16
0 - 2.5	2.5 - 5	60 - 65	185 - 190	1,338	1,230	49

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 Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capitalised value of the pension scheme benefits accumulated 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 accumulated 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.



Signed.....

Date..... 30/05/12 .....

**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 supports 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 advises 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 2011/12
Bill Greenwood OBE	Wigan	2012	7 /10
Pauline F Gregory	Wigan	2012	9/10
Jim Walls	Wigan	2011	4/5
Catherine Martindale	Wigan	2013	9/10
Ann Heaton	Wigan	2013	3/5
Anne D Vernengo	Leigh	2012	5/10
Bob Horrocks	Leigh	2014	4/5
Janet Atherton	Leigh	2013	3/10
David Oultram	Leigh	2011	4/5
Gordon Jackson (re-elected)	Leigh	2013	8/10
Kate Fussell	Makerfield	2012	8/10
Margaret Hughes	Makerfield	2012	9/10
Fred Lever	Makerfield	2011	5/5
Glenys A Shepherd	Makerfield	2014	4/5
Rachel Webster	Makerfield	2013	8/10
Vincent France	Eng & Wales	2012	7/10
Anthony Gallagher	Eng & Wales	2011	1/5
Tom Frost (Lead Governor)	Eng & Wales	2012	8/10
Trevor Barton	Eng & Wales	2011	0/5
Sarah Hassan Umal	Eng & Wales	2014	0/5
Bill Baker	Eng & Wales	2014	5/5

<b>Staff Governors</b>	<b>Staff Constituency</b>	<b>Term of Office</b>	<b>Attendance at Governor Meetings 2011/12</b>
George Ghaly	Medical and Dental	2012	2/10
Janet M Irvine	Nursing and Midwifery	2012	6/10
Tony Ashton	Nursing and Midwifery	2011	2/5
Christine Swann	All Other Staff	2012	7/10
George Conway	All Other Staff	2014	2/5
Susan Shalders	Nursing and midwifery	2014	3/5
<b>Nominated Governors</b>	<b>Constituency</b>		<b>Attendance</b>
NHS Ashton Leigh and Wigan - Dr Andy Sutton	Partnership Organisation	2013	5/10
NHS Ashton Leigh and Wigan - Dr Kate Arden	Partnership Organisation	2012	1/10
Wigan Council – Cllr Keith Cunliffe	Partnership Organisation	2012	5/10
LINK Wigan – Mrs Ann Heaton	Partnership Organisation	2012	2/3
LINK Wigan – Dr Gary Young	Partnership Organisation	2014	3/6
Wrightington Wigan and Leigh Staff Side Committee – Jean Heyes	Partnership Organisation	2012	4/10
Age Concern Wigan – Jim Maloney	Partnership Organisation	2012	5/10
University of Central Lancashire - Ruth Cowburn	Partnership Organisation	2012	4/10
University of Central Lancashire – Ann Foley	Partnership Organisation	2015	2/10
5 Boroughs Partnership NHS Trust – Ray Walker	Partnership Organisation	2012	1/2
5 Boroughs Partnership NHS Trust – Donna Sandiford	Partnership Organisation	2014	4/8

## **Governor Elections**

Between June and September 2011 the Electoral Reform Services conducted the Governor election process on behalf of the Trust. The election results were posted on the Trust's web site on 8 September 2011.

## **Governor 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

## 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

The Council of Governors' Nomination and Remuneration Committee has met on four occasions during the reporting period. The Committee oversaw the process for the appointment of a new Non-Executive Director. Open advertising and support from an external consultant was used during the recruitment process. Governors, Executive and Non-Executive Directors were engaged during part of the process. The final recommendation for appointment was made to the Council of Governors for approval. In addition during 2011/12, the Committee oversaw the process for the re-appointment of two Non-Executive Directors, the Senior Independent Director and Chairman, for recommendation to, and approval by, the Council of Governors.

The Nomination and Remuneration Sub-committee membership is as follows:

Member	Constituency	Attendance
Les Higgins	Chairman	4/4
Rachel Webster	Elected: Makerfield Public	3/4
Jean Heyes	Appointed: Staff Side	1/4
Keith Cunliffe	Appointed: Local Authority	3/4
Tom Frost (Lead Governor)	Elected: England and Wales Public	4/4
Vincent France	Elected: England and Wales public	1/4
Pauline Gregory	Elected: Wigan Public	4/4
Ruth Cowburn	Appointed: University of Central Lancashire (UCLAN)	2/3
Gordon Jackson	Elected: Leigh Public	3/4

## Membership

The Trust has a robust plan to continue to develop and increase its membership which is drawn from both public and staff. The current membership figures are as follows:

**Total Public Members**                      **6,339**



This table gives a breakdown of membership by public constituency:

	Wigan	Leigh	Makerfield	Out of Borough
Total Males	852	605	644	433
Total Females	1,270	977	924	621
Not Given	3	1	5	4
Total Membership	2,125	1,583	1,573	1,058

This table gives a breakdown of membership by staff constituency:

	Medical and Dental	Nursing and Midwifery	All Other Staff	Total Figures
Total Males	209	61	461	731
Total Females	78	1,102	2,278	3,458
Not Given	0	0	0	0
Total Membership	287	1,163	2,739	4,189

The Membership Development Strategy set annual recruitment target is to increase the public membership by 200 members a year up to 2013 whilst maintaining the staff membership. Greater concentration has been placed 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. A membership recruitment plan was in place for 2011/12 and 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 is open to anyone aged 16 years and over. Public membership is open to anyone in England and Wales although the majority of members are drawn from within the boundary of the Wigan Borough. Staff automatically become members if they have been employed by the Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months or have been continuously employed by the Trust for at least twelve months unless they chose to opt out. The public and staff membership classes are shown in the tables above.

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 2011/12

**Our mission** is to provide the best quality health care for all our patients.

**Our vision** is to be in the top 10% for everything we do.

**Our strategy** is to be safe, effective and caring.

The Trust strategy is supported by seven strategic aims:

- **Performance**
- **Innovation**
- **Leadership**
- **Information**
- **Staff Engagement**
- **Investment**
- **Partnership**

## Annual Corporate Objectives

- |                           |  |
|---------------------------|--|
| • <b>Performance</b>      | To score zero points on the Monitor Compliance Framework in each month and achieve an average Financial Risk Rating of 4                                     |
| • <b>Innovation</b>       | To support value for money through investment in new projects identified as having at least a 2:1 payback and measured by finance and/or quality             |
| • <b>Leadership</b>       | To identify the community of leaders within the organisation and to draw up a Leadership Development Programme for approval by the Board by 30 November 2011 |
| • <b>Information</b>      | To be on track to implement a system of paper light, integrated patient information and administration by 1 April 2013                                       |
| • <b>Staff engagement</b> | To continually improve the ratings in staff surveys  |
| • <b>Investment</b>       | To agree a new service and site strategy in April 2011 and within this to set a corporate objective for progress by April 2012                               |
| • <b>Partnership</b>      | To establish effective demand management in the health economy   |

# Forward Strategy

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 investment strategy and is committed to developing clinical pathways to deliver the quality outcomes aspired to.

The Trust Board has an ongoing 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 2012/13:

- **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

Service quality is the most important factor influencing patients' choice when selecting a care provider and is therefore critical to our future success as a Trust. A number of Senior Clinicians and members of the Executive Team 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 to achieve the culture and climate to have open conversations about quality and to make the improvements 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'**. In 2012/13, a new quality governance framework will be taken forward with the establishment of a Quality Executive led by the Chief Executive. Quality Champions will be appointed to drive forward the key quality enablers to reduce harm. These are described in more detail in the Quality Accounts section of this report. In addition a Quality Faculty will be established with membership drawn from the Quality and Safety matrons, Quality Champions and staff trained in Leading Improvement in Patient Safety (LIPS) programme. There will also be a Quality and Safety Committee, acting as a sub-committee of the Board and taking the lead role for scrutinising quality and safety outcomes.

## 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, by 50% by 31 March 2013

### Effective

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

## **Caring**

- Achieve at least 90% scores on the real time patient survey questions on pain control and worries and fears
- Implement a system of real time monthly staff opinion testing by April 2013 and continually improve all staff survey scores

## **Key Risks 2011/12 and 2012/13**

The key organisational risks for the year were identified from the corporate strategic objectives for 2011/12, forming part of the Board Assurance Framework and included failure to:

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

The key future risks for 2012/13 include failure to:

- Meet all of our performance and financial targets in full every month
- Fully invest £300,000 this year in innovative projects that will save money and or improve quality
- Design and deliver a leadership training programme for middle and senior leaders by the end of this year
- Implement a new electronic patient information system this year for A&E, referral letters and out-patient case notes
- Introduce a short monthly staff opinion survey this year and use this to improve staff satisfaction
- Keep to the timetable and budget for this year's big projects: the Education Centre; electrical upgrades at Wigan and Wrightington; Oncology Unit; Pathology Laboratory; second MR scanner and conversion of the Hanover block
- Achieve close working with other health and social care organisations to provide better services at home and in community clinics in order to reduce use of hospital services
- Keep our death rates well below the average of other hospitals
- Reduce the number of patients who tell us that they are not satisfied with their pain control and with their ability to talk about their concerns
- Ensure that the Care Quality Commission is completely happy with our services
- Maintain and improve the very good relationships we have with partner organisations, especially Wigan GPs and NHS Greater Manchester

## External Factors

Looking ahead, the Trust continues to face the challenge of reduced activity because of demand management schemes from Commissioners, as services are put out to external tender. In addition, the commissioning intentions of the Greater Manchester Cluster could see a reduction in the number of general surgical services being delivered from District General Hospitals in favour of regional specialist centres. In spite of this, the Trust has seen a rise in activity in some specialties, including orthopaedic services, and is continuing to strengthen its relationship with local Clinical Commissioning Groups (CCGs).

The Trust continues to collaborate with neighbouring healthcare providers, including Salford Royal NHS Foundation Trust, and is building relationships with other Trusts in the Greater Manchester area and beyond.

## Service Transformation

This year has seen the Service Transformation team working with the wider organisation to support the development of a clear Service and Site strategy for WWL. This is focused on improving the patient experience, improving access to single sex accommodation, developing more accessible and patient centred services and eliminating delays in pathways of care. The strategy outlines plans to provide new and modernised hospital facilities and describes how patient services will be provided by WWL in the future.

Whilst the building work outlined in the strategy will occur over a period of ten years, the work to develop and transform clinical services has already commenced with the initiation of five 'flagship' projects, each led by an Executive Director. These projects have been focusing on improving the quality of service for patients and enabled the organisation to function more efficiently. They have also supported the achievement of financial savings which in turn will be re-invested to enable WWL to improve infrastructure as outlined in the Service and Site Investment Strategy.

### Bed Reconfiguration

This project ensured that the clinical services re-design work being undertaken within the Divisions was incorporated into a Trust-wide approach to the management of beds. Examples of the work undertaken within the Divisions include the implementation of the enhanced recovery programme, reducing length of stay for patients within both the Surgical and Musculo-skeletal Divisions and the expansion of ambulatory services within the Division of Medicine.

### Human Resource Productivity

In conjunction with employees, the team has reviewed the way staff work and implemented new ways of working which will enable staff to function more efficiently. A number of projects have been delivered under this theme, including new shift patterns for ward teams and electronic-rostering for clinical teams.

## **Medical Workforce Productivity**

This project has focused on working with consultants and the clinical services to ensure that consultants are able to have the maximum amount of clinical time available to work within their specialties and improve patient care.

## **Infrastructure and Business Process**

Encompassing a number of projects, this work stream includes the implementation of The Productive Operating Theatre (TPOT) which worked with operating theatre teams to review the way they work, and improve the use of theatre time. Other projects include ensuring that the Trust's purchase of equipment and stores are obtained for the best possible price and, using Information Technology, enable clinicians to spend the maximum amount of clinical time with patients.

## **Royal Alliance Project**

A review of pathology services has resulted in the development of a partnership with Salford Royal NHS Foundation Trust to provide these services jointly across both Trusts. This project is an example of a substantial change which will take a number of years to fully implement but will result in a significantly improved service with improved financial efficiency.

## **Other projects**

These include the Transforming Community Services transfer into WWL to support early discharge and help prevent admissions, together with a significant number of smaller Divisional projects.

# Facts and Figures

For the period 1 April 2011 until 31 March 2012:

<b>Number of Referrals</b>	From GPs	70,294
	From Other sources	69,519
	<b>Total</b>	<b>139,813</b>
<b>Inpatients</b>	Elective/planned activity	8,324
	Day cases	38,584
	Non-elective admissions	36,541
	<b>Total</b>	<b>83,449</b>
<b>Outpatient Attendances</b>	New appointments	100,555
	Follow-up appointments	272,459
	Procedures	46,291
	<b>Total</b>	<b>419,305</b>
<b>Accident and Emergency Attendances</b>	New patients	85,368
	Unplanned re-attendance	5,608
	<b>Total</b>	<b>90,976</b>
<b>Walk-in Centre Attendances</b>	Leigh	58,048
	Skelmersdale	23,278
	<b>Total</b>	<b>172,783</b>
<b>Number of beds as at 31 March 2012</b>	RAEI	552
	Wrightington	113
	Leigh	73
	<b>Total</b>	<b>738</b>

Number of Employees as at 31 March 2012 – 4,275

On average a member of the public attends Accident and Emergency every 5.77 minutes.

# Financial Performance Report

Financial performance is reported for the year ended 31 March 2012. During the year the Trust delivered an income and expenditure trading surplus of £2.9m, which whilst is lower than the original plan of £4.0m is a significant achievement, in this a testing economic environment, and after incurring exceptional reorganisation costs.

The Trust's cash balance at 31 March 2012 was £18.2m, being £4.6m ahead of plan, which is to be utilised in supporting the Trust's trading and capital expenditure investments going forward.

The following tables summarise 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 2012 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 third successive financial year that the Trust has achieved a FRR of 4 which is assisting with our strategic direction. The FRR calculation prescribed excludes £1.2m of exceptional re-organisational costs as a non trading expense but includes the accounting policy adjustment for recognising incomplete patient spells in 2011/12.

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

Metric	Criteria	% Achieved	Risk rating	% Weighting
EBITDA margin	Underlying Performance	6.7%	3	25%
EBITDA, % achieved	Achievement of Plan	97.0%	4	10%
ROA	Financial Efficiency	5.3%	4	20%
I&E surplus margin	Financial Efficiency	1.7%	3	20%
Liquid ratio	Liquidity	32.2	4	25%
<b>Weighted Average</b>			<b>3.6</b>	
<b>Overall Financial Risk Rating</b>			<b>4.0</b>	

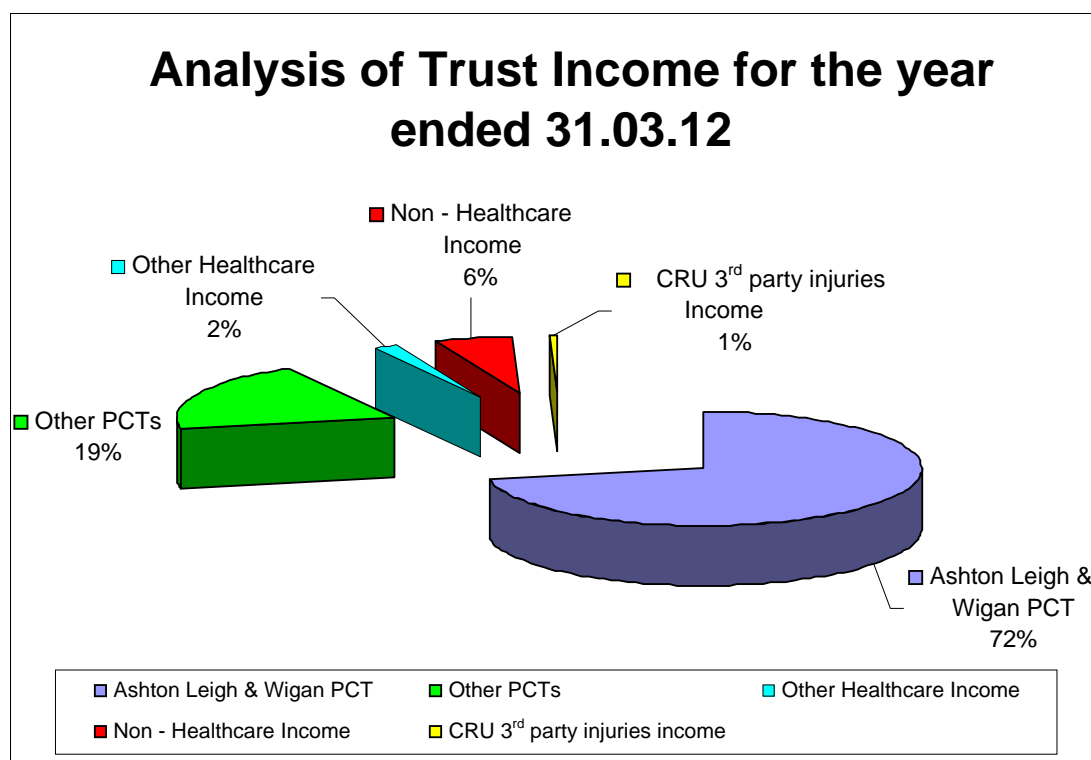
## Income

Total income received by the Trust in the year ended 31 March 2012 was £246.6 million, with £231.8m (94%) coming from the delivery of clinical services. The majority of the Trust's clinical income, being £177.6m (72%), comes from NHS Ashton, Leigh and Wigan.



Non-clinical income for the period is £14.8m 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:



## Clinical Income by Point of Delivery

Income from activities	Year ended 31-Mar-12 £'000	Year ended 31-Mar-11 £'000
Elective income	59,558	59,570
Non-elective income	59,637	60,395
Outpatient income	45,884	43,366
A&E income	7,763	7,943
Other NHS clinical income	45,338	41,000
Private patient income	2,334	2,396
Community Service income from PCT *	1,910	0
Other non-protected clinical income	9,385	2,478
	<b>231,809</b>	<b>217,148</b>

\*Represents related income from NHS Ashton, Leigh and Wigan PCT for the period 1 April 2011 to 31 September 2011, prior to the transfer of part of the community services from Bridgewater Community Healthcare NHS Trust on 1 October 2011.

## 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.

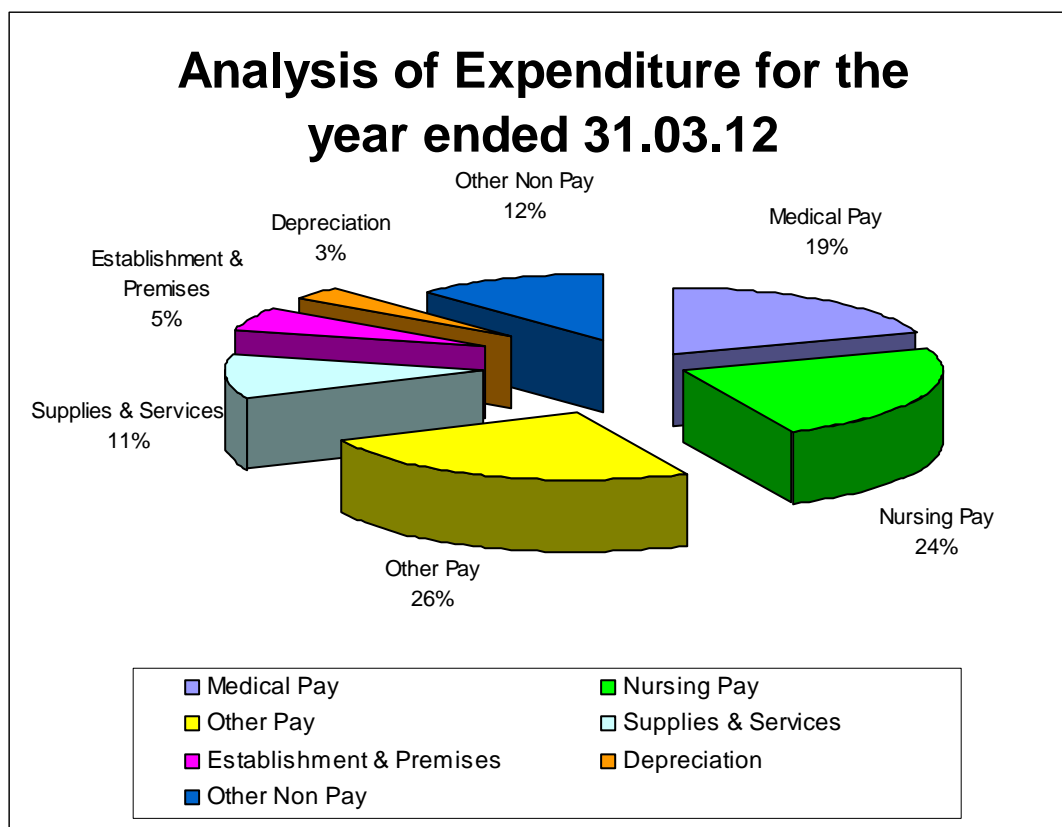
The Trust's performance for the year was as follows:

	Year ended 31-Mar-12 £'000	Year ended 31-Mar-11 £'000	Base Year 2002/03 £'000
Private patient income	2,334	2,396	2,891
Total patient related income	231,809	217,148	140,399
<b>Proportion (as a percentage)</b>	<b><u>1.0%</u></b>	<b><u>1.1%</u></b>	<b><u>2.1%</u></b>

This restriction is set to change in 2012/13

## Expenditure

Operating expenses totalled £238.9 million for the year and, as in previous years, staff costs account for the largest use of resources, 69% of total expenditure. An analysis of operating expenses by type is shown in the graph below:



## Prudential Borrowing Code

As an NHS Foundation Trust, the Trust 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 Financial Risk Rating.

For the year ended 31 March 2012 Monitor set the Trust a cumulative long term borrowing limit of £45.8m 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	< 25%		0.01%
Minimum dividend cover	> 1x		3
Minimum interest cover	> 3x		912
Minimum debt service cover	> 2x		1,092
Maximum debt service to revenue	< 2.5%		0.01%

## Financial and Operating Risk

In the financial year 2011/12 the Trust is reporting a surplus of £2.9m which, although below planned expectations, reflects a successful financial year for the organisation given the reduction in Payment by Results (PBR) tariffs, national expenditure pressures such as increasing clinical negligence premiums and challenges to acute providers from primary care to reduce secondary care activity in line with the Quality, Innovation, Productivity and Prevention (QIPP) agenda.

The Trust and the host commissioner settled their contract in quarter 3 which greatly assisted both parties with their financial planning and control. The agreement negated the financial risk associated with contract conditions and commissioning for Quality and Innovation (CQUIN) payment framework, but maintained operational focus in both areas. 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.

The Trust's ongoing strategy is to ensure a sustainable long term financial position that is robust and flexible enough to cope with economic pressures, whilst generating surpluses that will be used to develop and modernise the infrastructure of the organisation. Above all is to provide the best quality of care for patients in a safe and secure environment for both patients and staff. The Trust has and will continue to adopt a collaborative approach with commissioners and other NHS Trusts to benefit from financial economies of scale and

best practice ways of working. Through collaboration, innovation and openness to new ways of working, 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 at £18.2m and capital reinvestment remained significant in year at £12.9 million with further investment plans maintained at appropriate and affordable levels.

## Capital Investment Programme

The Trust's full year capital investment programme was £12.9m. Details of the most significant investments are set out below:

	Year ended 31-Mar-12 £'000
<b>Individual schemes more than £100,000</b>	
Leigh - Relocation of IT Department from Bryan House (building work)	1,739
Leigh - Relocation of IT Department from Bryan House (equipment)	1,640
Trust wide - IM&T Health Information System (HIS)	1,569
RAEI - Purchase of the Mesnes Terrace Car Park for staff usage	1,390
RAEI - Redevelopment of the Medical Education Centre (MEC)	1,281
Leigh - Conversion of Hanover Building (UIU / Gastro / Decontam)	879
Trust wide - Major Maintenance / Statutory upgrades	567
RAEI - Anaesthetic Machines & Monitors for Theatres/Recovery	361
RAEI - Phase V Project Management	353
Wrightington - Anaesthetic Machines & Monitors for Theatres/Recovery	309
Trust wide - Fire, Health & Safety and Disability Discrimination	205
Trust wide - IM&T Data Warehouse	157
Trust wide - Energy & carbon efficiencies	152
Trust wide - IM&T Service Line Reporting (SLR)	142
Trust wide - Corporate Information Asset Register (Information Governance)	121
RAEI - Essential Services Pathology Laboratory / Cancer Care Centre	118
Trust wide - Unified Communication (Phase 4 Digital Telecoms)	117
Wrightington - Enabling works for new Theatre 9	116
RAEI - Purchase of four new Bronchoscopes	108
Other schemes (under £100k)	1,626
	<b>12,950</b>

A description of the main capital investments are as follows:

- The IT department had to vacate their current base at Bryan House by December 2011, so the decision was made to relocate to the former instrument sterilisation building at Leigh Infirmary. The Trust invested in converting the existing building into a modern Data Centre to provide robust, future-proof IT and telecommunications infrastructure capable of supporting current and anticipated business demand.

- To service the physical IT relocation (above), the Trust also invested in new IT equipment and infrastructure for the Data Centre following best practices in virtualization, business continuity and disaster recovery.
- The Trust continued into the second year of development of the Health Information System (HIS). The Health Information System (HIS) will allow the Trust to manage Emergency Care, Patient Administration and the prescription of drugs in one system.
- As part of the enabling works for the Service and Site strategy the Trust took the decision to purchase Mesnes Terrace car park from Wigan Council for staff usage. The car park was then refurbished with improved lighting and the installation of CCTV and re-opened in March 2012. This project improved both access for patients and visitors to RAEI and increased the overall number of parking spaces available.
- Work has begun on the redevelopment of the present Medical Education Centre and Trust Library Service to form a Multi-Disciplinary Education Centre for the local health community. The development encompasses an Education Centre which will not only support the educational requirements of medical students and doctors but will provide a fully integrated facility supporting the educational requirements of the local health economy. The aim is to provide a modern, flexible and high quality facility, fit for the purpose of providing first class educational premises to meet the needs and expectations of all stakeholders and users in line with current statutory requirements.
- Building work has begun to convert the Hanover Block at Leigh Infirmary to house a new Urological Investigation Unit, an expanded Gastroenterology Department, as well as a state-of-the-art Scope Decontamination Facility. This will allow the Trust to achieve statutory compliance, offer highest availability of service and an improved environment for patients.

In 2012/13 the Trust has established a capital investment programme of £17.7million, based on service and site strategy requirements 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 2012/13 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
<b>Non-NHS</b>			
Total Non-NHS trade invoices paid in the period	71,260		110,189
Total Non-NHS trade invoices paid within target	64,556		104,630
Percentage of Non-NHS trade invoices paid within target	<u>90.6%</u>		<u>95.0%</u>
<b>NHS</b>			
Total NHS trade invoices paid in the period	2,558		23,437
Total NHS trade invoices paid within target	2,482		23,214
Percentage of NHS trade invoices paid within target	<u>97.0%</u>		<u>99.0%</u>

## Accounting Policies

The accounting policies in 2011/12 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, including those for pensions and other retirement benefits, used to prepare the accounts are set out in the Trust's annual accounts in appendix \* of this annual report.

Details of senior employees' remuneration can be found in the remuneration report as set out on pages 22 through to 25.

The accounting policies are in line with IFRS and Monitor guidance.

In year the Trust has complied with the cost allocation and charging requirements set out in the HM Treasury and Office of Public Sector Information 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.....

Date..... 30/05/12 .....

**Andrew Foster – Chief Executive**

# Divisional Achievements

## Clinical Support Services

The Division is aiming for a year end break-even income and expenditure position and has fully achieved its in-year and recurrent cost improvement targets. It has all diagnostic waiting times under the breach targets and has achieved all HR metrics, including induction attendance, appraisals within the last 12 months and mandatory training compliance and currently has a sickness absence level of 3.4% (current Trust target is 4%).

The roll out of order communications in Pathology to the Trust has occurred throughout 2011/12 and is now almost complete. This system, which allows referring clinicians to order pathology tests via ward or outpatient computers rather than completing paper request forms, has already been rolled out to many GP practices. It will ensure all appropriate patient information accompanies requests, thereby preventing misidentification and transcriptional errors encountered with hand-completed forms. During September 2011, the Trust approved a business case which will lead to a joint Pathology service with Salford Royal NHS Foundation Trust (SRFT) with the aim of achieving 20% cost savings and a 20% increase in quality. The main laboratory will be based on the SRFT site; however, a new Essential Services Laboratory will be built at RAEI to provide urgent test results for casualty and inpatients.

Throughout the first half of the year, Pharmacy implemented several internal re-organisations. From December 2011, the service has provided a full seven day service, including bank holidays, and extended working hours between Monday and Friday. This has facilitated the processing of discharge prescriptions and enables earlier patient discharge.

During 2011/12, Radiology has continued to see increases in demand for cross-sectional imaging, in particular, CT examinations (12% increase). These have been absorbed by the department whilst at the same time making improvements to the number of same day inpatient requests being completed. We have also introduced same day/next day appointments for cancer referrals. The Breast screening unit is currently in the process of expanding the service and introducing new equipment which produces digitised images. This fulfils the requirements of the expansion of the national screening programme from the 50 – 70 year age range to 47 – 73 year olds and should increase the number of women screened by 30%.

A comprehensive Outpatient re-design project was carried out at Thomas Linacre Centre (TLC) and Leigh which resulted in improvements in most outpatient processes. This includes patient flow, the environment, communication systems with patients, outcome recording and staff training. Various patient surveys were undertaken and a staff video diary produced. It also incorporated a full staffing review. Work is now ongoing at Wrightington Outpatients to improve patient flow.

A patient appointment text reminder service has now been implemented and is being rolled out across specialties; a system has also been introduced to send copies of outpatient letters to patients when requested. The opening hours of the outpatient appointment centre have been extended into the early evening (Monday – Friday) and

Saturday mornings. The centre has introduced a GP helpline and is looking to expand appointments to other services, beginning with Phlebotomy. The Appointment Centre received positive feedback to a patient satisfaction survey undertaken by volunteers.

## **Division of Medicine**

The Division of Medicine has continued to develop a number of initiatives from last year.

### **Divisional Governance Structures**

The Division has continued to develop its governance structures following a review in 2010. There is now a monthly quality meeting that is well attended by clinicians and management. The set agenda covers all aspects of quality and safety. The role of the clinical governance co-ordinator has been developed and embedded into the Divisional management structure and is supported at consultant level. The Division has met its obligations in responding to complaints and incidents in a timely manner and identified key learning points to improve quality and safety.

### **Complex Discharge Team**

A review of discharge processes throughout the Division has led to the development of a smaller but more focused team, that supports patients with complex discharge needs through liaison with external agencies, including health and social care partners. The improved information analysis supports communication and co-ordinated responses to pressures within the health economy unscheduled care system.

### **Acute Physicians**

A key achievement is the recruitment of a number of consultants in acute medicine. There is now extended consultant cover to medical assessment areas, with twice daily consultant review, which is reducing length of stay and improving patient flow.

### **Ambulatory Care**

The General Practitioner (GP) assessment area and ambulatory care clinic provide an alternative to the A&E pathway and support early review of patients who may previously have been admitted for overnight observation. In this consultant-led unit, all patients receive an early senior review which supports early diagnosis and appropriate treatment.

### **Cardiology**

The new coronary care unit was opened this year, which provides up to date facilities and an improved environment for the local population. The support of the local community was invaluable as the unit was supported by the Heartbeat Appeal.



## 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	97.20%	(target 90%)
Non-Admitted	98.94%	(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 (96.9%; target 98% Internal, 95% national).

## Elderly Care

The Elderly Care Consultant Team has 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 Multi-Disciplinary 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 and supports safe discharge thus reducing readmissions.

## Musculoskeletal Division

WWL offers comprehensive trauma, orthopaedic and rheumatology services covering:

- Hip replacement
- Pelvic reconstruction
- Shoulder replacement
- Joint arthroscopy
- Treatment of fractures
- Tendon and nerve surgery
- Knee replacement
- Ankle replacement
- Joint replacement in hand, wrist and elbow
- Joint resurfacing
- Treatment of foot problems
- Inflammatory arthritis

2011/12 has been a successful year for the Musculoskeletal Division. Referrals continue to increase and elective activity has grown for Trauma and Orthopaedics by 8.55 ending the year with a total elective activity of 11,839 cases (including the Rheumatology Service). The Pelvic Service, which was launched in 2009, has continued to develop and they have worked jointly with the lower limb teams in treating pelvic discontinuity. The Trust has appointed five new consultants in the year, to cope with the increase in referrals and an increase in elective admissions. In total, the Division has performed 14,000 operations across the two sites.

In April 2011, "Wrightington @" (a hand and wrist clinic) was launched at Wilmslow health centre and the Trust will shortly be launching an additional elbow clinic at the centre.

In August, Rheumatology services were redesigned to implement an ambulatory care model and services were moved from the acute sector to primary care, although The Trust has retained responsibility for those services.

In October, the Division launched a programme of early supported discharge to help achieve a reduction in the length of stay for primary joint replacements. In October, 22.5% of patients had a length of stay of two to three days.

The Division remains committed to ensuring that 80% of primary joint replacement patients have a low length of stay whilst maintaining high quality of care and excellent patient experience.

The Trust has implemented a service line reporting (SLR) tool, and the Musculoskeletal Division and SLR Team have led the way on validating the tool and understanding its use in clinical decision making. The work the team did with SLR was submitted and won a Health Service Journal award in October 2011 and subsequently won a Recognising Excellence Award in November 2011.

## Surgical Division

During 2011/12, the Surgical Division has seen a range of successes, which include:

### Nursing

- Since the launch of the Enhanced Recovery Programme (ERP) there has been a substantial reduction in the patient's length of stay
- Recent patient satisfaction surveys demonstrate excellent results with 100% patients stating they considered they were fully informed about their treatment and involved in decision making
- The programme is supported by two dedicated ERP nurses with Colorectal ERP well embedded and has now spread into Gynaecology. Breast Surgery and Urology are the next specialities to be adopted
- There has been the successful integration of 14 endocrinology beds on Langtree Ward
- Recognising Excellence Awards – a very successful year with awards in six out of seven categories including:
  - Effective – Surgical Assessment Unit and the Enhanced Recovery Programme
  - Innovative – 23 hour breast surgery pathway
  - Caring – The 3 Step Wound Plan
  - Chairman's Employee of the Year winner – Leonora Anson (Sister on the Cancer Care Suite)
  - Foundation Trust Award Winner – The 3 Step Wound Plan

## **Women and Children's Services**

- The Maternity Service at WWL has developed a business case to appraise the Trust of the resource requirements to achieve NHS Litigation Authority Clinical Negligence Scheme for Trusts (CNST) Level 2 compliance, with the assessment booked for January 2013
- The service responded to the Commissioning for Quality and Innovation Payment Framework (CQUIN) set for breast feeding by setting up an Infant Feeding Team. The Public Health Midwifery Team successfully achieved third prize in the British Journal of Midwifery Team of the Year category

## **Theatres, Anaesthetics and Critical Care**

- The successful cessation of all waiting list initiative payments for all medical staff
- The successful development of weekend trauma cover arrangements
- Waiting time targets in most areas have been achieved

## **Surgical Specialities**

- The Diabetic Screening Programme has been successfully re-located to a main town centre location
- Re-configuration of services to aid the Friday closure of Leigh theatres and overnight stays
- Achievement of 18 weeks without the need for premium rate spend
- Cancer Peer Review – excellent feedback received for Urology tumour site
- Identified and secured the presence of patient representative to be involved in Divisional Quality Improvement Group
- Paediatric Out Patient Reconfiguration – now designed and signed off
- GP Education Events – arranged for a number of tumour sites
- Urology Patient Awareness Event – took place and well received at JJB Stadium during 2011
- Commencement of Laparoscopic Cholecystectomy Day Case pathway.

## **Cancer**

- A significant pathway redesign across all tumour sites to support the 62 day pathway and achieve 17 days from GP referral to transfer for tertiary services.

## **Surgery – General Information**

- Surgical Team Brief – Third Place award winners at Recognising Excellence Awards 2011- Supporting Staff and Colleagues Category
- Successful relocation of the Senior Management Team on to one floor within the Old Nurses Home to aid improved communication and management systems

## Estates and Facilities Division

The Division continues to provide and manage a wide range of non-clinical support services to all Trust sites and via Service Level Agreements to both NHS Ashton, Leigh and Wigan and 5 Boroughs Partnership NHS Foundation Trust.

In addition, the Division has played a key role in supporting the Trust's Service and Site Strategy review. This strategy has moved to the next stage in the process with a number of major projects being planned and delivered, and the appointment of a P21+ partner to procure major developments at all sites.

### Capital Programme and Major Works

Significant projects which have commenced/completed include:

- Leigh Hanover block conversion to create Gastro/Urology Investigation/scope decontamination centre
- RAEI design work for clinical offices
- RAEI new Pathology Essential Services Laboratory (ESL) and Cancer Care Unit
- RAEI Education Centre
- Purchase of Mesnes Terrace car park
- Relocation of Ophthalmology Out Patients Department (OPD) to Boston House in partnership with Foundation for Life
- Relocation of Paediatric OPD into refurbished accommodation at the Thomas Linacre Centre (TLC)
- Leigh OPD upgrade works
- Wrightington Temporary Theatre 9
- Relocation of IT Department from Bryan House to Leigh Infirmary
- Health and Safety/fire upgrade works across all sites
- Investment in Carbon Trust Energy schemes

### Estates Operational and Security Services

The Estates Operational Team provides a breakdown and planned maintenance service across the Trust.

During the course of this year the operational estates management structure has been reviewed to provide a more functional arrangement. This will not only support the modernisation of working practices but will also ensure the right level of focus into key areas such as the "front of house" care environment and technical compliance. The team continues to support the deep clean and Patient Environment Action Team (PEAT) programmes which have delivered demonstrable improvements in the patient environment.

Medical equipment management has seen the team settle into the new workshop facility and continues to enhance the new medical devices database and the service delivery to all clinical departments within the Trust.

The Security team provides security and car park management across all sites. This year has seen the development of a new car parking strategy to support the RAEI site. A key

part of this has been the purchase of the Mesnes Terrace multi storey car park from Wigan Council for use by Trust staff and the re-allocation of spaces at RAEI and Freckleton Street for patients, visitors and disabled parking. This strategy will ensure significant improvements in this area of the patient experience.

## **Facilities Services**

The Facilities teams continue to support the Clinical Divisions in the provision of essential non-clinical support services. This year has seen further improvements in both the quality of service and efficiency of delivery. Notable successes and achievements have been:

- Trust's Kitchens received the maximum score of 5 stars for Food Safety from the Food Standards Agency
- Catering Team were involved in the rapid spread initiative to improve nutrition and screening for patients which received a 'highly commended' at the HSJ awards
- Portering team have expanded their help desk at RAEI to include x-ray. This has resulted in less waiting time for patients and increased throughput in x-ray
- New porters' rota has been implemented at RAEI to utilise resources more efficiently
- New rota has been implemented in catering at Wrightington which utilises resources more efficiently
- Domestic services have striven to improve the National Cleaning Standard scores and achieved the target of 95% - within the existing budget
- PEAT – maintained performance of good across all Trust sites with Catering scoring excellent

# Regulatory Ratings Report

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

	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

	Annual Plan 2011/12	Q1 2011/12	Q2 2011/12	Q3 2011/12	Q4 2011/12
Financial Risk Rating	4	3	3	3	4
Governance Risk Rating	Green	Amber/ Green	Green	Green	Amber/ Green
Mandatory Services Rating	Green	Green	Green	Green	Green

## Governance Risk Rating

During 2011/12 the Trust improved its governance rating from amber green at Q1 to be rated green for governance in Q2, Q3. However 18 weeks, was not achieved at quarter 4, with an aggregate performance of 86.46%. The areas of non-achievement are Trauma and Orthopaedics, General Surgery, Vascular and Urology. This was due, in part, to the Trust being commissioned to undertake additional activity to deal with the legacy breaches. The Trust also maintained unconditional registration with the Care Quality Commission Mandatory Services Rating.

The Trust has continued to provide all mandatory services under the terms of its authorisation throughout 2011/12, as expected.

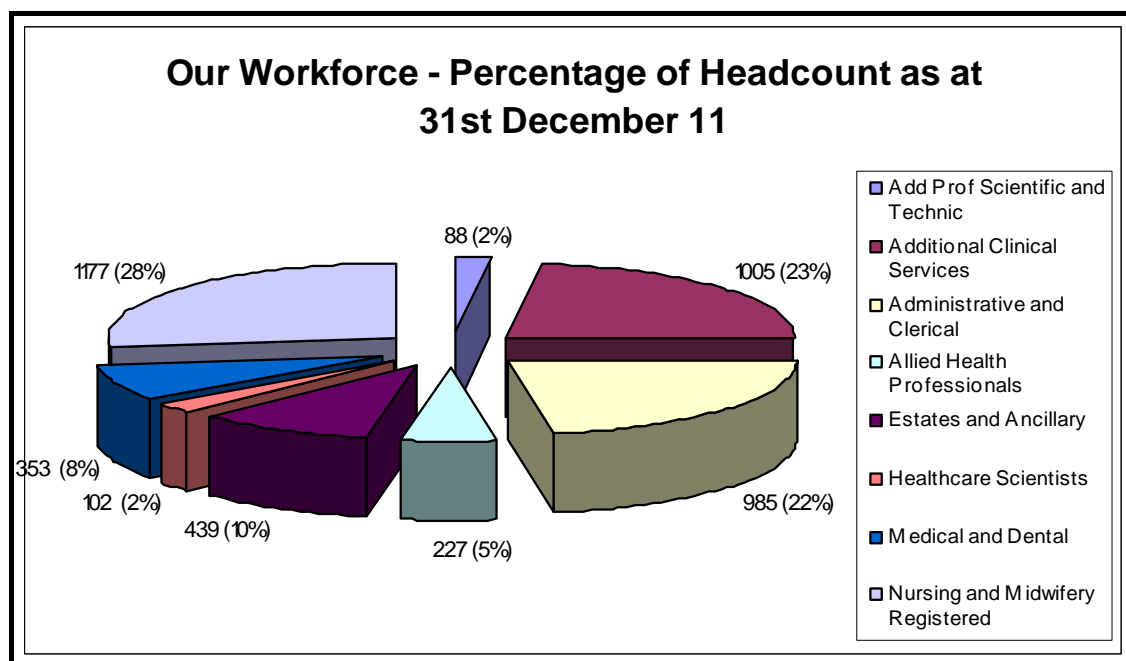
# Workforce and Staff Engagement

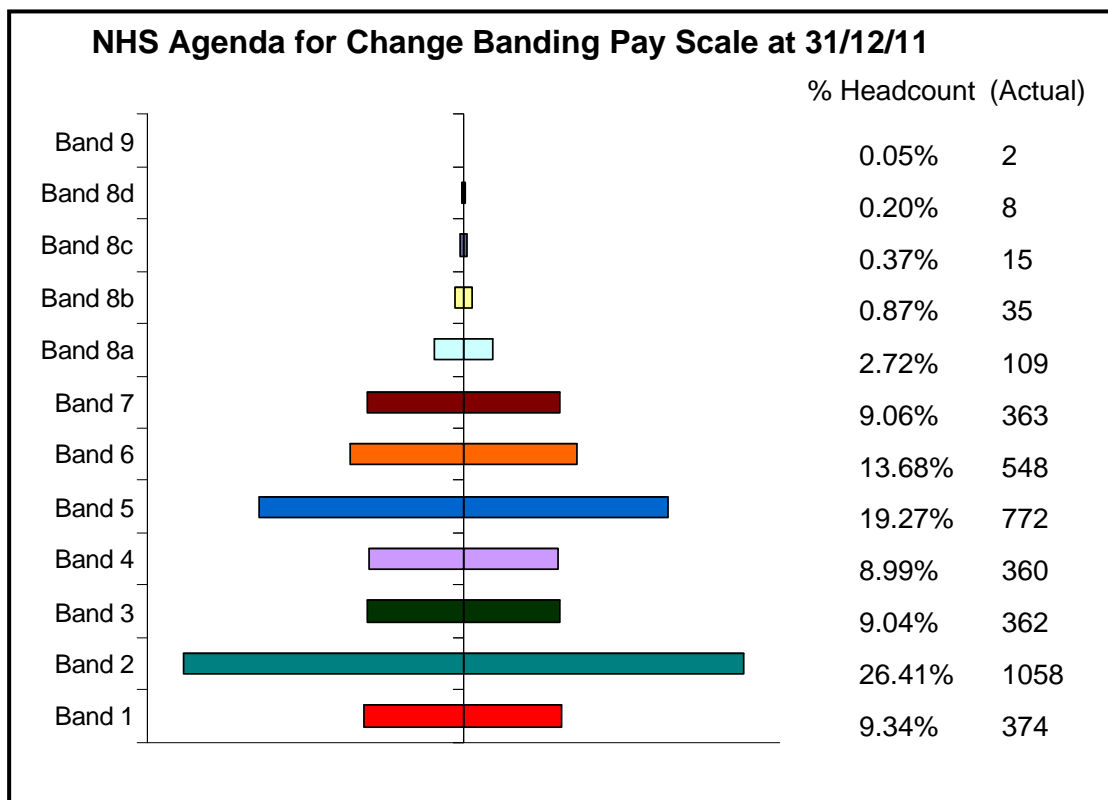
## Human Resources (HR) and Organisational Development (OD) Strategy

In November 2011, we launched our new HR and OD Strategy (Supporting Staff and Caring for Patients) in order to support our mission to provide the best quality health care for all of our patients and our vision to achieve the top 10% performance in everything that we do. Our workforce is critical to achieving this mission and vision. We need to ensure that we have the right numbers of skilled and well-motivated staff to provide a safe, effective and caring service to our patients both today and in the future. Our strategy is based on the seven core elements of the WWL Wheel – Performance, Innovation, Leadership, Information, Staff Engagement, investment and Partnership. It aims to ensure that employees are supported at every level with the right working conditions and development opportunities and the highest quality leadership.

### Workforce Profile

The composition of the Trust's workforce is shown below (Table 2 excludes medical staff).





## Performance

Our workforce indicators continue to demonstrate that the Trust is in good health. Labour turnover remains within target although 2011/12 turnover has increased slightly since 2010/11 due to a voluntary severance scheme. Turnover remains stable currently at 7.48% which is 0.59 % lower than the 2010/11 reported figure of 7.67%. Sickness absence for the 12 month period up to February 2012 is currently 4.50%, which represents a small improvement on the similar period last year, but is above our Trust target of 4%. Staff are required to complete a range of Compulsory Training topics with 87.9% 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. This is supported by through the annual personal development review (PDR) process. The PDR process and documentation has been revised and updated for 2012 to align with WWL Wheel which is the outline strategy for the Trust. Information is collected each quarter and reported to the Trust Board. At 31 December 2011 71% of staff were reported as having had a PDR during the previous 12 months.

Employees are made aware of Trust performance through monthly team briefings which are also available on the Trust Intranet in podcast and presentation format. This, together with regular briefings and focus groups ensures that Trust employees have a common awareness of financial and economic factors affecting the Trust performance.



## **Innovation**

### **Supported Employment and Business Cadet Programmes**

We have facilitated 3 supported employment programmes and piloted one Business Cadet programme to enable people who may not be in a position to currently obtain paid work gain valuable work experience.

### **Recognising Excellence and Encouraging Staff-led Improvements**

We have introduced new categories for our staff awards scheme to support and promote our core quality objectives to be 'safe, effective and caring', and we are improving the staff suggestion scheme and encourage staff to submit suggestions for improvement via the intranet.

### **Reviewing and Standardising Hours to meet Service Needs**

The Trust has reviewed nursing attendance patterns in line with service needs and has introduced revised shift patterns in line with expected activity which 'went live' in March 2012.

## **Leadership**

The Trust Board approved a new Leadership Development Strategy in December 2011 which is based on three main themes; the acceptance of personal accountability and responsibility; effective leadership practice distributed among a community of leaders; and the maintenance of high standards. The strategy is designed to build the Trusts leadership capacity and capability and proposes to develop managers and leaders through a variety of methods to increase personal effectiveness; lead others successfully and the develop the right levels of governance, service improvement and business skills. It will be delivered through a series of targeted development programmes which will commence in 2012/13.

## **Information**

### **Policies and Procedures**

HR Policies are ratified through the Partnership Council. All revised policies are formatted to the standard trust template to ensure compliance with NHSLA standards and are available on the policy pages of the Trust Intranet. The Policy Development Group continues to meet and develop priorities for the forthcoming months to ensure compliance with legal changes and best practice. Policies are regularly reviewed and updated in line with NHSLA requirements with most policies reviewed every two years.

The Trust has recently been re-accredited with the Two Ticks symbol as recognition to the Trust's commitment to equality and diversity in which confirms that Trust Policies and Procedures are compliant. The Recruitment and Selection Policy gives specific guidance to ensure that applications made by disabled persons are progressed to a guaranteed interview where the applicant meets the essential criteria for the role.

The Trust Equality and Diversity, Attendance Management Policy and Capability Policies all have specific references regarding continuing employment as a result of accident, illness or injury and guidance regarding reasonable adjustments where required.

All Trust Policies and Procedures have are Equality Impact assessed and a copy is retained with the policy.

## **Staff Engagement**

### **NHS Staff Survey**

The Trust continues to take part in the NHS annual staff opinion survey, which provides important feedback on our staff experiences and attitudes. For the fourth year running the staff survey report has been structured around the four pledges made to staff in the NHS Constitution.

Overall there has been a reduction in our performance in the 2011 survey in comparison with the 2010 survey results. This may be a reflection of a number of challenging workforce changes having been introduced in 2011/12 (including changes to nursing shift patterns, bed reconfigurations, rationalisation of pathology services and harmonisation of on-call payments). Despite these factors, the survey results are nevertheless disappointing and will provide the focus for concerted efforts to improve in 2012/13.

The number of above average results has decreased from 47% in 2010 to 21% in 2011. The number of below average results has also increased significantly from 28.9% in 2010 to 55.3% in 2011. However, 2 of the 8 results which were above average were in the best 20% of Acute Trusts.

### **Top Four Ranking Scores**

- % of staff having equality and diversity training in the last 12 months
- % of staff experiencing harassment, bullying or abuse from staff in the last 12 months
- % of staff saying that hand washing materials are always available
- % of staff working extra hours

### **Bottom Four Ranking Scores**

- % of staff experiencing physical violence from patients, relatives or the public in last 12 months
- % of staff suffering work related injury in the last 12 months
- % of staff reporting good communication between management and staff

### **Priorities and Targets**

Increasing the percentage of staff reporting good communication between senior management and staff will continue to be a key priority.

To improve our lowest ranking scores the Trust intends to continue with the actions identified from the 2010 survey which includes:

- Implementation of briefing sessions, podcasts and articles on key organisational change. All General Managers are responsible for ensuring all key messages are cascaded and understood

- Continue Divisional Senior Management ward/department visits to meet staff whilst they work to discuss how they feel we can improve service delivery, their working lives and make cost savings
- Seek the involvement and contribution of front line staff in developing options for change and embed the WWL key strategic themes
- Promote benefits to staff from the feedback received from Staff Involvement Delivers Walkabouts and Staff Survey
- Continue to promote team working within divisions/departments/wards through communication aligned to the WWL Strategic Themes
- Ensuring the redesigned Personal Development Review documentation is fully embedded into the appraisal process
- Develop clear action plans following incident reporting

Survey results are publicised across the Trust and Divisional action plans are developed to address areas of concern at a Trust Wide and Divisional level. Progress against action plans is monitored at quarterly Divisional performance reviews and through the Partnership Forum.

## **Engagement Activity**

Effective communication and engagement with managers, staff and other stakeholders remains a high priority which we have supported through a number of initiatives, such as national staff opinion survey, 'Staff Involvement Delivers' (SID) Champions and walkabouts, communication events and focus groups.

SID engages staff through a series of "conversations" with Executive Directors and an annual walkabout event conducted over a two week period where a paired staff side representative and a member of the executive team visit staff in wards/department across all sites. This ongoing initiative has been extremely successful over the past few years providing staff with a vehicle for both raising concerns and highlighting good experiences about working for the Trust.

SID focus groups were introduced in 2011 along with a number of other formal communications events (e.g. 'Start of the Year and 'Mid-Year Review' conferences) to ensure that staff were fully briefed on changes which may affect them during the year and were given the opportunity to comment on significant changes.

## **Health and Wellbeing**

The Trust has further developed a range of initiatives to improve the health and well-being of our staff and to support Department of Health recommendations outlined in the 'Boorman Report'. The Cycle to Work Scheme remains popular with staff and staff also have access to Health Trainers, Occupational Health Services, smoking cessation and staff counselling services. The Trust has continued to be Smoke Free across all sites since October 2010. A Health and Wellbeing steering group meets on a regular basis to drive forward health and wellbeing initiatives across the divisions. A revised staff handbook was issued during 2011 which includes details of local services available to staff. A dedicated health and wellbeing web page has been developed to draw together into a single focal point information on health and wellbeing work including the Trust's action plan which and details of the steps being taken within the Trust to attain the Greater Manchester Good Work: Good Health Charter.

## Investment

The Trust has introduced electronic systems to support and speed up pre-employment checks (including an e-Criminal Records Bureau system). We have also introduced an e-rostering system for junior doctors in training. The Trust is looking to introduce a similar system for all doctors during 2012/13.

The Trust was successful in its bid to Skills for Health to support 153 staff in roles such as health care support workers, laboratory assistants and catering and domestic assistants to develop their skills using the new QCF apprenticeship training pathway.

The Trust invested in an add-on software package to the existing occupational health IT system to speed up the process of assessments and enhance the ability to intervene early in the clinical management of ill health in staff. The software also encompassed an additional Health Screening program to promote the health and wellbeing of staff and complement the Trust's Health and Wellbeing strategy.

## Partnership

The Trust is committed to work in partnership with trade unions and staff side representatives through the SID programme and other initiatives. We are also committed to developing effective partnerships with other health care provider organisations across the wider health economy.

A revised Partnership Framework was introduced during 2011/12 to improve mechanisms for formal consultation and negotiation with trade unions, including the creation of a new Partnership Council. Working in partnership has facilitated delivery of a wide range of organisational change programmes to consolidate and improve services to patients. Examples include:

- Integration of Unscheduled Care Services, as part of the Transfer of Community Services (TCS) initiative
- Integration of pathology services with Salford Royal Hospitals NHSFT
- Reconfiguration and consolidation of pharmacy services RAEI
- Changes of working practice, shift changes and organisational re-design

Alongside our Partnership Council, our Doctors' Local Negotiating Committee continues to provide a forum for consultation and negotiation on issues affecting medical staff. The introduction of SID champions and the Health and Wellbeing Working Group has further strengthened partnership working. Staff are also encouraged to apply to become staff governors.

The Trust has continued to work in collaboration with other Trusts for the provision of Decontamination, Pathology and Occupational Health services to the benefit of all stakeholders. The integration of unscheduled care from Community Services required collaboration and team work which will ultimately enable a more seamless patient pathway and reduction of length of stay.

# 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 or major incident occur. As such, the Trust has well rehearsed plans in place and continues to engage with staff and local and regional agencies to enhance preparedness and ensure resilience for the present and for the future.

## **Prevent, Prepare, Respond, Recover**

The Trust works towards preventing emergencies from occurring through a robust risk management process. This identifies those high level risks which the Trust will aim to mitigate the likelihood or impact of. The Trust also continues to work closely with partner agencies in Wigan and the wider Greater Manchester footprint to identify local risks and to agree joint plans to provide a co-ordinated multi-agency response, for example, Wigan Multi-Agency Flood Plan. The Trust is actively represented on a variety of local and regional resilience forums including Wigan Resilience Forum, Greater Manchester Acute Group (Trust Emergency Planning Leads) and Greater Manchester NHS Emergency Planning Leads meeting.

The Trust has a Major Incident Plan, which provides a generic management framework to respond and recovery from an emergency or major incident. The Plan is under constant review through local and regional tests and exercises. The Plan was not fully activated during 2011-2012, but the Trust has been placed on stand-by on several occasions including during the riots in Manchester in July 2011 and for the receipt of contaminated casualties from a local chemical fire in May. The Trust is constantly striving to improve its response and recovery arrangements and actively encourages staff to participate in the debrief process to identify good practice and lessons learnt following exercises and major incident stand-by situations.

During 2011/12, the Trust participated in local and regional multi-agency emergency planning exercises including Exercise Chin Chin (a mass casualty scenario) and a Burns Exercise looking at local and regional burns facilities. The Trust has also run a series of Project Argus sessions, open to all staff, which is a terrorist attack based scenario which reflects on the Major Incident Plan, security, lockdown, and evacuation. In September, Exercise Apple was run at the IM&T and Finance Mid-Year Away Day. This was a desktop exercise based on a mass casualty incident and not only highlighted how the Trust would respond as an organisation in the event of a major incident or emergency, but also raised awareness around the roles and responsibilities of other teams and how they inter-linked in the response phase to an incident.

During October and November 2011, an Organisational Planning Group was established to plan and prepare for the industrial action taken by some public sector workers on 30 November. The Trust developed a comprehensive Operational Plan to ensure the safety of patients and staff, and to continue to provide as near to a normal range of services as possible. The de-brief process has enabled us to learn from this day of action and better prepare us for such action in the future.

The Trust also has several risk-specific plans in place including influenza pandemic planning, cold weather, flooding, and CBRN (chemical, biological, radiological and nuclear), all of which are regularly reviewed. Staff awareness and engagement is maintained through training, exercises, communication cascades and via the intranet. There has also been Executive Director attendance on the Emergency Planning Strategic Leadership Programme facilitated by NHS North.

The Trust has a full suite of business continuity plans, enabling individual departments and Divisions to respond more effectively to both local incidents and together in response to larger scale major incidents. These plans were reviewed in advance of the industrial action to identify critical services and the resources required to maintain those services. Plans are also regularly reviewed through testing and activation – for example, a building fire resulting in evacuation, telecommunications outages. The implementation of business continuity plans ensures minimum disruption to staff and patients and a timely return to ‘business as usual’ in the event of such an incident.

# Patient Relations/Patient Advice and Liaison Service (PALS)

## Introduction

The Trust welcomes the views of people who have experience of its services, even if they are critical, because they provide an opportunity to learn and improve for the benefit of others who may use the services in the future. We would like the opportunity to put things right at the time a concern is identified to ensure that the experiences of our patients, carers and staff are starting out in a positive way.

During the last year the Patient Relations/PALS Department has maintained a close relationship with the Divisions, working together to improve the services provided for our patients, relatives and carers who visit this Trust.

This year has seen the start of a way of working that identifies any complex or serious complaints and escalates these to an Executive Team. Weekly meetings are undertaken to ensure that these are reviewed at the highest level.

A new development in the last year was the introduction of the Careline. This gives patients, relatives and carers, another different way of contacting the Trust in which they can express their worries or fears, as well as being able to convey any concerns. In keeping with the Trust's tag line 'your hospital, your health, our priority', this service is available during the extended hours of 9:00 am to 9:00 pm.

Patient Relations/PALS Department have also been monitoring the stories posted through Patient Opinion. Patient Opinion is a different way for Trusts to get feedback from patients, visitors, relatives and carers. It was founded in 2005 and is a national independent feedback platform for health services. Patient Opinion is non-profit making and is about sharing experiences and opinions regarding health services within the UK.

Patient Opinion information and leaflets have been distributed around the Trust and by the end of the financial year every ward and department will have been asked to promote this service to patients, relatives and carers in their area or ward. This is an anonymous way of providing feedback to the Trust and has provided valuable intelligence and given us the opportunity to make positive changes. All feedback is on the Patient Opinion website and is available for anyone to read and is [www.patientopinion.org.uk](http://www.patientopinion.org.uk).

Recognising that we need to learn from complaints is an important part of the complaint process and something that the Patient Relations/PALS team are passionate about. Following the recent purchase of a Customer Care Board Game members of the Patient Relations/PALS team will be conducting training sessions around the handling of complaints with a customer focussed theme.

## **Information and Performance**

From the 1 April 2011 to 31 March 2012 the Trust received 473 formal complaints.

### **Complaints by Division**

The Divisions received formal complaints as follows:

- Medicine 162
- Surgery 149
- Clinical Support 57
- Musculoskeletal 88
- Estates and Facilities 16
- Corporate Services 1

Complaints by Severity:

- High – 83
- Moderate – 296
- Low – 85
- Very Low – 9

### **Formal Complaints which were upheld or well founded**

The Trust welcomes all complaints and believes that all complaints reflect dissatisfaction to a greater or lesser extent. For this reason all complaints are held to be well founded as this provides us with the opportunity to put things right.

### **Concerns and request for advice/information**

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

### **The Ombudsman**

From the 1 April 2011 to 31 March 2012 there have been 13 requests from the Ombudsman. 6 of these have been returned as not being investigated; three returned for further Local Resolution; one under consideration; one where a partial investigation is being undertaken and two files have been requested with no action notifications received.



## **Improvement Arising from Complaints**

The following are a sample of the improvements made following complaints investigations:

- Birth After Thoughts leaflet – This is distributed to new mothers. If there are any outstanding questions or concerns following birth this service is available to give new mums an opportunity to discuss these with either a midwife or consultant.
- Change of policy in respect of MRSA swabbing at the pre-operative assessment, ensuring that patient dignity is preserved and maintained.
- Training provided to ensure greater understanding of complex behaviour in vulnerable adults. This includes a DVD to enable staff to be visually aware of some of the challenging behaviour they may come across and how to handle this.
- A change in the appointment system for Phlebotomy appointments to enable a more efficient service.
- A new deep vein thrombosis (DVT) pathway for pregnant women.

## **Monitoring Arrangements**

The Patient Relations Department/PALS continue to meet with the Divisions to discuss complaints received, responded to, and the progress made with outstanding complaints, reviewing the identified learning points and how these can be implemented.

The Evidence Audit Tool has been implemented. Evidence is requested from the Divisions to ensure that lessons learned as a result of complaints made to the Trust are embedded.

Statistical information is reported on a monthly basis to the Trust Board and identifies the number of complaints received broken down by Division, subject and performance against the Trust's twenty five days standard.

## **Benchmarking**

The Trust will be undertaking a Benchmarking exercise following the release of the national statistics later this year and will be reported within the next annual report.

# Information Governance

## Information Governance Toolkit Version Nine 2011/12

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.

The Trust achieved 82% compliance with the Information Governance (IG) Toolkit assessment for 2011/12. This is the highest score the Trust has achieved in the nine years of the IG Toolkit being in existence. There are forty five requirements in total which are scored at four Levels of compliance ranging from Level 0 to Level 3.

All 45 requirements are mandated to achieve at least a Level 2 or above. The Trust obtained a non-satisfactory status as all forty five IG Toolkit requirements do not meet the minimum Level 2 status. Two requirements out of forty five remain below Level 2.

## Information Risk Programme

The objective of the on-going Information Risk programme is to ensure that the Trust has established a robust control environment to identify, record, manage and mitigate risks for information assets and systems.

Regular risk assessment of Trust information systems will be carried out by Information Asset Owners in line with IS27001. These assessments will be accessible on the Trust risk register together with all other risks identified within the Trust.

An Information Asset Register is being maintained 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 to ensure 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 one hundred and thirty one Freedom of Information requests from 1 April 2011 – 31 March 2012.

Further information about Freedom of Information and how to request information about the Trust can be found on the Trust website - [www.wvl.nhs.uk](http://www.wvl.nhs.uk).

## Incident Reporting

The Information Governance Department has recorded twenty eight Information Governance incidents between 1 April 2011 and 31 March 2012. None of these were classified as Serious Untoward Incidents.

# Patient and Public Engagement (PPE)

## Improvements in Patient/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 for 2011 including the Inpatient Survey, Outpatient Survey, Paediatric Inpatient and Outpatient Surveys.

The Patient and Public Engagement (PPE) Team continues to obtain feedback from inpatients using the Real Time Patient Experience Survey. The surveys are undertaken by hospital volunteers and Governors. The results are presented to the Trust Board every month to monitor performance against the corporate objective to achieve over 85% of patients surveyed reporting a positive patient experience.

Patients, visitors and carers continue to use the comment cards to give feedback to the Trust on their experience when attending the hospital. The Trust has received very positive comments and has also addressed issues raised, to improve patient services.

The Trust has continued to engage with the membership panel by inviting the members to “An Evening with the Medical Director on Safety”, and a “21<sup>st</sup> Century Cancer Event” showcasing our cancer services. We also held a young person’s event engaging with local schools and colleges about careers in the NHS and Health Promotion.

## 21<sup>st</sup> Century Cancer Event





## Young Person's Event



The Engagement Department worked with patients on projects such as the Service and Site Investment Strategy, Text Messaging Service, (to improve did not attend rates (DNA) and the Extending Working Hours project. Patients also attended a focus group meeting on the redesign of Phlebotomy Services at Leigh Infirmary.

The Governors have met with the Trust Board to discuss key issues and challenges facing the Trust. Governors have been involved in the design and content of the Membership Newsletter and the organisation of the Membership Events. Governors are involved in many Trust committees, for example, Service and Site Investment, Discharge Improvement and Equality and Diversity.

## Consultation with local Groups and Partnerships

The Trust continues to work in partnership with the local PCT Commissioners. We held three "Visioning" events with NHS Ashton, Leigh and Wigan on the redesign of unscheduled care services. Patients who were users of the urgent care system were invited to patient panels. Patient input was an integral part in the redesign of the urgent care pathway.

We have worked with the Wigan Borough Local Involvement Networks on discharge improvements, text messaging service and the equality delivery system.

The Patient and Public Engagement Committee monitors 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 also has representation from The Local Involvement Network (LINKs), Overview and Scrutiny Committee and a carer.

## Voluntary Services

The current database of the number of hospital volunteers stands at 446.

Ten induction sessions for new volunteers were held during the period April 2011 to December 2011, resulting in 117 new volunteers completing applications.

### Volunteers Annual Training

Sixty nine percent of volunteers attended the seven sessions held through the year. Volunteers find the sessions very informative and have said that they are 'very interesting, helps me in my volunteer role'. The lecturers are very supportive as they know the volunteer role is important and have commented that 'it is great as they help me when visiting different sites, they point out various concerns bringing, them to my attention'.

### Volunteers Long Service Awards

The Volunteers long service awards, hosted by the Trust Chairman, Les Higgins, took place on 2 June 2011. Forty three Volunteers received certificates and badges.

- 30 volunteers received five year badges
- 10 volunteers received 10 year badges
- two volunteers received 15 year badges
- one volunteer received a 20 year badge

Pauline Carr received her 20 years long service badge after first volunteering for the Wigan League of Hospital Friends and now, along with other volunteers has formed the new Hospital Volunteer Fundraisers.



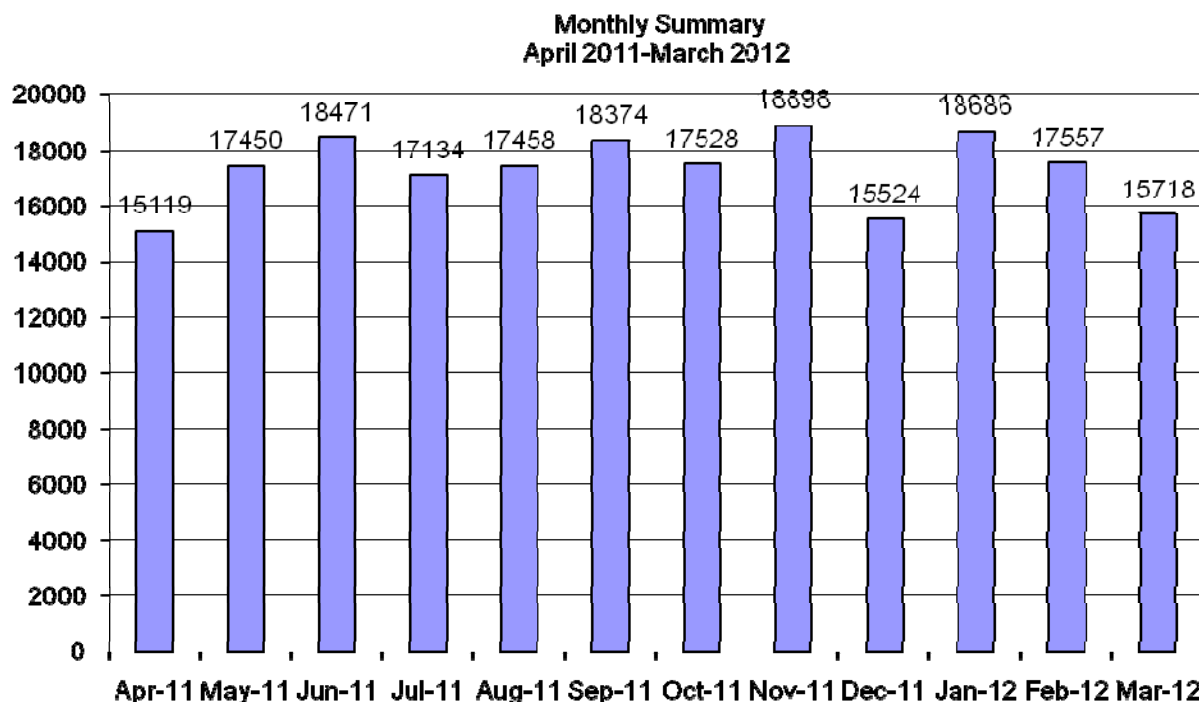


**Volunteers Long Service Awards held at Wrightington**



**Pauline Carr receiving her long service badge from Les Higgins, Chairman**

## Help Desk Statistics



For the period April 2011 to March 2012 a total of 210,635 enquires were dealt with by the six help desks within the Trust.

From April 2011 to March 2012 the hours covered by volunteers calculated at the minimum rate provided a benefit to the Trust of £209,930.24.

## WWL Volunteers Involvement with the Trust

Volunteers continue to support the Engagement department in Membership events, including the Young Person's and the 21<sup>st</sup> Century Cancer Care events that were both held at the DW Stadium. They also support the department, along with some of the Governors, in carrying out the real time surveys on the wards each month.

Volunteers also play a part in the Nutrition Delivery Group, supporting ward staff at meal times.

## Women's Royal Voluntary Service

Voluntary Services work in partnership with WRVS on all three sites, RAEI, TLC and Leigh, in recruiting new volunteers and offering training programmes. The newly refurbished WRVS café area in the main entrance at RAEI became operational in April 2011 and staged an active recruitment programme for new volunteers to cover the extended opening times.



## **Main Entrance to RAEI and WRVS Café**

### **Fundraising**

The Trust benefits from a number of fund raising groups, two Leagues of Hospital Friends, Wroughtington and Wigan, and a relatively new group called Hospital Volunteer Fund Raisers.

During 2011/12 the Wroughtington League of Hospital Friends' tea bar profit has increased because of extended opening times resulting in £29,000 raised for 2011. The total donations made for the year were £35,550, which included £10,000 for Theatres, £8,200 for Ward 7, and £4,500 for the Therapy Department, all at Wroughtington Hospital.

The newly formed Hospital Volunteer Fund Raisers, through their five tombola sessions held at Thomas Linacre and Wigan Infirmary, have raised £914.00 which was paid directly into the Nurse Directorate fund for patients' comforts.



# Sustainability and Environmental Management

The Trust has continued to invest considerable resources towards ensuring the reduction of environmental impact within the current and future built environment.

Within the Site and Service developments, the designs for the new buildings and refurbishments will aim to satisfy the BREEAM assessment tool (Building Research Establishment Environmental Assessment) as well as HTM 07-07 Sustainable Health and Social Care buildings.

Within our existing estate, the Trust has continued to reduce its environmental impact through reducing energy related CO<sub>2</sub> emissions year on year. Significant capital investment (£200,000 p.a.) towards energy efficiency and sustainability over the past five years has helped the Trust achieve such reductions, as well as the continued support of our staff across all Trust sites.

Participation in the focus group setting up a local Environmental Management System (EMS) across the Wigan Borough, together with NHS Ashton, Leigh and Wigan and Bridgewater Community Health NHS Trust in conjunction with Groundwork, has proved a valuable asset and will aid the development of the Trust's own EMS within the coming financial year 2012/13.

Also within 2012/13, we aim to reduce our CO<sub>2</sub> impact due to waste disposal and the introduction of a recyclables waste stream within the Trust sites is a key aspect of this. The introduction to the Trust of a Waste Minimisation Officer this year has provided a key strength to the E&F team within Environmental Management. A target to reduce waste disposal costs by 10% compared with 2011/12 has been set for the forthcoming year.

Further to this, the Division has targeted a 5% reduction in gas consumption and 3% reduction in electricity consumption for the forthcoming year against 2011/12 levels.

## Equality and Diversity (E&D)

### Our Approach to E&D

The Trust is committed actively to recognise and promote 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 differences between individuals and values the benefits that diversity brings.

We believe that the E&D agenda is a vital and 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.

## **Legislative Framework**

The General Public Sector Equality Duty under the Equality Act 2010 came into force in April 2011 and it requires public bodies to eliminate discrimination, advance equality of opportunity and foster good relations between different groups. In addition to the general equality duty, specific duties came into force in 2011 and under the specific duties public bodies are required to:

- Publish information to demonstrate compliance with the general equality duty. This includes information relating to persons who share a relevant protected characteristic who are its employees or other persons affected by its policy and practice (by January 2012)
- Prepare and publish one or more equality objectives (by April 2012)

The Trust has produced an employment monitoring report and a service monitoring report. This information enables us to identify key trends and support future decisions in relation to both employment and service development. This information also has enabled us to meet our requirement to publish information from January 2012 to comply with the general equality duty.

## **Equality Delivery System (EDS)**

The EDS provides guidance to the NHS on how to achieve better equality outcomes for all. It has been designed as a tool to help all staff and NHS Organisations understand how equality and diversity can drive improvement and strengthen accountability of services to the patients and the public. It will help ensure that everyone – patients, public and staff have a voice in how organisations are performing and where they should improve. The EDS is about making a positive difference to healthy lives and working lives.

At the heart of the EDS is a set of 18 outcomes, grouped into four goals. These outcomes focus on the issues of most concern to patients, carers, communities, NHS Staff and Boards. It is against these outcomes that performance is analysed, graded and action determined.

The Trust has undertaken a self assessment against the EDS framework and will seek feedback from stakeholder groups on the assessment. This assessment will inform the Trust's equality objectives which were published in April 2012.

# Glossary of Terms

## **Acute**

Having or experiencing a rapid onset of short but severe pain or illness.

## **Acute care**

Necessary treatment, usually in hospital, for only a short period of time in which a patient is treated for a brief but severe episode of illness, injury or recovery from surgery.

## **Agenda for Change**

Agenda for Change is the single pay system in operation in the NHS. It applies to all directly employed NHS staff with the exception of doctors, dentists and some very senior managers.

## **Bacteraemia**

Bacteraemia is the presence of bacteria (such as MRSA) in the blood. The blood is normally a sterile environment, so the detection of bacteria in the blood (most commonly with blood cultures) is always abnormal.

## **Cardiology**

The medical study of the structure, function, and disorders of the heart.

## **Clostridium difficile (C diff)**

A bacterium that is recognised as the major cause of antibiotic associated colitis and diarrhoea. Mostly affects elderly patients with other underlying diseases.

## **Colonisation**

The presence of a bacterium (such as MRSA) simply sitting on the surface of the skin but causing no adverse effect to the patient.

## **Council of Governors**

There are three types of Governors: public, staff and partner. The main role of the Governors is to represent the communities the Trust serves and our stakeholders and to champion the Trust and its services. The Council of Governors do not “run” the Trust or get involved in operational issues as that is the job of the Trust Board. However, it has a key role in advising the Board and ultimately holding the Board to account for the decisions it makes.

## **CQUIN**

The Commissioning for Quality and Innovation Payment Framework enables commissioners to reward excellence, by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals.

## **Elective surgery**

Surgery which need not be performed on an emergency basis.

## **Freedom of Information (FOI)**

The Freedom of Information Act deals with access to official information and gives individuals or organisations the right to request information from any public authority.

## **Gastroenterology**

The study of disorders affecting the stomach, intestines and associated organs.

## **Hospital at Home**

The provision of a hospital service in a person's own home. The service provides time-limited intensive support and treatment that would traditionally be provided in an acute hospital. The Hospital at Home service provides a proactive approach, including social work support, for people who may be deteriorating in the community setting with the primary aim of preventing hospital admission. It also helps to facilitate early discharge from acute settings.

## **Hospital Standardised Mortality Ratio (HSMR)**

This is an important measure that can help support efforts to improve patient safety and quality of care in hospitals. The HSMR compares the actual number of deaths in a hospital with the average patient experience, after adjusting for several factors that may affect in-hospital mortality rates, such as the age, sex, diagnoses and admission status of patients. The ratio provides a starting point to assess mortality rates and identify areas for improvement, which may help to reduce hospital deaths from adverse events.

## **IM&T**

Information Management and Technology.

## **Information Governance**

Information Governance is a framework for handling information in a confidential and secure manner to appropriate ethical and quality standards.

## **Information Technology (IT)**

The development, installation and implementation of computer systems and applications.

## **John Charnley Wing**

A private patient wing at Wrightington Hospital named after Professor Sir John Charnley in recognition of his pioneering hip replacement work.

## **League of Friends**

A voluntary organisation which supports the work of the hospitals in the Trust. The League of Friends is able to provide much needed equipment and comforts for the benefit of patients and staff through the income raised by the work of volunteers.

## **LEAN**

Lean can be described as a process for identifying the least wasteful way to provide maximum value to our patients. It is a management philosophy, using a set of tools which can be applied across all activities of an organisation.

Lean thinking seeks to streamline the patient journey and make it safer, helping staff to eliminate waste of all kinds and to treat more patients with existing resources. It was

originally developed by manufacturing companies such as Toyota, but it is now being successfully applied in service organisations including hospitals across the world.

## **Monitor**

Monitor is the independent regulator of NHS Foundation Trusts. The organisation was established in January 2004 to authorise and regulate NHS Foundation Trusts. It is independent of central government and directly accountable to Parliament.

There are three main strands to Monitor's work:

- Determining whether NHS Trusts are ready to become NHS Foundation Trusts
- Ensuring that NHS Foundation Trusts comply with the conditions they signed up to and that they are well-led and financially robust
- Supporting NHS Foundation Trust development

## **Methicillin-resistant Staphylococcus aureus (MRSA)**

Staphylococcus aureus (SA) is a common type of bacteria that live harmlessly, as a colonisation, in the nose or on the skin of around 25-30% of people. It is important to remember that MRSA rarely causes problems for fit and healthy people. Many people carry MRSA without knowing it and never experience any ill effects. (These people are said to be colonised with MRSA rather than being infected with it).

In most cases, MRSA only poses a threat when it has the opportunity to get inside the body and cause an infection; this is called a bacteraemia.

## **Musculoskeletal (MSK)**

The system of muscles, tendons, ligaments, bones, joints and associated tissues that move the body and maintain its form.

## **Neurology**

The study of the nervous system and disorders affecting it.

## **NHS Foundation Trusts**

NHS Foundation Trusts are a key part of the reform programme in the NHS. They are autonomous organisations, free from central Government control. They decide how to improve their services and can retain any surpluses they generate or borrow money to support these investments. They establish strong connections with their local communities; local people can become members and governors. These freedoms mean NHS Foundation Trusts can better shape their healthcare services around local needs and priorities. NHS Foundation Trusts remain providers of healthcare according to core NHS principles: free care, based on need and not ability to pay.

## **Orthopaedics**

The diagnosis and treatment, including surgery, of diseases and disorders of the Musculoskeletal system, including bones, joints, tendons, ligaments, muscles and nerves.

## **P21+**

The Procure 21+ National Framework is a framework agreement with six Principal Supply Chain Partners (PSCPs) selected via an Official Journal of the European Union (OJEU) Tender process for capital investment construction schemes across England up to 2016.

An NHS Client or joint-venture may select a Supply Chain for a project they wish to undertake without having to go through an OJEU procurement themselves.

## **Pathology**

The study and diagnosis of disease through examination of organs, tissues, bodily fluids and whole bodies. The term also includes the study of disease processes.

## **PbR**

Payment by Results (PbR) was introduced to improve efficiency, increase value for money, facilitate choice, enable service innovation and improvements in quality, and reduce waiting times. PbR uses a national tariff of fixed prices that reflect national average prices for hospital procedures

## **Performance Development Reviews (PDR)**

The purpose of a PDR is to review periodically the work, development needs and career aspirations of members of staff in relation to the requirements of their department and the Trust's plans and to take appropriate steps to realise their potential. It facilitates communication, clarity of tasks and responsibilities, recognition of achievements, motivation, training and development to the mutual benefit of employer and employees.

## **Primary Care**

The medical care a patient receives upon first contact with the health care system, such as a GP or Dentist, before referral elsewhere within the system.

## **QCF**

Qualifications and Credit Framework.

## **QIPP**

The quality, innovation, productivity and prevention (QIPP) challenge is our opportunity to prepare the NHS to defend and promote high quality care in a tighter economic climate.

## **Radiology**

The medical speciality that uses radioactive substances in diagnosis and treatment of disease especially the use of X-rays.

## **Rheumatology**

Rheumatology is the diagnosis and therapy of rheumatic diseases such as clinical problems involving joints, soft tissues and allied conditions of connective tissues.

## **Root Cause Analysis**

A process for identifying the basic or causal factor(s) that underlie variation in performance.

## **Secondary Care**

The term secondary care is a service provided by medical specialists who generally do not have first contact with patients, for example, cardiologists, urologists and dermatologists.

## **Summary Hospital-level Mortality Indicator (SHMI)**

SHMI is a hospital-level indicator which reports mortality at trust level across the NHS in England using standard and transparent methodology. This indicator is being produced and published quarterly by the Health and Social Care Information Centre.

## **Staff Side**

Staff Side comprises representatives of all recognised Trade Unions within the Trust. They meet on a regular basis to discuss issues and to update on any concerns and points of interest throughout the Trust.

## **Urology**

The branch of medicine concerned with the study of the anatomy, physiology, and pathology of the urinary tract, with the care of the urinary tract of men and women, and with the care of the male genital tract.

## **WRVS**

Formerly the Women's Royal Voluntary Service, known until 1966 as the Women's Voluntary Service; is a voluntary organisation concerned with helping people in need throughout the UK.

## **WWL Wheel**

The Strategic framework for the Trust is represented by the WWL wheel, there are 7 strategic aims that are underpinned by the 6 core values contained in the NHS Constitution. Patients are at the centre of the wheel as they are at the heart of everything we do.

Wrightington, Wigan and Leigh  
NHS Foundation Trust

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[www.wwl.nhs.uk](http://www.wwl.nhs.uk)

